NHS

Shropshire Community Health

NHS Trust

Quality Account

2020–2021

Improving Lives in Our Communities

Commitment to Quality | Respect & Dignity | Working Together | Compassionate Care | Everyone Counts

Contents

About this document

The Trust Board Shropshire Community Health NHS Trust produce this document as required by the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the NHS Quality accounts Amendment Regulations 2011 and with additional reporting arrangements as per the Regulation schedule for 2017/18. These Regulations are cited as the National Health Service (Quality Accounts) (Amendment) Regulations 2017. These Regulations come 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, William Farr House, Mytton Oak Road, Shrewsbury, SY3 8XL.

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Quality Account 2020/21

Foreword & Welcome from Steve Gregory

Executive Director of Nursing and Operations, Director of Infection Prevention and Control

It is my pleasure to introduce the 'Annual Quality Account' for Shropshire Community Health NHS Trust. This account relates to the past year i.e. 2020/2021, it also describes the quality initiatives that will be focussed upon this year (2021/2022)

The past year was unprecedented on so many different levels. I am sure we have all reflected on what the past year has meant both professionally and personally.

It is a year I will remember, in particular the way we all pulled together to deliver the services in the best way we could. All staff played their part in this regard and I am truly grateful. People have adapted to working very differently. Technology was adopted and spread at a pace that was beneficial to making sure we could keep connected with 'People' in different ways.

We said goodbye to the School Nursing service for Dudley. They have been with us for the last five years and we all worked well together. With the newly formed Dudley Health Integrated Care it was the right time for them to return home!

A few reflections from me as Chair of the Incident Management Team; the first is the understanding of all for the need to work together on solutions to benefit patients. A real emphasis on looking after our people. We learned such a lot; we are undertaking some learning events so we can capture in one place the intelligence. I know it was tough, for those redeployed, for those not redeployed, for those working at home and for those working clinically.

Our aim now is to see the people that need our care, guidance, support and compassion. At the same time, we must look after our staff (to state the obvious).

As you will note our Flu vaccination programme culminated in 89.5% of staff taking the opportunity. So far, the Covid vaccination figures are close to 95%. An incredible effort by all to keep humankind as safe as we can.

We have established some key themes for the coming year which we anticipate will be built on as part of being a joined-up system.

Thank you to all those that support us to deliver the right care at the right time and ultimately in the right place.

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Part One
Introducing Shropshire Community Health NHS Trust (SCHT)

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

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

Our vision

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

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Our values

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

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

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

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

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

Our strategic goals

Deliver high quality care

Support people to live independently at home

Deliver integrated care

Develop sustainable community services

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Who we are and what we do

Shropshire is a mostly rural 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.

Shropshire Community Health NHS Trust provides community health services for adults, children and young people in Shropshire, Telford and Wrekin, and some surrounding areas too.

Our services are organised across our geographical area to enable us to be as responsive as possible to meet the needs of our service users, their carers and families.

Community health services cover 'cradle-to-grave' services that many of us take for granted. They provide a wide range of care, from supporting and advising families with young children, to treating those who are seriously ill with complex conditions. Most community healthcare takes place in people's homes. Teams of nurses and therapists coordinate care, working with other professionals including GPs and social care colleagues.

Our role is especially important in a large geographical area such as ours with increasing numbers of people, including children and young people, with long-term health conditions.

Good community health services prevent the need for some patients to be admitted to hospital, including those with chronic conditions such as diabetes, asthma, chest disease, arthritis, hypertension, osteoporosis and stroke.

Our range of services provided care through over one million contacts to adults, children, young people and their families in 2020/21. The vast majority of which have taken place in people's homes and places of residence, outpatient and minor injury units, clinics and in our four inpatient wards.

Patient Activity Figures 2020/21	
Community Contacts	658,066
Outpatient Attendances	26,357
Inpatient and Day Cases	279
Inpatient Rehabilitation Episodes	1,724
Radiology Examinations	7,750
Minor Injuries Attendances	20,760
Equipment and Products Supplied	290,240
Prison Healthcare Contacts	19,284
Total	**1,024,460**

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Our services:

Adult SDG

- Community Hospitals; Whitchurch, Bridgnorth, Ludlow & Bishops Castle
- Minor Injury Units (MIU)
- Integrated Community Services (ICS)
- Inter-Disciplinary Teams (IDT)
- Diabetes
- Tissue Viability/wound care
- Continence Services
- Rheumatology Outpatients
- Physiotherapy Outpatients
- Podiatry
- Advanced Primary Care Services (APCS)
- Prison Healthcare
- Diagnostics, Assessment & Access to Rehabilitiation & Treatment (DAART)
- Telford Musculoskeletal Service (TeMS)
- Falls Prevention Service
- Admiral Nursing (Telford)
- Rapid Response
- Long Covid Clinic
- Radiography
- Community Neuro Rehabilitation Team (CNRT)
- Consultant Outpatients
- Day Surgery
- Respiratory & Pulmonary Rehabilitation
- Care Home MDT T&W
- Single Point of Referral (SPR)
- Capacity Hub
- Bank & Temporary Staffing

