



Shropshire Community Health
NHS Trust

Quality Account 2023/24



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Document Purpose

The Shropshire Community Health NHS Trust Board 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, Mount McKinley, Shrewsbury Business Park, Anchorage Ave, Shrewsbury. SY2 6FG

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Foreword & Welcome from Clair Hobbs - Director of Nursing & Clinical Delivery

It gives me great pride to introduce Shropshire Community Trusts Quality Account for the year 2023/24. There has once again been a huge amount of work and focus on our quality priorities with some excellent examples of success to share. 2023/24 was once again a challenging year for our Trust and whilst we have worked hard to deliver on our aims, we have also been completing large scale projects to benefit our staff and the population we serve. During the last 12 months, the Trust Board promised to work hard with local staff and residents of the Bishops Castle area to recruit staff so that we could reopen the inpatient facility after having to take the difficult decision in October 2021 to temporarily close the beds due to unacceptable staffing levels. I am pleased to note that the recruitment campaign has been a success and the Board in April 2024 agreed that we are now in a position to work up a plan to re-open. We have also seen our Virtual Ward service grow, offering patients requiring hospital based care within their own homes rather than in a Hospital and we have also successfully opened 2 Rehabilitation and Recovery Wards on the Telford and Shrewsbury Hospital sites to provide intense rehabilitation and sub-acute care via community pathways to our patients.



This year has seen success in recruitment practices, flexible working for our staff allowing us to become a more attractive employer and we are offering many Health and Well-being benefits including growing our numbers of Professional Nurse Advocates and delivering Health & Well-being days with very positive feedback. We recognise that looking after our staff contributes to the overall improvement of care and quality provided to our patients.

We have also seen great strides with our digital agenda, which is supporting both staff and patients alike, bringing the way we deliver services up to date. We have implemented a staffing E-Roster system to ease the administrative burden on busy clinical teams allowing them to spend more time with patients.

For infection prevention, we have had no blood stream infections and have achieved our target set for MRSA screening within our Community Hospital inpatient beds. Whilst we have breached the number of patients contracting Clostridium Difficile infections, of the 4 attributed to us – investigations identified that there were no omissions or actions that contributed to these cases. We have also seen the appointment of our Medication Safety Officer which has been a huge success in relation to mitigating risks related to medications and their administration across our services. In this document we also set out our quality priorities for the coming year which have been done in conjunction with our staff and wider partners and so we have another busy year ahead supporting further improvements to the care we provide to our staff and service users.

It only leaves me to say, once again, thank you to our clinical and corporate staff that work hard every single day to provide the right care in the right place at the right time in the best way we can.

Clair Hobbs – Director of Nursing and Clinical Delivery

Statement from the Chief Executive

This quality account once again highlights all of the great work Shropshire Community Trust has achieved in 2023/24. Over the last 12 months in our Adult Services we have seen the creation and implementation of 2 new Rehabilitation and Recovery Units. Each of these inpatient units has been set in the footprint of our local Acute Trust. These units are there to support patients with rehabilitation and sub-acute needs prior to returning home and are the first for a Community Health Trust.



For Children's and Young People, our 0-19 Services are a core part of what we do as a Community Trust, as such over the last year we have actively looked to expand the footprint in which we provide these services to Dudley. Into next year having three 0-19 services, we will be able to take learning across teams and geographies to ensure we are providing the best services for children and their families as well as offering exciting roles for staff to work in.

Our Specialist Services such as Respiratory, Diabetes and Wound Care have continued to deliver excellent care to patients supporting them to stay well at home and to better manage their conditions. Our Dental teams have also worked incredibly hard to ensure waiting lists are managed as effectively as possible. Working collaboratively and innovatively with partners, they have managed to ensure dental treatment continues to be offered in a clinically prioritised manner. Plus wider than Dental, we have managed to meet our target of having zero patients waiting in excess of 104, 78 and 65 weeks.

In our Healthcare facility at HMP/YOI Stoke Heath, we have seen delivery of radical programmes through social prescribing including Food Behind Bars, a weight loss programme and relaxation and mindfulness groups.

The Trust continue to be a very active member of the Integrated Care System working collaboratively with partners – a good example of this recently was the Telford and Wrekin Local Authority SEND Inspection which concluded the local area partnership's arrangements typically lead to positive experiences and outcomes for children and young people with special educational needs and/or disabilities (SEND). There was recognition of the joined up working between partners and also that of the system wide plan for the significant increased demand on speech and language therapy. I am also proud of the Research and audit work that has been conducted over the last 12 months and have also signed up to be a Research Champion myself; it has been great to see an increase in the number of champions across our Trust this year.

Recognising the importance of our staff is paramount to our success and so we have also held Listening events throughout the year and set up a Leaders Forum to ensure staff are engaged and communicated with on a regular basis.

The different models of care we are now providing such as Virtual Ward, administration of intravenous medications (OPAT) and the Rehabilitation and Recovery Units have further focused us on meeting the needs in the most agile way possible for local populations.

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

Part One Introducing Shropshire Community Health NHS Trust

Our Vision / Key Strategic headline:

We will be at the heart of supporting our communities by providing fully connected services – so that everyone gets the right care, in the right place, at the right time, by the right people

Our Commitment

Working with primary care, we will provide evidence based, local care that is flexible and responsive.

We will move care from Hospitals to settings in or close to people's homes, with proactive treatment based on early interventions.

We will integrate community health and social care provision to ensure efficient and seamless services.

We will use our skills and expertise to support and provide a wider range of services that keep people well.

Achieving our Vision

To achieve our vision, we are building a culture on 3 foundations:-

1. **Agility** – We create simplicity to allow us to respond at pace to meet the needs of our community.
2. **Cohesion** – We work together to deliver our services for our community.
3. **Empowerment** – Decisions are made by those with the best information.

Our mission is to ensure that these shared behavioural values are embedded across the Trust, supporting a compassionate culture of openness and transparency through our core values:



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 are 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 its population throughout life, with a wide range of services including but not limited to; 0-19 Children'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 we serve.

Our Services:

Childrens & Young Families

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 ▪ Looked After Children Team ▪ Wheelchair & Postural Services ▪ Community Childrens Occupational Therapy ▪ Community Childrens Physiotherapy ▪ Community Childrens Speech & Language Therapy ▪ Family Nurse Partnership ▪ Targeted Admin ▪ Paediatric Audiology ▪ Community Equipment Service

Community Services

Community Hospital Inpatients ▪ Adult Community Therapy ▪ District Nursing ▪ Admiral Nursing ▪ Advance Care Planning in Care Homes Team ▪ Adult Diabetes specialist Team ▪ Continence Service ▪ Respiratory Service ▪ Pulmonary Rehabilitation Service ▪ Telford Wound healing service ▪ Tissue Viability Service ▪ Community Neuro Rehabilitation Team

Planned Care

Day Surgery ▪ TEMS Rheumatology, Orthopaedics, Pain and Orthotics ▪ Physiotherapy Outpatients ▪ Advanced Primary Care Services (APCS) ▪ Falls Prevention ▪ Long Covid Clinic ▪ Community Neuro Rehabilitation Team (CNRT) ▪ Community Outpatients ▪ MSST ▪ Prison Healthcare ▪ Community Therapies ▪ Vaccination Service

Urgent & Emergency Care

Minor Injuries Units and Xray ▪ Single Point of Referral ▪ Diagnostic, Assessment & Access to Rehabilitation and Treatment ▪ Outpatient Parenteral Antibiotic Therapy (OPAT) ▪ Virtual Ward ▪ Urgent Community Response Team ▪ Integrated Discharge Team ▪ Recovery and Rehabilitation Units

Corporate and Support Services

Temporary Staffing Team ▪ Clinical Education Team ▪ Safeguarding Team ▪ Infection Prevention and Control (IPC) Team ▪ Medicines Management ▪ Patient Experience and Involvement ▪ Complaints & PALS ▪ Workforce Services ▪ Organisational Development ▪ Occupational Health ▪ Finance & Contracting ▪ Governance & Risk ▪ Quality Improvement Team ▪ Hotel Services ▪ Digital Services ▪ Strategy, Planning & Business Development ▪ 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 have four key purposes:

- improving outcomes in population health and healthcare;
- tackling inequalities in outcomes, experience and access;
- enhancing productivity and value for money;
- supporting 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 NHS Foundation Trust](#)
- [West Midlands Ambulance Service Foundation Trust](#)
- 51 GP practices across eight [Primary Care Networks](#).
- [Shropshire Council](#)
- [Telford & Wrekin Council](#)

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



Part 2.1 Looking back – Quality Account Priorities 2023/24

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.

Carry on with the redesign and improvement of our recruitment process to achieve timely and effective commencement dates.

- The TRAC recruitment system was launched 13th June 2023, and end to end application management tracking system, with training provided pre implementation. The system is now embedded, and recruiters are enabled to manage vacancies more efficiently.
- Full guidance for using the TRAC system has been published on the organisations staff Intranet.
- A VRF panel meets weekly to facilitate timely post approval.

Increase development roles within the organisation to strengthen career development, attract external candidates and retain staff.

- There is now a career pathway from band 2 Healthcare Assistants (HCA) to Band 5 Registered Nurse (RN).
- The Trust works with 5 universities / colleges to provide apprenticeships from Level 2-7 for clinical and nonclinical roles. The opportunities include; HR/Consultant/Partner, Occupational Therapy, Data Analyst, Healthcare Support worker and many more. The People Team have a Trust Intranet page dedicated to providing staff with helpful information of opportunities.
- Paramedic roles have been further introduced to SCHT with the role now represented in UEC, the Prison, MIU's and as a Locality Service Manager.

Development of a trust wide one stop education calendar to promote training available in an accessible format.

- Completed in the summer of 2023 and can be accessed via the staff intranet.

Extend flexible and agile working opportunities when there is no known negative impact to service delivery, team cohesion or an individual's well-being.

- The 2022 updated flexible working policy is embedded into the organisation with a clear increase of clinical staff taking the opportunity to adjust their working hours or agile work where appropriate. This includes working 9 day fortnights, working 3 or 4 long days and term time arrangements. There is an upturn in flexible working satisfaction as reflected in the 2023 Staff Survey, further work is required.

Advocate prioritisation of regular clinical / nonclinical supervision across our workforce, continuing to provide a suite of resources via the trust website and Organisational Development

- 5 Schwartz Rounds have taken place during the year across the geography of the organisation, including a session held in HMP Stoke Health, Market Drayton. Subjects of sessions varied widely from 'a patient I'll never forget' to 'working in turbulent times'.
- The Trust has 10 Professional Nurse Advocates (PNA), with 5 further training places secured for 2024. The PNA's carried out 281 activities in 2023 that span across all

the organisation directorates, including Corporate Services. Interactions included; providing 55 group supervision sessions, 158 individual sessions, plus attendance at all of the Occupational Health Wellbeing sessions held around the county. The service has embraced the use of digital solutions with the facility to book a PNA session using a QR code.

- Work is now beginning to extend the model to enable Allied Healthcare Professionals (AHP's) to train as Professional Advocates
- Jo Bettison – SCHAT Family Nurse Partnership (FNP) Supervisor is a PNA and provides 7.5 hours a month to this. Jo in August 2023 had an article published in The Journal of Community Practitioners and Health Visitors Association (CPHVA) entitled 'Critical Leadership'. PNA learning was discussed within the journal in conjunction with reflective analysis. Jo has been asked to present on the role of the PNA at the CPHVA conference Birmingham in November 2024.



To me the PNA role aligns itself beautifully to my role as FNP Supervisor. I was fortunate enough to be new into both roles and have been able to weave the PNA role into my FNP role seamlessly. The heart of the PNA role lies in being an advocate for our colleagues across Shropcom offering a safe space to reflect on experiences so that they can develop coping strategies, build resilience and improve their health and wellbeing. Providing restorative clinical supervision for our colleagues as a PNA can reduce stress and improve inner confidence and self-efficacy. This to me can only lead to more positive outcomes such as quality improvements and more effective team working. As a FNP supervisor and PNA, I feel we need to demonstrate inclusive, compassionate leadership built on equality, integrity, openness and kindness across the Trust. The Supervisor training has equipped me with the firm foundation of all these skills and I am very keen for the two roles to continue to work together as they do. **PNA - Jo Bettison**

- Clinical supervision is embedded in many formats across our organisation, including patient handovers, safety huddles, learning from deaths reviews and team meetings, including line management one to ones.

Embed thirty, sixty and ninety day conversations for all our new employees. Plus implement the already developed stay conversation process.

- A thirty, sixty and ninety day conversation document has been developed and launched in the first part of the financial year, along with the implementation of the Stay conversation process. Work is ongoing to record these conversations to allow for analysis and a Communications campaign to promote these conversations is planned and due to go live in Q1 2024/25

Ensure transparency and clarity of our organisational structures

- Changes to very senior leadership posts are now routinely conveyed as they happen via communications emails, that include an updated Board structure poster for display. New appointments are also conveyed in the Chief Executives weekly email to all staff.

Roll out our updated and improved appraisal documentation and a separate Bank staff review process following positive feedback on the new format.

- The new appraisal paperwork for substantive and bank staff is now live and is overwhelmingly preferred to the previous version. In addition to this, the NHS Leadership Academy's - Scope for Growth career conversation tool is being considered as a bolt on to enable effective and inclusive career conversations.

Hold staff engagement and listening events periodically across the organisation.

- Executive listening events commenced in June 2023 and to date 17 sessions have been held with over 120 staff attending. Of these sessions, 8 were held face to face and 7 were online. These sessions are continuing into 2024/25.
- A new newsletter 'Your Voice' was created as a result of the listening events and the information included takes a 'you said, we did' approach. 'We did' actions have included; improving visibility of the Executive Team by increasing visits to services and the creation of a leadership forum - chaired by the Chief Executive.

Make time to acknowledge and celebrate success, share good practice and reward achievements Forums for protected characteristics.

- A Long Service Awards and International Nurse's Welcome event took place on 28th November 23. 2 long service awards for 40 years NHS Service were presented.



- Leaders in the Trust continue to use printed 'Thank you' cards to send positive messages to individuals or teams to recognise achievements.
- 10 Chairs awards have been presented during the year to recognise individuals and staff groups' dedication and innovation.
- The trust has BAME, Disability and LGBTQ+ networks to support employees and is proud to be part of a reverse mentoring programme. This supports senior colleagues to understand challenges and adapt their leadership style to achieve greater inclusivity and diversity in the workforce.

In addition to the set priorities:

- A Staff feedback button has been implemented on desktops/laptops to enable staff to provide suggestions that can be submitted anonymously.
- The Trust has introduced the Shiny Minds Wellbeing app to Trust phones and provided a website link for the service. The package is an evidenced method of supporting the mental health and wellbeing of a workforce.
- The Trust held a program of 5 Health and Well-Being Days across the county to engage with staff on various topics, including Flu and Covid vaccinations, Mini Health MOT's, retirement planning and access to the PNA Service. The events were well received, with 270 employees attending the sessions.
- Funding has been granted from – 'NHS Charities Together' to continue the successful staff wellbeing days throughout 2024/25.
- A People Promise Manager has now been recruited and is due to commence in the new financial year to support our ongoing work with the National People Promises.
- 2 HR members of staff are now trained to provide 'handling difficult conversations' training and 3 are trained to provide training on 'wellbeing conversations'.
- Implementation of the Race Code has begun, with the work continuing into 2024/25.
- HR continue to collaborate with System partners to provide training. Sessions include; feedback is a gift, visible leadership and courageous conversations.

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)

Train our clinical staff in patient safety utilising the national Patient safety syllabus.

- Appropriate levels of Patient Safety Training for all SCHT employees have been established, conveyed to our workforce and included in the PSIRF policy.
- During September 2023, all SCHT staff had their mandatory training matrix updated on ESR to include the required Patient Safety training up to level 2.
- Current compliance stands at 92% for Level 1 and 87% for Level 2, which is a significant step forward to getting our workforce to understand and adopt the new mandated approach to patient safety.
- The Trust has identified the Associate Director of Governance as the Patient Safety Specialist who is due to commence level 3 & 4 Patient Safety training.

Create pathways to support the new mandated Medical Examiner role.

The Medical Examiner (ME) Service became statutory 1 April 2024, with a purpose to improve the death certification process across England and Wales by increasing scrutiny of accuracy and consistency.

Joy Pursglove - Deputy Ward Manager, conveys her journey to implement the ME Service in SCHT Community Hospital Wards:

I brought together stakeholders, which included GP's, ward clinicians, corporate services and the ME service to build a professional platform for pathway development. This enabled successful interaction, consultation, provided extensive knowledge, process mapped and facilitated identification of the learning required to support effective implementation. From this, I developed a Standard Operating Procedure (SOP) for the referral of non-Coronial Community Hospital Deaths to the ME and created a Summary Sheet to help staff identify their roles in this process.

I then met with ward staff to provide education on the new process ready for going live. A year later and a lot of hard work, the workstream launch begun before the statutory deadline. **'I feel privileged to have implemented the ME service process in SCHT' – Joy Pursglove.**



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

- A revised Governance structure has been developed and agreed that includes a Governance Manager dedicated to patient safety. An Associate Director of Governance has been appointed and will be the designated Patient Safety Specialist for the organisation. Recruitment into other posts is the next step.

Understand SCHT patient safety incident profile and develop a patient safety incident response plan and policy.

- 4 priority areas for PSIRF have been identified; Transfer of Care, Pressure Ulcer Prevention, Falls and Medicines Management.
- The Patient Safety Response Plan and Policy have been formulated, presented and approved by Board and are live.

Embed the newly created Medicines Safety Officer (MSO) role into the organisation.