Children and Families SDG

- Community Children's Nurses
- Special School Nurses
- Paediatric Diabeties Team
- Community Paediatric Psychology
- Child Development Centres
- Community Paediatrics
- Immunisation and Vaccination
- Dental Services
- 0-19 Public Health Nursing Service
- Looked after Children
- Wheelchair and Posture services
- Community Paediatric Occupational Therapy
- Community Paediatric Physiotherapy
- Community Speech and Language Therapy
- Family Nurse Partnership (FNP)
- Targetted Admin
- Audiology
- Community Equipment Service
- Covid-19 Swabbing Service

Corporate/Support Services

- People Directrate
- Finance Directorate
- Organisational Development
- Digital Services
- Information Goverannce
- Medicines Managment
- Hotel Services
- Administration Support
- Business Development & Transformation
- Complaints and PALS
- Emergency Planning
- Patient Experience and Involvement
- Assurance (non-clinical)
- Communications and Marketing
- Quality
- Safeguarding
- Infection Prevention & Control (IPC)
- Estates

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Our Partners in Care.

Shropshire Community Health Trust, together with our partner health and social care organisations, work as a system for the benefit and to improve services for citizens, referred to as an Integrated Care System (ICS). As the main NHS community health care provider in Shropshire, we work together with our other partners to plan our services in partnership for the benefit of the people we care for and for the people who work within our various constituent partner organisations. Our relationships with our partners are essential to help us provide the best care possible for our local population.

Shropshire Telford & Wrekin ICS want to achieve:

Together as one, we want to transform the health and care across Shropshire, Telford & Wrekin by:

- Providing a greater emphasis on prevention and self-care
- Helping people to stay at home with the right support with fewer people needing to go into hospital
- Giving people better health information and making sure everyone gets the same high quality care
- Utilising developing technologies to fuel innovation, supporting people to stay independent and manage their conditions
- Attracting, developing and retaining world class staff
- Involving and engaging our staff, local partners, carers, the voluntary sector and residents in the planning and shaping of future services
- Developing an environmentally friendly health and care system

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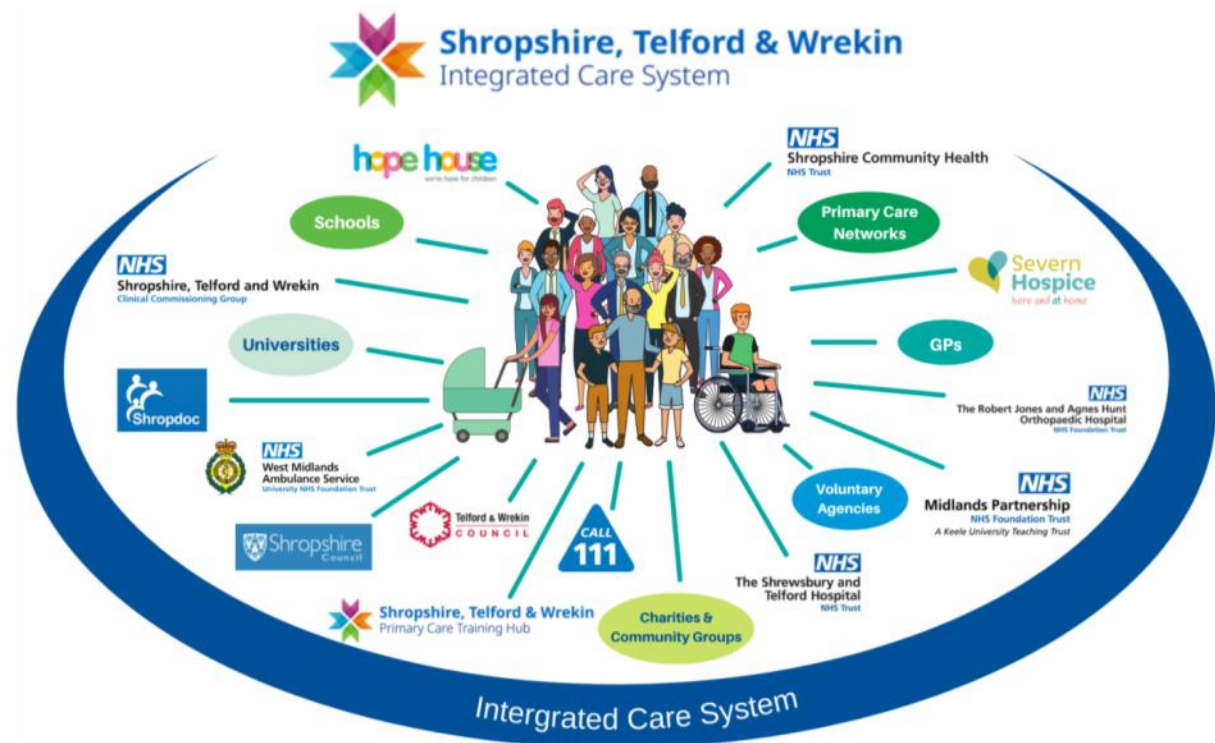
Part Two:
Reviewing the Quality of our Care looking back at 2020-2021

March 2020 saw the start of the Covid-19 pandemic; a test that the NHS has never seen before but one to which it stood up to. One of the impacts of covid was a change to the publication of Quality Accounts from June to December, acknowledging the immense efforts required in the response to the pandemic. The priorities set for 2020/21 were for the winter months from October to March and were proportionate for the timescale and the ongoing pandemic response. This section of the Quality Account will show the outcome of improvements we have made against those priorities.