Lucy Manning – SCHT's first MSO joined the organisation in May 2023 and since then has taken responsibility for chairing the Medicines Safety Group, co-chairing the Medicines Governance Group, plus a range of other duties. Lucy's role works between the Medicines Management Team and Quality Improvement Team to promote a continuous improvement approach towards medicines safety. Since November 2023, the MSO role has also included being the Non-Medical Prescribing Lead for the Trust.



2023/24 MSO workstreams have included / include:

- Promoting medication incident reporting to facilitate learning within the organisation.
- Implementation of the Patient Safety Incident Response Framework in the Medicines Safety Group
- Medicines specific service improvement projects driven by trends in incident data and risk analysis.
- Completion of 'Safe and Secure Handling of Medicines' audits across the 3 Community Hospital in patient wards and the 2 Rehabilitation and Recovery Units with action plans now in place.
- A plan to complete 'Safe and Secure Handling of Medicines' audits in the 4 MIU's is in place. Audits are scheduled to take place in April 2024.
- Joint working with Severn Hospice to minimise the incidence of dexamethasone-related incidents.
- Participation in a System Working Group to encourage a reduction in number of incidents relating to patient's being discharged from the acute sector without a referral for continuation of insulin administration.
- Supporting transition to medicines management module on RiO which will enable trust to complete digital medicines reconciliation and provide the Community Hospitals with a new way to complete discharge letters within the Community Hospitals (currently in test phase).
- Introduction of a Medicines Safety section during the organisations Clinical Core Skills Week training. This promotes effective incident reporting and responses to aid learning.

Further develop pressure ulcer and falls prevention pathways, plus the implementation of Purpose T assessment tool to replace the current process.

- Pressure ulcer guidance packs were distributed the week of 13th November 2023 as part of the national 'stop the pressure' campaign which takes place each year. This information included pathways, education on wounds and patient information leaflets.

- The implementation of Purpose T has been nationally paused while a national training package is produced. The Tissue Viability Service continue to provide pressure ulcer prevention training monthly, plus bespoke sessions for teams when requested.
- A new e-learning resource has been identified to support effective education in falls for our workforce.
- 4 Falls Roadshows have taken place across our Community Hospital sites and there are plans for them to continue using the Falls Team delivering the sessions.
- A pilot involving Healthcare Support Workers having on the spot training on falls when working on the ward has commenced.
- Workstreams did pause from the autumn due to organisational changes and significant staffing difficulties, however, work recommencing with a Clinical Lead for Quality being allocated to support quality improvement.

Implement the use of a lower limb assessment tool across all relevant services.

- The lower limb assessment tool became live on the electronic patient record at the beginning of the financial year and the District Nursing Teams and Wound Healing Service are now using the tool to determine patient care.

Refresh Freedom to Speak up Guardian processes to ensure inclusivity of our non-clinical workforce.

- Changes to SCHAT Freedom to Speak Up Guardian are ongoing with David Ballard - Organisational Development Business Partner recently being announced as the Trust Guardian. He will begin the role in the spring once the mandated training with the National Guardian's Office has been completed. David has been with the organisation since 2016 and is a well-respected individual through his work of providing essential Organisational Development support to employees.
- New Freedom to Speak Up Champions were created in October 2023 to tie in with the national initiative - Speak up Month. The organisation now has 1 Guardian and 4 champions, who are a combination clinical and non-clinical staff.



Work with system partners to improve the patient journey, including referrals, documentations transfers and discharges.

- This workstream has been identified as a PSIRF priority for 2024/25
- SCHAT has become the lead provider for the Integrated Discharge Team (IDT) in the system. Workstreams have included development of a single multi organisation dashboard plus a united approach to policy development and review.
- As a system approach, the Complex Discharge Team working within the Integrated Discharge Team have adapted processes to improve patient transfer by reviewing /

carrying out assessments with patients, requesting further information where gaps are identified and providing positive challenge to unclear information.

- Creation of 2 Recovery and Rehabilitation Units (RRU) sited at our ICS acute Hospital sites in the county to streamline the patient journey back into the community setting.

Developing a safe new Service, RRU Telford - Dorota Hewes (Dee) - Redeployed Ward Manager

As a newly redeployed manager tasked with establishing and overseeing operations in a new RRU, I was acutely aware of the significant challenges inherent in building a cohesive team and to ensure the highest standards of patient care. The primary hurdles faced were the reliance on agency staff to fulfil essential roles within the ward. While agency staff bring valuable skills and experiences, their transient nature poses obstacles in maintaining consistency and continuity of care. To address this challenge, my immediate focus was establishing robust processes and protocols to ensure that patients receive safe and effective care. This included implementing



comprehensive tailored care plans, strict adherence to infection prevention and control measures, and provision of robust orientation and training sessions for all staff, including agency personnel. By providing clear guidance and support, I aimed to equip our team with the knowledge and resources necessary to deliver high-quality care and mitigate potential risks.

I viewed building a new team from the ground up as a considerable challenge, particularly the recruiting and onboarding healthcare assistants and nurses. However, this was an opportunity to cultivate a culture of excellence and collaboration from the outset. Through meticulous recruitment processes and targeted training initiatives, I have been committed to assembling a dedicated and compassionate team capable of upholding our commitment to patient-centred care.

I have also enabled and promoted the fostering of strong partnerships with system stakeholders to enhance the overall patient journey. Collaborating closely with external partners, including referral sources and community resources, is instrumental in facilitating seamless transitions of care and improving outcomes for our patients.

Patient engagement and experience

People and communities using health and care services are best placed to understand what they need, what is working and what could be improved.

Increase our stakeholder's involvement in recruitment processes, service development / redesign and governance processes to follow a co-production model.

- Volunteers continue to part of the leadership interview process and sit in at Trust Committee meetings. Further work is required to support clinical teams to adapt the culture
- League of Friends / Friends of Community Hospitals meet with the relevant Hospital Managers (Community Service Managers) and Directors at regular intervals and engage with local government to support proposed services and those already in place.
- The Trust has delivered a workforce and recruitment plan that focused additional efforts and resources to recruiting to the vacant posts for Bishop's Castle Community Hospital inpatient beds. This was delivered collaboratively throughout with the local community, key stakeholders including the 'Staff Our Beds' Campaign group and our staff.

Routinely collate and share patient, carer and staff stories

- Sharing stakeholder stories is a regular of SCHT ethos. 5 stories have been presented to Board and other meetings across all Directorates. 4 of the stories were in video format, to enable wider sharing and impact. The topics included the implementation of a Revive Programme, recruitment of Nurses internationally, Virtual ward – patient experience, the District Nursing Named Nurse implementation and Veterans and Armed Forces covenant.



Embed the use of the Friends and Family Test and Inpatient Survey QR business cards and posters throughout our clinical services.

- QR codes have been distributed using business cards and posters across clinical teams.

- Quality Team staff now routinely prompt the use of FFT QR codes use during clinical visits.
- Volunteers have recommenced supporting 2 of the Community Wards to aid the inpatient survey completion have also initiated this work in the two new Rehabilitation and Recovery Units.

Widen our volunteer membership with redesigned roles and responsibilities to align with the shift in culture following the Covid-19 pandemic.

Administrator support has now been allocated to support increasing the pool of volunteers within the Trust, further work is planned for 2024/25

Increase Observe and Act assessments across clinical services.

- Observe and Act visits have more than doubled this year with 54 visits recorded. The ambition to visit all 94 clinical teams within 2 years is above target at the half way point as 57% of services have been assessed. Feedback included:



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.

Expand the use of remote patient monitoring in our community teams.

- Docobo - a patient monitoring system has been introduced into our Virtual Ward and Respiratory Services to support patient monitoring.
- The EMIS system is also in the process of being procured to facilitate Electronic Prescription Processes (EPS).

Identify and address areas for improvement in digital competency.

- Digital Services have recruited to a post which includes leading on digital competency. The post is now live and work in the background has been ongoing.
- A campaign has been devised that commences April 2024 that includes a staff survey to identify training needs, tailoring training based on reported need and creating a structured timetable of subjects and surgeries for staff to drop into. Further support will be created via a repository of short videos as quick reference guides. Furthermore, an enhanced MS Teams / intranet page planned as a portal to training.
- This project has slowed as the level of initiatives being delivered is rising, plus the requirement for the service to provide first line support / skills training to all Trust users.

Promote resources available via trust communications and a designated staff intranet page that facilitate digital literacy.

- A campaign to identify training needs, develop training packages and a resource centre has been mapped out, and commences April 2024.
- A significant upgrade to EPR happened 2023 that provided an extensive resource suite.

Implement the Electronic Patient Record (EPR) system in our Inpatient Wards

- Inpatient Allied Health Professionals and Discharge Coordinators have moved across to using the EPR for clinical record keeping, with proposals for the GP's, Advanced Practitioners and Nursing staff to Transition in Q1 2024/25.