Priority one
Infection prevention and control (IPC) is everybody's business not least during a pandemic of this magnitude. IPC is fundamental to the safety of people who use our service, patients, children, young people, families, staff and visitors. In addition to existing standards for IPC, we will ensure IPC is responsive to national guidance and work with system partners to ensure a collaborative approach to IPC.

Measure of success
We will ensure we are compliant with COVID specific guidance.

Outcome
- ✓ New guidance shared via twice weekly communication bulletin and via the COVID section on the Trust Staff Zone.
- ✓ Attendance by the Head of IPC at the local Health Economy Silver IPC Meeting
- ✓ A new local Health Economy IPC Nurse meeting, chaired by SCHT, provides support and guidance to IPC Nurses to ensure that new guidance is discussed, understood and implemented consistently across the local health economy.
- ✓ SCHT has an active IPC Link staff network where information and guidance is shared and disseminated across the Trust.
- ✓ IPC Board Assurance Framework completed and shared with the Trust Board and Committees
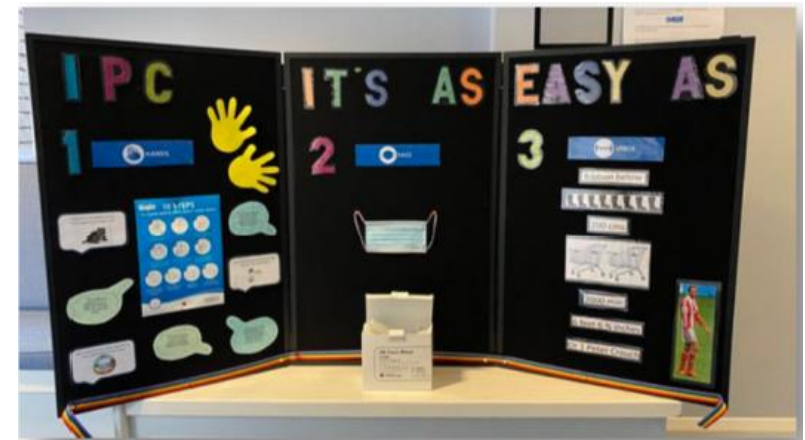
- ✓ An IPC annual programme of work has been developed to ensure that standards of IPC are maintained, and service improvement plans are developed where lapses have been identified via IPC visits or IPC audits.
- ✓ A programme of IPC self-audits is in place to ensure IPC compliance.

HANDS   FACE   SPACE

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Priority two

At times of extreme pressures human factors can play a part in the potential for care to fall below standards our regulators, CQC, tell us care should not fall below. Our regulators continue to pause formal inspections and as importantly, informal core service engagement visits. In response to this in addition to our quality governance arrangements core service leads will undertake an internal self-assessment against CQC ratings and we will undertake a programme of quality assurance engagement visits during winter.

Measure of success

- Completion of internal service led CQC self–assessment.
- Completion of a minimum of 20 quality assurance engagement visits

Safe

Effective

Caring

Responsive

Well Led

Outcome

- ✓ 32 quality assurance engagement visits were completed by members of the quality team, service delivery groups and the CCG. Some areas of improvement were identified along with areas of good practice to celebrate. Plans are in place for improvements.
- ✓ Our clinical teams self-assessed their services against CQC domains using CQC rating descriptors. Overall, core services are maintaining good with the exception of Children & Young People (CYP) and the dental service who are accruing evidence to support attracting a possible rating of outstanding.
- ✓ Overall, remaining core services are maintaining good.
- ✓ Our clinical teams are supported to continue to ensure services are delivered in line with standards set out by our CQC regulator descriptors
- ✓ Clinical staff continue to be confident in understanding regulatory standards.
- ✓ We can evidence care we deliver is good and where there are opportunities services can become even better and evidence outstanding care provided.
- ✓ Sharing of learning from visits and self-assessments occurs within Service Delivery Group (SDG) Quality, Safety & Performance monthly meeting and at team meetings.

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Priority three

The impact of COVID-19 has been enormous requiring significant changes to NHS services never seen before. The need to adapt quickly and keep people safe became imperative and for the first time ever, the NHS stopped the majority of non-emergency services. Whilst our services are now restored, the temporary pause has inevitably resulted in delays and extended waiting times for some of our adults, children, young people and families.

We will increase access to services for people; children and their families including prison healthcare, through the use the use of digital technology.

Measure of success

- A further 25% of services will use of our virtual appointment system (Attend Anywhere)

Outcome

- ✓ Approximately 85 clinicians across 13 of our services are using Attend Anywhere regularly
- ✓ Local decisions within teams are made at triage to determine if a virtual consultation is appropriate along with [patient preference
- ✓ At the end of the virtual consultation patients are automatically directed to a digital Friends and Family Test to capture their experience
- ✓ Virtual consultations are included in routine reporting via our Electronic Patient Record; RiO

Staff feedback

Children are often more relaxed in their home setting

Good for reviewing the use of equipment

Benefits of being able to work with care home staff

Service user feedback

Brilliant session, saved travelling time, very worthwhile

I was very pleased with how simple the process was and how it was just like a normal appointment but from the comfort of the sofa

It was very east and stress free doing it this way and saves any travelling

- ✓ Attend Anywhere is also being used for virtual multidisciplinary meetings.
- ✓ Delays in patient consultations have been minimised where there are opportunities to do so.
- ✓ The experience of virtual consultations has been very positive from both service users and clinicians
- ✓ Teams are looking at how digital consultations will form part of business as usual going forwards to ensure we embed the learning from covid

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Priority four

Responding to people in crisis is an important part of health and social care. For some people responding to their needs and helping people to remain at home is the right thing to do. We will work with our social care partners to ensure people can remain in their usual place of residence, avoiding the need for admission into acute care where it is safe to do so.