Whitchurch in-patient Therapists and Well-Being Workers now use EPR for documenting patient interventions routinely.

- A working group is in place to move the initiative forward.
- Clinical Documentation has been reviewed and digital forms developed to support implementation. The digital forms include a falls, VTE and bowel function assessments, handover document, discharge letters, plus many more.
- Sufficient equipment has been ordered to allow the scheme to go ahead.
- A tactical deployment of Electronic Prescribing and Medicines Administration (EPMA) has been rolled out across the Community Hospitals to replace the use of E-Script and sets the foundations for an implementation of a full EPMA subject to the finance and resources being made available within the Digital Team.

Increase accessibility of patient information using digital solutions to facilitate timely intervention / treatment.

- The use of the patient summary care record in Rio is increasing which supports access to patient effective and timely access to required clinical information.
- Developments in the Integrated Discharge Team have allowed SCHT clinicians to have access to partner organisation systems to facilitate the sharing of information.
- The Trust is now successfully surfacing its community EPR data within One Health & Care which provides the Integrated Care Record across ST&W and Staffordshire.
- A successful pilot has been completed with Virtual Wards and Safeguarding to view the Integrated Care Record (ICR) within Rio. Next steps are outlined, with a communications campaign running through April 2024 and a go-live of the Single Sign On interface within Rio in mid-May.

Transition to using E-Roster across clinical Services.

- The E-Roster project plan is underway and is on target for the set timeframe. Three early adopters went live on the 01/02/24, with 19 modules now live and include all in-patient wards, District Nursing Teams and MIU's.
- A Bank staff module is in place which enables the Temporary Staffing Team to book Bank workers and /or agency into unfilled duties on live e-rostered areas.
- Submission of the first pay-file took place early March with payment to staff at month end. This has eliminated submission of timesheets for the live services.
- The new rostering policy to support the initiative is in final draft and is due to be published in the Spring 2024.



Identify, Increase and promote the use of Apps that enhance service provision.

- The Digital Innovation Group review apps with services and clinicians and roll out as appropriate.

The Digital Team moved its data centre to a new location due to organisation remodelling. This has resulted in an extended Cloud footprint and enhanced ability to innovate with Apps and available digital technology.

- The digital dictation tool T-PRO is currently being implemented in APCS. When in place, the next phase will be to onboard TeMS/MSST. Once completed the plan is to focus on implementation in Childrens Services, then take stock to identify all services where the technology would be beneficial
- The Digital Team is also working with third parties such as STRATA and the provider of Rio to deploy Referral Triage systems across TeMS/MSST in the new financial year, these integration services have been procured and will be deployed throughout 24/25 to provide end to end integration across the eRS system and Trust EPR.
- Virtual Ward / Urgent Community Response are due to trial a communications tool to support effective information and task allocation.
- A single point of triage has been established in Virtual Ward with internet telephony to support agile working and plans to introduce a single line to support patients. This is seeing faster response times and an increase in numbers of patients admitted to the caseload.

Modify our communication methods with patients and caregivers to optimise patient care by using digital solutions.

- A project in the District Nursing Teams to inform patients of when an appointment has been made, rearranged or cancelled using a texting system is in progress.
- The use of patient engagement portals are being explored by the Trust to enable improved patient interface.
- A pilot has been jointly run between the Rio Team and the Continence Service, giving patients an additional mechanism to view their future booked appointments. Using the Virtual Assistant, patients can opt to use the link supplied on a letter received from the service to view their appointment, or request to reschedule or cancel the appointment. Feedback has been overwhelmingly positive with 73% of responders confirming they 'liked' the approach. Future developments will include the roll out across SCHAT service where Rio is used, and continued work with both technology suppliers to enable appointments to be directly rescheduled through the Virtual Assistant.
- The Digital Team are also implementing a performance management system to enhance data/performance reporting and analysis across services.

Implement a performance management system to enhance data/performance reporting and analysis across services

- An innovative Trust information portal has now been developed that builds on available Power BI technology, this portal now includes several dashboards that provide Statistical Process Control (SPC) charts across a number of the Trust's KPI's and can be viewed from an aggregated perspective but also through drill down to divisional and service level parameters.

Part 2.2 Looking forward - Quality Account Priorities 2024/25

In 2024/25 SCHAT will be focusing on 3 priorities that incorporate national & local agendas. Staff engagement has been vital to formulation of the priorities, which took the form of a Trust wide staff survey and focus groups. Digital innovation will be integral to all 3 priorities.

Looking after our People

The NHS achieves extraordinary things for patients, but safety and health and wellbeing matter just as much for our people. If we don't look after ourselves, and each other, we cannot deliver safe, high-quality care. NHS England – People Plan

We will:

- Refresh our staff network offer to provide staff with the forum to share experiences and be a part of decision making
- Have a robust organisation framework that develops and embeds Equity, Diversity & Inclusion in everything that we do from Board and beyond.
- Develop staff reward and benefits including financial wellbeing
- Further develop the health and well-being offer to staff
- Explore digital options for Occupational Health Service to widen accessibility.
- Provide Managers and staff with the resources and tools to undertake their roles.
- Allow people to thrive, evolve talent management structures that are inclusive of corporate services.
- Streamline documentation to reduce workloads, including using digital solutions
- Embed Agility, Cohesion and Empowerment cultural behaviours across the organisation.

Fostering a culture of Continuous Improvement

NHS IMPACT (Improving Patient Care Together) is the new, single, shared NHS improvement approach. By creating the right conditions for continuous improvement and high performance, systems and organisations can respond to today's challenges, deliver better care for patients and give better outcomes for communities. NHS IMPACT – NHS England

We will:

- Adopt NHS Impact Framework
 - Build a shared purpose and vision
 - Invest in people and culture
 - Develop leadership behaviours
 - Build improvement capability and capacity
 - Embed improvement into management and systems
- Commence the implementation of Service / Ward accreditation

Enhancing Patient Experience and Safety

Good experience of care, treatment and support is increasingly seen as an essential part of an excellent health and social care service, alongside clinical effectiveness and safety. A person's experience starts from their very first contact with the health and care system, right through to their last, which may be years after their first treatment, and can include end-of-life care. NHS England - Patient Experience Improvement Framework.

The NHS Patient Safety Strategy describes how the NHS will continuously improve patient safety, building on the foundations of a safer culture and safer systems.

We will:

- Fully implement the PSIRF policy and plan and develop local safety improvement actions for the four identified local PSIRF priorities;
 - Falls
 - Pressure Ulcers
 - Medication incidents
 - Transfers of care.
- Further educate our staff on PSIRF processes
- Adopt new processes for Patient Feedback and to align with the new CQC ways of working
- Embed Learning Disability and Autism improvement standards
- Review and enhance our End of Life processes
- Increase patient engagement and co-production.



Part 3: 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

Clinical audit is a way to find out if healthcare is being provided in line with standards and let's care providers and patients know where their service is doing well, and where there could be improvements. The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients. Clinical audits can look at care nationwide (national clinical audits) and local clinical audits.

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.

Audits included on the Trust Annual Clinical Audit Programme are prioritised according to a system developed by the Healthcare Quality Improvement Partnership (HQIP).

Priority 1 – External 'must do'

National Clinical Audit and the Patient Outcome 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 2023/24.

- **National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACP).** Pulmonary Rehab. Our waiting times have improved, with 90% of patients now being assessed within 18 weeks of referral. The Trust has signed up to the Pulmonary Rehabilitation Accreditation scheme, which is a 12–18-month process for evaluating our service and identifying how we meet the pulmonary rehabilitation standards.

- **National Audit of Care at the end of Life (NACEL).** Inpatients. The Trust has registered for NACEL 2024 and is participating in all four elements of the project: case note review, quality survey, staff reported measure and hospital site overview.
- **National Diabetes Foot Audit.** Podiatry. The Trust has continued to submit data to this audit and will review the findings when they are published.
- **National Audit of Inpatient Falls.** Inpatients. This is an audit of the delivery and quality of care for patients over 60 who fall and sustain a fracture of the hip or thigh bone whilst in an inpatient setting. The 2023 Trust level report is due for publication in March 2024 and will be reviewed by the Trust to identify areas for improvement.

The Trust also participated in a National Point Prevalence Study on HealthCare Associated Infections (HCAI) and was only one of nine Community Trusts to do so. The survey was aimed at providing a snapshot of the burden of HCAI and describe Anti-Microbial Use to allow meaningful comparisons between organisations. Preliminary summary results have been shared with each participating trust and organisation and will allow benchmarking with peer-group hospitals in England to identify opportunities for improvement.

Commissioning for Quality and Innovation (CQUINs)

Quarterly audits were carried out in relation to the three CQUINs listed below.