Measure of success

- Establishment of an admission avoidance service
- Achievement of 100% response rate within 2 hours of referral to the service
- Implementation of integrated documentation

Outcome

- ✓ The Shrewsbury Admission Avoidance Service which is jointly provided by Shropshire Council and the Trust was established as a Winter scheme; November 2020 to March 2021, having been piloted in Winter 2019/2020
- ✓ 89% patients avoided either Emergency Department attendance or Hospital Admission and were supported safely at home by a combination of:
    - o Rapid Clinical and Social Care Response
    - o Joint working with GPs to achieve an urgent health assessment within 2 hours.
    - o Urgent Nurse Health Assessment within 2 hours
- ✓ 100% 2 hour response target was achieved. As a multi-skilled service it has achieved one of the urgent response standards of the NHS long term plan.
- ✓ A clinical audit indicates that commencing clinical and social intervention within two hours of referral is key to diverting or avoiding ambulance conveyance to A&E.
- ✓ Without this rapid response these patients were more likely to present in A&E or be admitted.
- ✓ Integrated documentation was implemented allowing shared care records and IT access across Shropshire Council and the Trust, with ongoing work to enable full access and data sharing agreements.
- ✓ Positive patient and family feedback recognised in written responses to the team.

Priority five

Children and young people with special educational needs or disabilities (SEND) (or both) often receive a number of different services. These can be provided by nurseries, schools or colleges and specialist therapists, as well as professionals in education, health and social care. We recognise the need to work with our partners, including parents and carers, to identify areas for improvement and ensure services available for children and young people are well communicated.

Measure of success

- We will work with partners to agree and contribute to report timely relevant data on measures of success across the system to improve outcomes for children and young people with SEND.
- Identification of areas we need to improve.
- A clear offer of services through co -design in partnership with clinical staff, children and families who use our services and our partner organisations across Shropshire and Telford to improve services for children who require access to speech and language therapy assessment and intervention.

Outcome

- ✓ We are working in partnership with Local Authority and Clinical Commissioning Group (CCG) SEND leads to agree a collective approach to the collation and presentation of SEND data.
- ✓ Co-production is an area identified where improvements are required. We are working in partnership with our health and social care colleagues to agree the model of co-production.
- ✓ We have re-modelled our speech and language therapy service offer in partnership with clinicians, partners, parents/carers, children and young people. We will launch the new model in July 2021.

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Priority six

Our main systems and processes that enabled people who use our services to feedback on their experiences were also paused during the early NHS response to COVID. Hearing about the experiences of people who use our services is important to us and while some services created innovative ways to hear the voice of people who use our services, we want to restore this as another priority for winter.

Measure of success

Restoring the National Friends and Family Test (FFT) across all of our services

Outcome
- ✓ FFT resumed in December 2020 with lots of National changes. A successful awareness campaign was run explaining the changes, as well as training on the updated electronic patient feedback system.
- ✓ FFT from December 2020 to March 2021 averaged over 280 returns per month.
- ✓ FFT has been linked to the Attend Anywhere online consultations for direct feedback.
- ✓ More service users are using digital methods to complete FFT than pre-covid
- ✓ FFT scores have averaged over 97% for very good or good recommended scores since December 2020.

> **What our patients said…**
>
> **Community Neuro Rehab Team -** *positive meeting with a plan to move forwards*
> **District Nursing North East –** *the nurses are great and very kind*
> **Children's Speech & Language –** *the training was clear and informative*
> **Oswestry DAART –** *such good care and professionalism*

In addition to restoring FFT we also achieved;
- ✓ The Feedback Intelligence Group, who scrutinise feedback, and the Patient and Carer Volunteer Group both resumed in October 2020 following a pause during the pandemic
- ✓ Children and Families Service Delivery Group recruited 2 new volunteer representatives as well as increasing representation and engagement with young people.
- ✓ Patient, staff and carer stories have been used at Board and Service Delivery Groups since December in subject areas including Covid, the Black, Asian, Minority Ethnic network and dementia.
- ✓ In September 2020 the Community Trust won the National Patient Experience PENNA-Best Community Trust Award for our work with the Observe & Act feedback tool.

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Priority seven

The wellbeing of our workforce is a key priority at all times not least in response to the impact of COVID. We will continue to make this another priority for winter. A component of helping people to feel well is ensuring people continue to feel confident and supported to talk about and raise issues about patient safety, that concern or worry them.

Measure of success

- We will undertake two 'listening exercises' to take feedback from staff experience of working through COVID.
- We will implement four emotional support sessions for clinical staff involved in caring for patients at end of life.

Outcome

- ✓ We undertook two listening exercises following the first wave of covid, so that we could understand and learn from staff experience. The learning from those conversations was used to improve staff experience during the second wave where we had to redeploy staff again. Following the success of the first set of events we ran further listening exercises during the second wave to ensure that our staff were well supported and that a continuous learning cycle was in process.

- ✓ We have provided weekly drop-in clinical supervision and support sessions for staff involved in caring for patients at end of life.

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Part Three:
Our Commitment to Quality – Our Priorities for 2021-22

As we emerge from what has been the hardest year in the NHS' history, we will ensure that we restore and recover all elements of service delivery, wellbeing of our incredible staff and quality improvement and assurance. We will use the learning that the pandemic afforded us in terms of digital solutions and partnership working to re-build and improve delivery of care to our population.
Our key priorities for 2021/22 are as follows

Priority 1	Restoring and ensuring the Wellbeing of our People following Covid
Priority 2	Re-energise engagement and involvement of our service users following the difficulties over covid
Priority 3	Patient Safety Incident Response Framework plans
Priority 4	Safe and responsive deployment of the adolescent and flu vaccinations
Priority 5	Widen our use of technology across Children's services providing increased choice for parent, carers, families, and settings
Priority 6	Improve, innovate and deliver a caring, safe, and responsive service within the agreed Healthy Child Programme.
Priority 7	Improve our involvement of service users through a self/shared care model within community nursing
Priority 8	Achieve and deliver excellence in End-of-Life care for our patients
Priority 9	Improve communication between clinicians and patients & carers and their families

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Priority One – Restoring and ensuring the Wellbeing of our People following Covid

The wellbeing of our workforce remains a priority for us. Existing routes for health & wellbeing exist however we want to offer our people more and we will deliver a number of outcomes through our People Strategy. Line Managers are key to supporting the wellbeing of our staff and we aim to provide them with the tools they need to do this in three key ways

Measure of success

We will…

- Enable our leaders to feel comfortable having wellbeing conversations about staying as well as you can be at work (mentally, emotionally and physically) through development of their coaching skills.
- Train our line managers in REACT Mental Health conversations – a technique used to start a conversation with a colleague who may need help but doesn't feel comfortable asking or recognise that they need help.
- Expand our coaching network across the Trust to enable us to offer coaching to more staff.

Priority Two - To re-energise engagement and involvement of our stakeholders following the difficulties over covid

The pandemic greatly restricted the work that our volunteers and service user representatives were able to do as well as how we engage and involve citizens of Shropshire Telford and Wrekin. We know how valuable their input is to ensuring the services we provide are fit for the population we serve

Measure of success

We will …....

- Improve the Patient & Carer Volunteer Group (PCVG) support and widen the membership, including joint work with partners across the ICS.
- Link patient experience work closer to the Health Inequalities Strategy.
- Continue to develop Observe & Act at a Local, Regional and National level.
- Increase the regularity of patient, carer and staff stories in a variety of forums
- Increase the number of focus groups in both Children and Adult services
- Explore and develop partnerships in work around digital isolation and creative health
- Develop the FFT Feedback and Champions Group.

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Priority Three - Patient safety incident response framework plans

The updated National Patient Safety Strategy details a complete system change for the management of patient safety in the NHS. The NHS Patient Safety Strategy 'Safer Culture, Safer Systems, Safer Patients' (2019) states that better incident reporting and response could save an extra 160 lives and £13.5 million. If boosting patient safety understanding and capability reduces harm by a modest 2%, an extra 200 lives and £20 million could be saved

Measure of success

We will…
- Work with system partners to share learning and skills through attendance at local patient safety group representation
- Utilise different methodologies to support investigation and learning based on triangulation of patient experiences
- Use learning from early adopter sites
- Identify learning requirements and support staff in education

Priority Four – Safe and responsive deployment of the adolescent and flu vaccinations

All eligible Children and Young People (CYP) will be offered the adolescent and flu vaccinations in a safe and responsive manner supporting the maintenance of child and adolescent health and attendance at school.

Measures of Success

We will…
- Ensure we have a skilled and competent workforce to deliver the programmes safely
- Ensure 100% of eligible CYP from the 2019/20 and 2020/21 cohort have been offered their adolescent vaccination by end of Aug 2021
- Ensure 95% of eligible CYP from the 2019/20 and 2020/21 cohort have received their adolescent vaccination by end of Aug 2021
- Ensure 100% of eligible CYP will have been offered their flu vaccine by February 2022
- Ensure 70% of all eligible CYP will have received their flu vaccine by February 2022

Priority Five – Widen our use of technology across Children's services providing increased choice for parent, carers, families, and settings.

Using learning from the pandemic we will widen our use of technology across our services providing increased choice for parent, carers, families, and settings to improve access and promote self-care.

Measures of Success

We will…

- Ensure no staff member is left behind – all staff will have access to appropriate training and support to embed the use of appropriate technology e.g. Attend Anywhere, MS Teams for training packages
- Seek out positive reporting from children, young people, parents, and carers on their experience of accessing our services using technology so as to learn what it is we do to get it right every time to further improve, as well as leaning from any negative feedback

Priority Six – Improve, innovate and deliver a caring, safe, and responsive service within the agreed Healthy Child Programme.

Our children and family's team will work in partnership with our 0-19 Public Health Nursing Team to improve, innovate and deliver a caring, safe, and responsive service within the agreed Healthy Child Programme service specification.