- **Assessment and documentation of pressure ulcer risk CQUIN** (Commissioning for Quality and Innovation). Inpatients. This audit looks at whether patients have received a pressure ulcer risk assessment on admission to hospital and whether any risks identified have been managed effectively and in accordance with national guidance. Assessments were carried out in 94% of cases in the audit sample, although only 55% within 6 hours of admission. Treatment plans to manage the identified risks were initiated in 93% of cases where a plan was required. CQUIN Champions across a number of services have been identified, education has been provided and a clinician guidance leaflet on pressure ulcer assessment and management has been developed.
- **Assessment and diagnosis and treatment of lower leg wounds.** Community Nursing. This is an audit to identify whether patients referred to our Community Nursing teams with a lower leg wound were assessed within 28 days of referral, whether compression therapy was applied appropriately and whether a referral to vascular services had been made where indicated. An assessment had been undertaken in 30% of cases, 73% of applicable cases were treated with the appropriate compression therapy and 62% of cases requiring referral to vascular services were referred. A lower leg wound assessment form has been developed and built in the electronic patient record and training rolled-out across Community Nursing teams in its use.



- **Malnutrition screening for community hospital inpatients.** Inpatients. For this CQUIN, malnutrition risk screening should be undertaken within 24 hours of admission and where indicated, a treatment plan initiated and actions or goals within the plan acted upon. Screening was undertaken in 93% of patients and within 24 hours of admission, 59%. A management plan was put in place in all of the 18 cases where one was required although there was evidence of the actions or goals being acted upon in 53%. CQUIN Champions across a number of services have been identified, education has been provided and a clinician guidance leaflet on assessment and management has been developed.

Other Priority 1 Audits

- **NHS England Learning Disability Improvement Standards.** The Trust is once again taking part in this project, which aims to measure the quality of service we provide to adults with learning disabilities, autism or both. It comprises an organisational survey, a staff survey and a patient survey. The organisational element has been completed and has highlighted several areas for improvement, such as the need to ensure that all patients with a learning disability or autism have an alert on electronic patient record, to better identify and disaggregate data such as that relating to clinical outcomes, complaints and investigations for this group of patients and to engage with patients and their families throughout all these processes. Learning disability/autism champions have now been identified within a number of services and a working group set up to oversee a programme of actions for improvement. An alert for Autism has been created on our electronic patient record and an initiative is underway to increase the use of the existing learning disability alert.
- **Audit of leaving care health summaries. Looked After Children.** The results showed full compliance with the majority of audit standards and all of the 13 summaries audited were rated as 'Good' overall in terms of their quality. No areas for improvement were identified.

Priority 2

- **Initial Health Assessments for Looked After Children (LAC) audit.** *Community Paediatrics.* Eleven out of 12 assessments audited were rated as 'Outstanding' in terms of their quality and one as 'Good'. Full compliance was achieved against 13/15 audit standards and over 90% in the remaining two. No areas for improvement were identified.
- **Review Health Assessments for Looked After Children (LAC) audit.** Looked After Children. 98.5% of assessments were rated as 'Good' overall with only one identified as requiring improvement. There was a decline on the proportion of young people who had attended the Dentist but a slight increase in the proportion who had seen an Optician. No areas for improvement were identified.

Priority 3

- **Fetal Alcohol Spectrum Disorder (FASD) and Blood Born Infection (BBI) in the Looked After Children (LAC) population.** Community Paediatrics. The high incidence of alcohol and substance misuse amongst the parents of children who become looked after increases the risk of BBI and FASD in these children. A previous audit completed in 2018 highlighted the lack of information available at the time of the Initial Health Assessment (IHA) of LACs to assess BBI risk. In this re-audit, assessment of FASD was also included as this relies on many of the same information sources. The audit shows that there continues to be inadequate information provided by the Local Authority at the time of the initial health assessment (IHA) to allow these risks to be assessed. Recommendations include considering not completing IHAs in the absence of adequate information in the future, providing training to doctors in the documentation of antenatal alcohol exposure, facial features and head circumference, creating an alert on Rio for antenatal exposure to alcohol and including this information in the Health Care Plan produced at the IHA.
- **Audit of medical advice written for Education Health and Care Advice against standards derived from the Code of Practice for Special Educational Needs and Disabilities (SEND).** Community Paediatrics. Full compliance was achieved in 5 out of the 14 standards included in the audit and over 90% in a further five. Compliance was below 80% for standards relating to explanations of medical terminology, identification of medical conditions and health needs, recording of name and service of all the professionals involved and reflecting the Voice of the Child in the advice. A new exemplar and suite of examples for the team is to be developed as well as an induction package for new staff. Regular updates and CPD (at least annually) will be provided to ensure that learning is embedded.
- **Adherence to the Children's Occupational Therapy Service Mainstream Clinical Pathway.** Occupational Therapy. The purpose of this audit was to review the pathways that have been used by the service since 2014. The results identified that the formal route within the pathway for children with an identified Autistic Spectrum Disorder diagnosis was not utilised, 89% of children received the most appropriate treatment with 11% receiving treatment that did not follow the pathways, although there were clinical reasons as to why they did not. Treatment options and current evidence base are to be reviewed to allow further development of this part of the pathway.
- **Progress notes audit.** Community Nursing. The aim of this audit was to evaluate use of the progress note template introduced to Community Nursing teams in 2021, particularly in relation to the unnecessary duplication of information. Use of the template was high across the audit cohort. The main area of concern was the copying of information from assessment to progress notes which takes up vital clinical time by creating more admin and non-patient facing work for staff. The current progress note template is to be updated to

incorporate the new SBAR (Situation, Background, Assessment, Recommendation) structured communication framework and the current assessment tools on electronic patient record enhanced to reduce the need for duplication and reduce patient admin time.

- **Audit of website SEND** (Special Education Needs and Disabilities) descriptors that link with the Local Offer. Multiple services within Children and Families Division. An audit has been undertaken to evaluate the quality, relevance and consistency of information on both Shropshire Community Health Trust (SCHT) service and local authority Local Offer webpages. The results identified some SCHT services with good examples of up-to-date information and links to the Local Offer for ease of families moving between sites. 80% of the service web pages audited contained a SEND section highlighted in yellow. However, all webpages within the division need to be reviewed to ensure the accuracy, consistency and relevance of the information they contain, that they are in date and that links to the Local Offer are included and that they work. There is no review date option on the Local Offer pages and this needs to be addressed.

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 (R&I).

- The R&I department undertook 19 studies in 2023/24 and recruited 715 participants into research, overperforming in several of these studies. This is an excellent outcome for a small team.
- 7 research studies are in the set-up phase.
- One commercial study has commenced with recruitment completed and a second is in the follow up phase.
- The Research Team are supporting a National Early Diabetes Screening Programme for children aged 3 years to 13 years. SCHAT have overperformed in the delivery of this study, becoming one of the top recruiters in the West Midlands. As a result, the team are supporting other NHS organisations in effective recruitment strategies and have been featured in local media networks.
- The Staff Research Champion initiative has continued to be well received by Trust staff. This initiative enables the Research Delivery Team to take research opportunities to patients and local communities across all Trust services. We have continued to support other NHS Trusts in setting up similar schemes within their own organisations.
- CEO – Patricia Davies has become a Staff Research Champion – this has produced an increase in Trust staff registering their interest in the role.
- One Clinical Research Practitioner (CRP) has been successful in gaining their CRP accreditation with the Academy for HealthCare Science, (AHCS).
- Bitesize research seminars to assist clinicians working towards Advanced level fulfil pillar four (research and evidence), are facilitated by the research team and are being delivered digitally to improve accessibility for staff.



Johanne Tomlinson OBE – Research Delivery Team Leader won the National Institute for Health and Care Research (NIHR) Clinical Research Network West Midlands training development award 2023 for the creation of our Research Champions Role within SCHAT; which brings collaboration and research opportunities within our trust.

Commissioning for Quality Improvement (CQUIN)

Four CQUINs were pertinent to the Trust 2023/24

CCG1 54% Flu vaccination for frontline staff healthcare workers
The Trust was the joint highest performing Community Trust and ranked 6th in the Midlands region.

CCG12 Malnutrition screening in the community

CCG13 Assessment, diagnosis and treatment of lower limb wounds

CCG14 Assessment and documentation of pressure ulcer risk

CQUIN's 12,13 &14 have made progress throughout the year, although targets have not been met and further work is required. Work is continuing during 2024/25. The community wards are transitioning to EPR from April 2024 which will support the CQUIN initiatives 12 & 14 and the Tissue Viability Service are launching the nationally devised Lower Limb Pathway June 10th 2024.

Patients readmitted to hospital within 28 days of a hospital discharge

SCHT inpatient beds are for patients aged 18 or above

(i) 0 to 15 = 0%

(ii) 16 or Over = 100%

2023/24	2022/23	Comment
12.9%	NA	New addition for 2024

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 98.5%, which is above target and an improved picture from 2022/23

Infection Prevention and 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 2023-2024, Shropshire Community Health Trust recorded four cases of Clostridioides Difficile infection in the Community Hospitals, three above our agreed target. Although these cases were attributed to the Trust, all cases were classed as unavoidable. This means that there was nothing we could do to prevent our patients developing this infection.

The Trust recorded no blood stream infections for 2023/24.

We aim to screen at least 97% of patients on admission for MRSA each month. For 2023-2024, our MRSA screening compliance score was 97% across our Community Hospitals, meaning our target was met overall.

Shropshire Community Health Trust Infection Prevention and Control (IPC) Team have delivered a robust IPC activity programme in 2023/24, focussing on quality assurance audits and targeted education campaigns including a 'Gloves off' Campaign aiming to reduce the inappropriate use of gloves; learning events around common alert organisms giving advice on when to screen and when to isolate a patient as well as some targeted awareness on antimicrobial stewardship and more recently a Spring Clean campaign aiming to reduce environmental clutter and promote good practice in storing unused equipment.

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 2023-2024 on the 30th June 2024. 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 and in the last year has transitioned to using PSIRF and the Patient Safety II (PSII) process to manage incidents and foster a learning response. All incidents are categorised and are copied to the relevant subject experts and line managers for review, comment and action. In addition, a Patient Safety Incidents Panel meets weekly to review incidents. The meeting is chaired by Directors and has representation from senior clinicians and the ICB.

4,663 patient safety incidents were reported in 2023/24 demonstrating a further increase in reporting. This can be attributed to the positive reporting culture of employees and the increase of services provided, including the introduction of the 2 Rehabilitation and Recovery Units.

9 Serious Incidents were registered over the year. 2 were related to Information Governance, 4 to Falls, 2 related to Prison - Deaths and 1 pressure ulcer. As part of the Trust's transition to PSIRF, reviewing Patient Safety Incidents will follow an alternative methodology; with an emphasis on thematic review or cluster of incidents to understand common themes, links or issues to facilitate safety responses. Where an individual learning response has been agreed, the response will form of a Patient Safety Incident Investigation.

Falls

The Trust reported 163 inpatient falls in 2023/24, a 12% decrease on the previous year and 17% decrease over the last 2 years. The Trust's Patient Safety Improvement Plan incorporates falls under its local priorities and for thematic review to enable a quality improvement approach. Falls accounted for 45% of all serious incidents in 2023/24

Pressure Ulcers

Over the last 12 months: 614 in-service pressure ulcers were reported, 32 less than in 2022/23. Of the 614 instances, 22 were either a Category 3 or 4 pressure ulcers, a significant 33% drop from the previous year. The reduction in incidences is thought to align to the introduction of Named Nurse Concept in District Nursing. 1,187 pressure ulcers were reported on admission to a service. The Trust's Patient Safety Implementation Plan (PIRP) incorporates this workstream under its local priorities and for thematic review.

Patient Safety Incidents and the percentage that resulted in severe harm or death

6 incidents were reported as severe harm or death. 2 incidents resulted in death, one was in custody and the second was on release from custody. The 4 events that resulted in severe harm were all falls. 3 patients suffered from a fracture and a 4th suffered from a subdural haemorrhage. Falls reduction remains a priority for the organisation.

Patient Experience

Patient Stories

5 In-depth stories were developed and shared across the organisation. 4 of these were including patients as patients are always at the heart of all we do. The topics were

- A new programme called REVIVE that promotes rehabilitation for those with reduced mobility.
- The Introduction of the Named Nurse in District Nursing to enable patients to have one individual Nurse who oversees and reviews their treatment at regular intervals. This provides patients with a clear understanding of who is coordinating their care.
- Veteran stories, that included patients and staff.
- The positive impact the roll out of Virtual Ward has on patients.

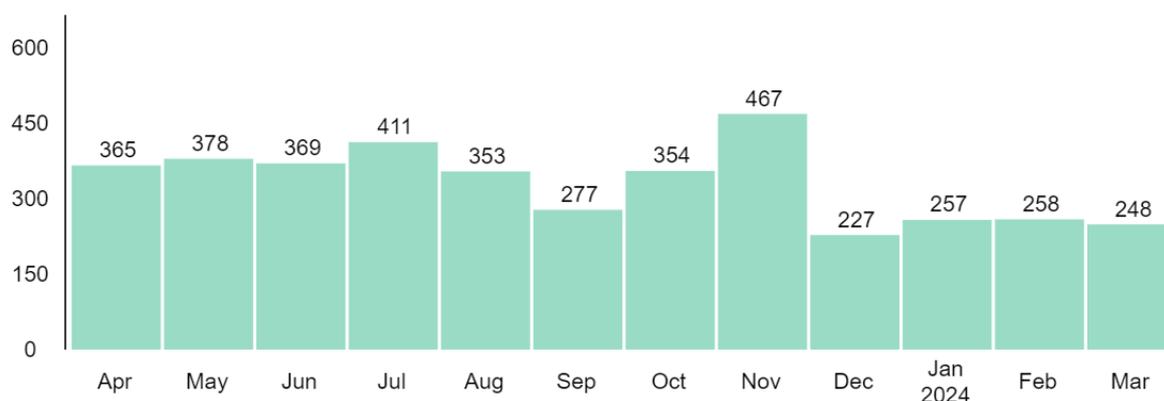
Friends & Family Test responses from our service users 2023/24

The Trust received **3962** Friends & Family Test results, with 97.15% of respondents reporting the service was either good or very good, an increase in positive patient experience from 2022/23.



Response	Percentage	Number of times response selected
Very good	88.29%	3500
Good	8.85%	351
Neither good nor poor	1.19%	47
Poor	0.45%	18
Very poor	0.71%	28
Don't know	0.50%	20

The graph below shows the distribution of the 3964 surveys completed across the year



Positive feedback received:

Karen is amazing! Speedy response from my initial text message. Next day visit. Lots of moral support in person and via text as well as practical tips. No judgment just help and encouragement. When she was off duty Karen referred me to her colleague who also checked in and made sure I was ok. Lots of useful links. Karen is a lovely person who instantly put me at ease during a very emotional and challenging time for me. I couldn't have asked for anything more - **Breastfeeding support**

She noticed things I haven't yet. She was friendly and nice and gave a lot of helpful information - **APCS Oswestry**

I have had from the Diabetes Specialist Nursing team over the last 18-24 months and I can honestly say that without them my life would be completely different. With their support my diabetes is now under control and this is life changing - **Adult Diabetes**

Nothing too much trouble for the staff. It was a pleasant experience - **Bridgnorth In-patients**

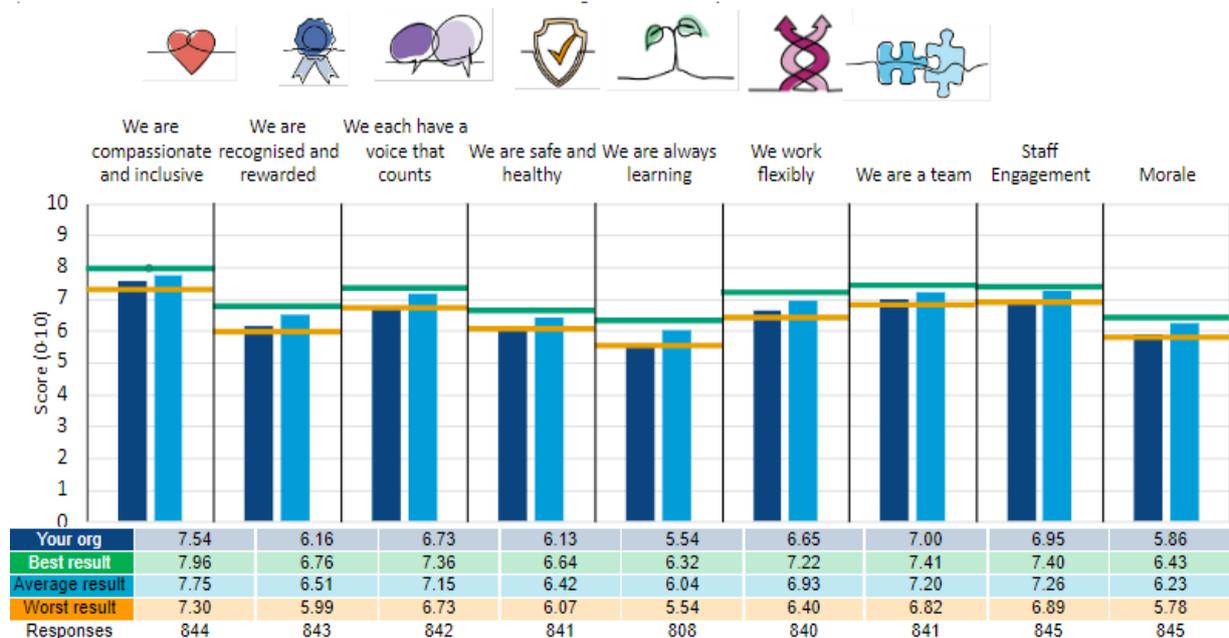
My child was made to feel at ease and comfortable right from the start of the session. The two members of staff involved with his assessment were so friendly, encouraging and reassuring. My son was cooperative and managed to complete all tasks put to him and was praised for his efforts. The session was also very informative for myself as a parent. - **Childrens Occupational Therapy**