Measures of Success

We will…

- Triangulate performance and quality indicators with 'Time to Care' activity data to demonstrate demand and capacity across the teams
- Ensure efficient processes are embedded to demonstrate that 100% of all eligible babies are offered a 12 month and 2-2.5 year development review
- Ensure Team Leaders and staff report that they are fully engaged to lead, identify, and participate in identified service improvements and innovations
- Seek out positive feedback from parents/carers children and young people about the care they have received so as to learn what it is we do to get it right every time to further improve, as well as leaning from any negative feedback

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Priority Seven - Improve our involvement of service users through a self/shared care model within community nursing
The importance of involving and empowering patients in their own care is a key element of safe, effective care and improved patient experience. A lack of concordance in pressure ulcer management has been identified as a theme through our learning cycle so we will prioritise the below to reduce the volume of pressure ulcers experienced though non-concordance

Measure of success

We will…
- Educate our staff in self-care and self-management
- Support and encourage staff in motivational interviewing and empowerment training
- Develop self-care guidelines to support our nursing colleagues
- Develop self/shared care plans
- Implement the named nurse concept
- Monitor the number of patient safety incidents where non-concordance or self-neglect is cited as a contributory factor in patient harm
- Audit the use of RiO self-neglect forms

Priority Eight - to achieve and deliver excellence in End-of-Life (EOL) care for our patients
Current demographic information predicts an increasing ageing population and longer life expectancy. With increasing age comes an increasing number of older people with frailty and the likelihood of frequent hospital admissions in the last two years of life. This and the continued efforts to ensure those who wish to die at home do so, increases the demand upon community services.

Measure of success

We will…
- Progress the use of ReSPECT (Recommended Summary Plan for Emergency Care & Treatment) process and identify appropriate patient cohorts for Integrated Advance Care Plans
- Roll out carer administration of EOL medications
- Extend Learning from death reviews to people in own homes and expand to include staff impact
- Increase recognition and support of patients with frailty: specifically distribute bespoke Frailty skills for health records to support education.
- Develop a recognised EOLA (end of life advocate) process and a Virtual EOL ward

Priority Nine- Improving communication between clinicians and patients & carers and their families

Through our continuous learning cycle communication has been highlighted as a contributory factor in incidents, complaints and serious incidents. The COVID-19 pandemic has caused additional restrictions on visitors across the trust, and the wearing of Personal Protective Equipment (PPE) can limit clarity and understanding and the non-verbal cues of communication.

Measures of success

We will…
- Improve discharge communication
- See a reduction in complaints where communication is cited as the theme
- Improve communication with families whilst relatives are an inpatient
- Improve communication inter service and external Multidisciplinary Team (MDT) working
- Improve clinical documentation and team handovers and evidence through audit
- Improve our capture of Accessible Information Standard (AIS) needs and our action upon this information evidenced trough audit

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Part Four:
Quality at the Heart of the Organisation

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

Participation in Audit & Research

National Clinical Audit and the Patient Outcome Programme (NCAPOP)

The National Clinical Audit and Patient Outcomes Programme (NCAPOP) is commissioned and managed on behalf of NHS England by the Healthcare Quality Improvement Partnership (HQIP). The programme comprises more than 30 national audits related to some of the most commonly-occurring conditions.
Due to Covid, participation in and data entry to the NCAPOP was not mandated, however many of the NCAPOP platforms and web tools remained open.

- 2 national clinical audits were reviewed by the Trust in 2020-21;
  - **National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP). Pulmonary Rehabilitation audit 2019**
    The Pulmonary Rehabilitation Service was compliant in the majority of areas and has clinical outcomes that meet or are above the National average. In terms of areas of non-compliance, patients did not complete a practice walk test prior to assessment and muscle strength was not being assessed. Patients are now given an opportunity to complete a practice walk and the service is currently looking into methods of muscle strength assessment which will be offered to patients at initial and discharge assessment.

Participation in 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 services we provide to our service users and recognises clinical audit as a validated and reliable means of achieving this.

- 15 local clinical audits were reviewed by the Trust in 2020-21

Audits are aligned to one of three priority levels derived from a prioritisation model developed by the Healthcare Quality Improvement Partnership.

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Priority 1

- **National audit of care at the end of life (NACEL) - Round 2 Inpatients** Significant improvement in compliance on all 3 themes for which data was submitted: Communication with the dying person; Communication with families and others; Individualised plan of care. The Trust score was above the National summary score for each theme and in the top quartile of participating Trusts. Improvements have been achieved via introduction of the ReSPECT process, increased use of the EOL care plan and improved recording and education.
  <u>Actions;</u> Local audit and training will be undertaken to improve the ReSPECT process further, frailty recognition and recognition of dying via continued use of SPICT (Supportive and Palliative care Indicators Tool). The Trust has signed up to participate in NACEL round 3 (2021).