I just wanted to send HUGE thank you to the Virtual Ward Team for their support to my husband over past few weeks- WOW what a Team/Service to have in Telford- we are so lucky. From the very first visit and all subsequent visits all the staff treated him with so much kindness and respect, which reassured him that they were doing all they possibly could to prevent him being admitted to hospital which is his worst fear. Every one of the team is a credit to their profession - **Virtual Ward.**

Amazing Care throughout all visits, efficient and knowledgeable. Empathetic during bereavement visit and very supportive - **South West District Nurses**

National NHS Staff Survey 2023

845 (52%) employees completed this year's survey, a marginal increase on the previous year. This completion rate is 10% lower than the average for similar organisations



Friends & Family Test response from our staff

56%	Would recommend the organisation as place to work
68%	If friend/relative needed treatment would be happy with standard of care provided by organisation
71%	Care of patients/service users is organisation's top priority

The Staff Survey results tell us we continue to have work to do to ensure we are a consistently great place to work, this is why the Trust has again committed to looking after Our People as a priority for 2024/25

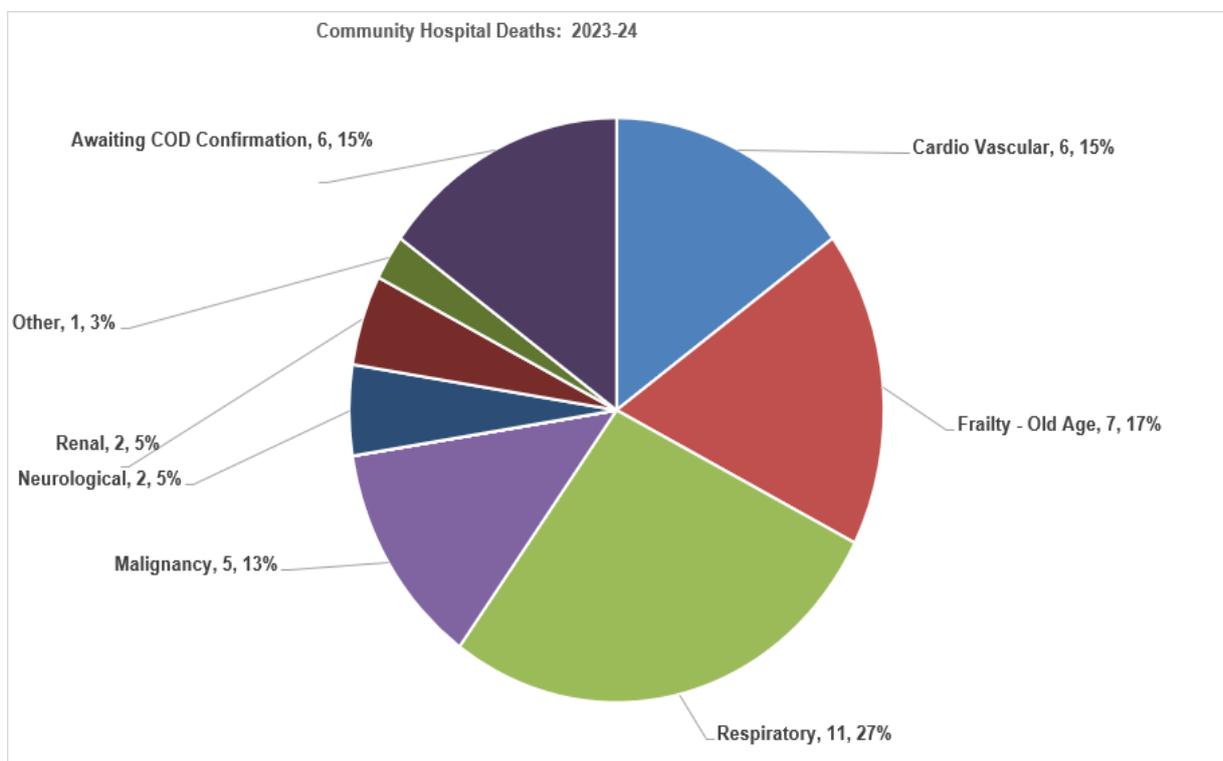
Engagement sessions following the publication of the Staff Survey results with the Chief Executive – Patrica Davies are scheduled for April 2024

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. SHT also ensure that we share and act upon any learning derived from these processes.

Deaths reported across the Community Hospitals and Rehabilitation and Recovery Units totalled 40 in the year, with 3 being unexpected deaths.

No patients had COVID-19 recorded as their primary cause of death in the year, and the main 3 causes identified were: Respiratory, Frailty and Cardio Vascular.



Our Care Quality Commission (CQC) Registration



The last SHT CQC inspection was in 2019 and as an organisation we recognise that re-inspection will be in the near future. The Quality Improvement Team over last year have been preparing clinical and corporate services for the changes to CQC inspections. Service briefcases have been created and cascaded. These contain information on the CQC's new ways of working, how to guides, a process for to evidence performance and successes, a toolkit for service self-assessment using the CQC key questions and I/we statements and a service development plan tool.

	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				
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				
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

Majesty's Inspectorate of Prisons (HMIP)

No inspection during account period

Special Educational needs and/or Disabilities Inspection

No inspection during account period



Statements from Our Partners

Our Quality Account has been shared with key stakeholders; Healthwatch Shropshire, Healthwatch Telford & Wrekin and Shropshire, Telford and Wrekin ICB.

**Shropshire, Telford and Wrekin ICB -response to SCHT
Quality Account 2023/2024**



NHS Shropshire Telford and Wrekin Integrated Care Board (the ICB) are pleased to have had the opportunity to review the Shropshire Community Health NHS Trust (SCHT) Quality Account for 2023/24.

It is the ICBs view that the account accurately reflects the achievements made by SCHT in 2023/24 and the priority areas identified to the best of our knowledge. SCHT has collaborated with partners in the integrated care system (ICS) as we continue to develop our ICS to address the needs of the population and improve the quality of healthcare services within it.

The ICB would like to acknowledge the work undertaken by SCHT to develop the new service to provide Rehabilitation and Recovery Wards on the two Acute Hospital sites for patients to continue to receive rehabilitation prior to returning to their normal residence. Also the development of the Virtual ward enabling patients to remain in their own home or return home sooner from hospital to receive consultant led care supporting the ongoing improvements in urgent and emergency care.

The ICB is aware of the ongoing challenges faced by all local Partners to recruit and retain a substantive workforce thereby reducing the need for agency shift cover. Initiatives have been completed to streamline recruitment processes and strengthen retention through clear career development pathways. SCHT have continued to increase their Professional Nurse Advocates and are looking to extend the model to allied health professionals (Professional Advocates). SCHT have undertaken 17 Executive listening events and created a newsletter to share actions agreed following the events. It notes the introduction of an e-rostering system.

A significant patient safety initiative during the year at the trust has been the introduction of the Patient Safety and Incident Response Framework (PSIRF). The Trust formally adopted PSIRF in December 2023 transitioning away from the Serious Incident Framework. The key aims of PSIRF will provide a considered and proportionate response to patient safety incidents with compassionate engagement and involvement of those affected by these incidents and we look forward to seeing the outputs in terms of safety and organisational culture. The four priority areas for PSIRF have been identified; Transfer of Care, Pressure Ulcer Prevention, Falls and Medicines Management. SCHT also plan to develop pressure ulcer prevention pathways by implementing the Purpose T assessment tool.

The ICB was pleased to see the ongoing commitment to understanding and improving patient experience with a doubling of the Observe and Act visits to 54 in the last year. It notes the consistently high Friends and Family Test scores throughout the year for people rating the services as good or very good as above 97%.

The ICB notes the ongoing work to optimise the use of digital technology for patients and staff. This includes the remote monitoring of patients on the virtual ward and respiratory team and the use of clinical record keeping on in-patient wards. It notes the investment by SCHT for a new Electronic Prescribing and Medicines Administration system.



The Quality Account also acknowledges the National Audit Programme undertaken in 2023/24 and the participation in clinical research with the Chief Executive Officer becoming a Staff Research Champion which is very positive.

It is noted the summary of the NHS staff survey which showed SHT were close to the National average for results in each category. It is positive to see that the Trust remains committed to supporting staff and it remains a priority for 2024/25.

The ICB acknowledges the quality priorities for 2024/25 for the Trust and will continue to work within the integrated care system adopting a systems-based approach to learning responses which will provide more insight into the systems and processes that can be improved.

In conclusion, the ICB views the 2023/4 Quality Account as an accurate picture of the challenges the Trust faces and evidence of improvements in key quality and safety measures. The ICB recognises the Trust's commitment to working as a partner in the system to ensure the ongoing delivery of safe, high-quality services for the population of Shropshire Telford and Wrekin.

Yours sincerely

Vanessa Whatley - Interim Chief Nursing Officer



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

Priorities for 2023 - 2024

Looking After Our Staff

We are very aware of the pressures that all health and social care staff are facing and our feedback indicates that patients have concerns about the impact on their care that can be caused by the pressures facing health and social care staff. As with last year we are encouraged to see all of the initiatives the Trust has embarked up to look after staff. However, as with last year, it is unclear if the initiatives have been effective, either in the selected aims stated by the Trust or in the wider aim of staff feeling that the Trust has become a better place to work.

Elsewhere in the Quality Account the results of the National NHS Staff Survey are reported. The staff survey results indicate that although there have been some improvements in 6 of the 9 'people promise elements' all the Trust scores are below average for similar trusts with 6 out of 9 element scores being either the lowest or next to lowest within the benchmark group of Community Trusts across the country.

The challenges facing the Trust management are also indicated by the proportion of staff agreeing with the statement, in the Staff Friends and Family Test, that they 'would recommend the organisation as a place to work', it has fallen this year to 56% from 59% in 2022-23 and 61% in 2021-22.



Patient Safety

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. Elsewhere in this Quality Account significant increases in patient safety incidents are evident.

Patient Engagement and Experience

We were pleased to see the trust's commitment to 'Continue to strengthen our relationship with both local HealthWatch organisations' and it would be useful to hear the Trust's perspective of how they feel it has developed over the year. We continue to attend the Patient Experience Panel.

There were several other commitments under this priority which have also not been reported on in the Quality Accounts:

- 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 embed Patient Experience Committee into the Trusts Governance structure

With those commitments that have been reported it is difficult to understand the outcomes that has been achieved. For example, with the commitment to 'Widen our volunteer membership with redesigned roles and responsibilities to align with the shift in culture following the Covid-19 pandemic, there is no indication if this has happened.

It is encouraging to see that the programme of Observe and Act assessments are ahead of schedule and that have been collecting positive feedback. Some indication of the learning that has been taken from the assessments and how this might have informed the service being delivered would be welcome.

Digital Capability

It appears that many of the commitments are just being rolled out, we look forward to hearing about the impact they are having. It is encouraging to hear that the pilot of the 'virtual assistant' with the Continence service received positive reaction from patients and hope patients across other services will be able to access the benefits shortly.

Priorities for 2024 – 2025

Looking after Our People

The continued emphasis of making the workforce a priority is welcomed. Some of the commitments lack clarity to the lay person and we would encourage the Trust to engage more widely when initially drafting documents for the public to read. Healthwatch Shropshire would be willing to work with the Trust to ensure public facing documents are clear, easy to read and understand in line with the NHS Accessible Information Standard.

Fostering a culture of Continuous Improvement

The adoption of the NHS Impact Framework is welcomed and we look forward to hearing how it has improved patient care once implemented

Enhancing Patient Experience and Safety

The commitment to fully implement the Patient Safety Response Framework (PSIRF) is welcomed as are the commitments to increasing patient engagement. We look forward to seeing the improvements resulting from the listed commitments.

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. While there is some very welcome positive evidence of good care in some of the audits other areas, in particular the CQUINs, there is room for improvement.

Participation in Clinical Research

We are pleased to see that the Trust's creation of a research champions role has been recognised by The Clinical Research Network West Midlands and congratulate the team.

Commissioning for Quality Improvement (CQUIN)

It is noted that the Trust has made progress in three out of 4 areas although it has not met its targets. 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. It is disappointing to see that the rate of flu vaccinations for frontline healthcare workers fell to 54% from 61% the previous year.

Patients readmitted to hospital within 28 days of a hospital discharge

The report indicates that 12.9% of patients discharged are readmitted to hospital within 28 days of discharge. There is no indication if this figure is within the bounds of what might be expected and it does not give any indication of how the quality of the original care or follow up care relates to those readmissions.

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

The Trust's performance in this area and improvement on 2022/23 is to be commended.

Infection Prevention & Control

The Trust is to be congratulated for implementing the measures set out in last year's QA which have obviously worked in raising the already high levels of MRSA screening to reach the target of 97%.

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 reported incidents to have an understanding of patient safety. In 2022/23 the Trust reported 3,630 patient incidents which was a significant increase of 29% on the previous year, this year the figure reported is 4,663 a further year on year increase of 28%. As with last year this is attributed to a positive reporting culture and increased activity. With regard to increased activity, last year the patient numbers had dropped on the previous year and this year there are no patient activity figures provided in the QA to give context to the rise in patient incidents.

It would be useful to see some analysis that supports the argument that the rise is due to a positive reporting culture rather than a decrease in safety. It should be noted that in the [2022](#)

[NHS staff survey](#) and [2023 NHS staff survey](#) there has been a significant decline in the percentage of staff who 'would feel secure raising concerns about unsafe clinical practice' with the trust results now the worst results in its comparator group. This does not seem to support the view that the significant increase is due to a positive reporting culture.

Falls

We are encouraged to see the continued reduction in number of falls.

Pressure Ulcers

The overall fall in reported in-service pressure sores, with a large fall in the most serious, is very welcome.

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

There is no indication of the overall number of patient safety incidents nor the percentage that the 6 cases represent. Some indication of the learning that was taken from the incidents would be helpful.

Patient Stories

We very much welcome the sharing of patient stories. It is slightly confusing that only 4 of the 5 stories mentioned seem to include patients.

Friends & Family Test (FFT) responses from our service users 2023/24

We are pleased to see that the FFT results indicate a very high level of satisfaction with treatment and that it increased on last year. It is disappointing that despite the Trust's commitment to increase the number of FFT responses across services it in fact fell from 4445, with 1,113,269 patient contacts, in 2022-23 to 3965 in 2023-24.

National NHS Staff Survey 2023

The responses to the survey indicate that the Trust performs below average in 9 out of the 9 People Promise themes with 6 out of 9 element scores being either the lowest or next to lowest within the benchmark group of Community Trusts across the country. 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 the third year running in 2024/25.

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 again to 56% in 2023/24 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% in 2021/22 to 72% in 2022/23 and 68% in 2023/24.

Learning from Deaths

There is no reporting on any learning taken from the deaths of patients in the care of the Trust. It is noted that 3 deaths were unexpected but there is no reporting on the avoid-ability of any of the 40 deaths as has been reported in previous Quality Accounts.

Index of Acronyms

Academy for HealthCare Science	AHCS
Advanced Primary Care Service	APCS
Allied Healthcare Professional	AHP
Black, Asian & Minority Ethnic	BAME
Blood Born Infections	BBI
Care Quality Commission	CQC
Clinical Research Practitioner	CRP
Commissioning for Quality and Innovation	CQUIN
Community Neuro Rehabilitation Team	CNRT
Community Practitioners and Health Visitors Association	CPHVA
Community Service Manager	CSM
Data Security and Protection Toolkit	DSPT
Deep Vein Thrombosis	DVT
Electronic Patient Record	EPR
Electronic Prescribing and Medicines Administration	EPMA
Electronic Prescription Process	EPS
Family Nurse Partnership	FNP
Fetal Alcohol Spectrum Disorder	FASD
Freedom to Speak Up	F2SU
Friends & Family Test	FFT
General Data Protection Regulation	GDPR
Health Care Assistant	HCA
HealthCare Associated Infection	HCAI
Healthcare Quality Improvement Partnership	HQIP
Human Resources	HR
Integrated Care Board	ICB
Infection Prevention & Control	IPC
Integrated Care Record	ICR
Integrated Care System	ICS
Integrated Discharge Team	IDT
Lesbian, Gay, Bisexual, Transgender & Queer/Questioning	LGBTQ+
Looked After Children	LAC
His Majesty's Inspectorate of Prisons	HMIP
Medical Examiner	ME
Medicines Safety Officer	MSO
Minor Injuries Unit	MIU



Musculoskeletal Services Shropshire & Telford	MSST
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme	NACP
National Audit of Care at the end of Life	NACEL
National Clinical Audit and the Patient Outcome programme	NCAPOP
National Data Guardian	NDG
National Institute for Health and Care Research	NIHR
Improving Patient Care Together	NHS IMPACT
Observe & Act	O&A
Outpatient Parenteral Antibiotic Therapy	OPAT
Patient Safety Incident Investigation	PSII
Patient Safety Incident Response Plan	PSIRP
Professional Nurse Advocate	PNA
Patient Safety Incident Response Framework	PSIRF
Recovery & Rehabilitation Unit	RRU
Registered Nurse	RN
Research and Innovation	R&I
Shropshire Community Health NHS Trust	SCHT
Shropshire, Telford, and Wrekin	STW
Situation, Background, Assessment, Recommendation	SBAR
Special Education Needs & Disabilities	SEND
Standard Operating Procedure	SOP
Statistical Process Control	SPC
Telford Musculoskeletal Services	TeMS
Urgent Emergency Care	UEC
Venous Thromboembolism	VTE
Vacancy Requisition Form	VRF