Priority 2

- **Quality assurance audit of the Looked After Children (LAC) initial health assessment form Q3.** This is a quarterly audit using a quality assurance tool to review the paperwork completed for initial Health Assessments for Looked After Children. The results for Q3 showed an overall improvement in the quality of the recording of assessments; there also seemed an increased compliance with front sheets completed by outside social services. The completion of high quality health assessments should help to ensure that LAC achieve the best health outcomes.
- **Quality assurance audit of the LAC initial health assessment form Q4.** The results remain good across all sections, with two outstanding reports and four good. No further actions.
- **Quality assurance audit of the Looked After Children (LAC) review health assessment form Q3** 100% of assessments were outstanding, 100% were within timescale which represented a sustained improvement from last quarter. When a child is not seen face to face, there is a need to document record of child being seen by another professional face to face. High quality assessments help to ensure LACs achieve optimal health outcomes. Quality health assessments ensure LAC receive the best health outcomes. Improved documentation of assessments ensures a fully completed assessment with SMART (Specific, Measurable, Attainable, Relevant & Time-based) action plans for everyone involved to follow.
- **Quality assurance audit of the Looked after Children (LAC) review health assessment form Q4.** For Shropshire, overall improvements were maintained and quality assessments recorded. For Telford, 100% of assessments were outstanding and 100% were completed within timescale. No further actions.
- **RiO alerts for Looked After Children (LAC) re-audit.** The 100% compliance rate for adding an alert was maintained across both local authorities. Full compliance was achieved in relation to the removal of alerts. There was an overall improvement in the proportion of alerts being reviewed from 61% to 73% although compliance level is still too low. The Standard Operating Procedure (SOP) has been updated and refresher training for team administrative staff provided. The review of alerts has been embedded into the Administrator processes and

is completed at the time of the health assessment. Accurate record keeping aids a coordinated approach to care and safeguards staff and children.

- **Bed rails audit.** An audit was undertaken across Community Hospitals to review compliance with Bed Rails Policy regarding assessment and reviews documented in clinical documentation. This was facilitated by Ward Managers and clinical documentation regarding bed rails assessment was reviewed at each site.

  Actions; 100% compliance was not achieved against all audit criteria and the main improvement focus is reassessment weekly and/or if condition changes. Patient safety will be improved by ensuring compliance with weekly reassessments and that any changes in condition are reviewed. This will be an annual audit and is also required as part of the National Audit of Inpatient Falls annual facilities audit

- **NICE QS179: Child abuse and neglect re-audit.** The initial audit showed children did not always have their words accurately represented in notes summarising their conversations with practitioners and that agreement between practitioner and child on how to communicate with each other was not always documented. The re-audit showed full compliance with each standard. This should help to ensure improvement in referrals made, reduced repeat referrals, early help and intervention, recognition and management, with plans in place for better experiences of services and health and wellbeing for children.

- **Medicines management audit – Severndale School.** This is an annual audit. The results highlighted four areas of non-compliance which related to documentation. One was rectified during the audit process, two were related to temperature recordings, and one was outside of the control of the Trust as it related to the school not publishing the latest medicines policy on their website.

  Actions; Action plan drawn up to address areas of non-compliance.

- **Medicines management audit – Bridge School.** The results highlighted one main area of non-compliance which related to storage of patients' own buccal midazolam which is a schedule 3 controlled drug.

  Actions; Community Children's Nursing Leads and Special School Nurse to review storage requirements. Reviewing the storage of patients' own emergency controlled drug medicines will provide assurances that theses high risk medicines are stored safely within school, yet still easily accessible when needed.

- **Mental Capacity Act (MCA) assessment audit.** MCA assessments were completed and documented in only 40% of Deprivation of Liberty Safeguards (DoLS) applications. Of the 25 assessments audited, the overall quality as measured against the criteria was 43% rated green, 38% Amber, and 19% red. Staff awareness of the principles of MCA/DOLS and internal processes needs to improve and staff must use correct MCA assessment documentation.

  Actions; Increased awareness around policies and process will strengthen communication between multi-disciplinary teams, providing better outcomes for patients, and fulfil legal obligation and duty for lawfully depriving a person of their liberty.

- **Care of infants, children and young people with life limiting or life threatening conditions approaching the end of life re-audit.** Many important aspects of EoL care continue to be done well universally. These include recognition of life limiting/threatening condition, Initiation of Anticipatory Care Plans (ACPs), management of symptoms, hydration and nutrition, approaching end of life and dying, avoiding inappropriate resuscitation attempts and children and young people dying at their preferred place.

Actions; Some gaps have been identified and will be discussed and actioned after wider consultation at the appropriate strategic level.

- **Documentation audit of safeguarding RiO notes. Dudley School Nurses.** Overall the audit evidenced good record keeping with clear documentation of contacts and plans. The overall outcome and impact for staff is that good record keeping ensures clear communication and coordination of children's care.
  Actions; There are areas of improvement required on the use and updating of alerts on the patient record; the use of abbreviations within the record and the recording of ethnicity.
- **Dental 'never' events re-audit.** An initial audit requested as part of a Root Cause Analysis into two Dental 'never' events in which the wrong teeth were extracted, showed that a pre-extraction checklist was used in the Soel health notes in only 58% of records audited. A re-audit has been undertaken and compliance has increased to 100%.
  Actions; These fields will be mandatory in the new dental Patient Management System. No further actions.

Priority 3

- **Inhalation sedation audit (Dental Services).** This was an audit of perioperative care in inhalation sedation to examine the level of service provided against the current guidelines. The results showed that the service has a high success rate for treatments completed relative analgesia (RA) for adults and children. Compliance with the guidelines should ensure perioperative care at a high standard for relative analgesia, for clinical efficiency and optimal patient journey.
  Actions; Record keeping needs to be improved for best practice and communication. Written information leaflets need to be valid for use with specific patient groups

Participation in Clinical Research

Research is core NHS business and pivotal to enhanced patient care. All service users, carers and staff should have opportunity to participate in all aspects of Research & Innovation (R&I). The Trust is committed to the ethos of the NHS to provide evidenced based diagnosis and treatment to the population we serve and deliver it in the most cost effective way.

The Trust has expanded its participation in clinical research over recent years through implementation of a consortium agreement with Midlands Partnership NHS Foundation Trust to provide research delivery, management and governance oversight funded by the Clinical Research Network (CRN). Initially this was for a 12 month period to reach a recruitment target of 246 patients, service users and carer; this target was reached and exceeded resulting in substantive core annual funding commitment to the Trust form the West Midlands CRN.

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This year the Trust developed its first Research & Innovation Statement of Ambition with a vision of;

We will aim to work collaboratively with our health and social care partners to undertake research to empower our patients in having more control over their own care and find a choice of appropriate treatments more readily available.

Key Achievements to date

- Achieved set recruitment target for the year 2019-2020 at a final figure of 423 against a target of 246
- An additional award of funding in an open bid to the CRN West Midlands to underpin the 'restart' of research in December 2020 – March 2021.
- Successful regional partnership for the UPH study SIREN, as well as being the first community Trust to become a full-site for the study and have presented nationally on this
- Winning the NIHR CRN award for Collaboration in Research regionally (2019) and Research Ecosystem of the Year (2020)
- Successfully partnering with local Trusts for the SSHERPa project through the CRN innovation and improvement strategic funding round
- Creation and publication of Research web pages for both Trust internal and external web sites, alongside a communications policy
- Convening a R&I leadership and delivery team and steering group to ensure effective oversight and leadership
- A wide ranging and well-received programme of staff engagement events and initiatives leading to a number of staff members becoming principal investigators and engaging as participants in Trust-adopted studies
- Implementation of a patient involvement group with support from Region

Commissioning for Quality Improvement (CQUIN)

The operation of CQUIN (both CCG and specialised) remained suspended for all providers due to the coronavirus pandemic.

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Our Commitment to Data Quality

We operate several different administrative systems to manage our work across services, with the majority of services utilising the Electronic Patient Record. The requirement to ensure high standards of data quality is taken seriously and efforts continue to constantly improve our data systems.

Shropshire Community Health NHS Trust submitted records during 2020 –2021 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics data. We are also compliant in the submission of the Community Services Dataset covering our community services

The percentages of records in the submitted data, according to the SUS dashboards for 2020-21, which included the patient's valid NHS number were:
- 99.9% for Admitted Care
- 100.0 % for Outpatient Care
- 99.7 % for Emergency Care Data Set
- 99.9% for Community Services Data Set (from DQMI, cumulative position up to January 2021)

The percentages of records in the submitted data, according to the SUS dashboards for 2021, which included the patients valid General Medical Practice Code was:
- 100.0% for Admitted Care
- 99.8% for Outpatient Care
- 99.5 % for Emergency Care Data Set
- 99.6% for Community Services Data Set (from DQMI, cumulative position up to January 2021)

The Data Quality Maturity Index (DQMI) is an assessment provided by NHS Digital on the completeness of datasets the Trust has submitted. For January 2021 data, Shropshire Community Health NHS Trust were at 84.1% against the 95% target and compared to the National Average of 82.0%. A recovery plan is in place

Shropshire Community Health NHS Trust recognises the importance of reliable information as a fundamental requirement for the speedy and effective treatment of patients.

During 2020-21 there has been a heavy reliance on data in support of the response to the COVID-19 pandemic. Data/Information has been used to support services and inform groups/committees. There has been a heavy reliance on validation to ensure information is accurate for local, regional and national use.

Data quality is crucial and the availability of complete, accurate and timely data is important in supporting key functions such as patient care and healthcare planning. The following are some of the key points that support data quality processes:

- Data quality checks using a wide spectrum of measures and indicators, which ensure that data is meaningful and fit for purpose
- Data Quality/Validation exercises are undertaken with services on both a regular and ad hoc basis.
- Functionality within Rio, the Trust's main clinical system, allows services to monitor and manage certain data quality items real time and manage waiting lists and Referral to Treatment via the front end
- The Trust has a process in place that is aligned to the national operational guidance for the Registration Authority (issuing Smartcards) which ensures that access is assigned to users based on the job role that they have within the Trust e.g. Position Based Access Controls (PBAC). Managing access to all trust systems is monitored and audited as part of the Data Security and Protection Toolkit (DSPT) requirements and is aligned to the current data protection legislation.
- An Information Quality Assurance policy exists defining roles and responsibilities for data quality including audits.
- The Trust's Information Asset Owners in conjunction with Service Managers will be responsible for establishing a documented data quality procedure which describes how data quality is maintained, monitored and improved.
- There are a number of different roles and groups which have responsibility for data quality in the Trust. The Trust Board has overall responsibility for monitoring data quality; they monitor data quality via key performance indicators (KPIs) included in the performance report. Through the Information Governance Framework, the IG Operational Group will report on the progress against the action and recovery plans relating to data quality issues.
- There is a Data Quality Sub Group that reports to the Information Governance Operational Group

- Information Systems and any associated procedures are updated in line with national requirements eg Information Standards Board (ISB) notifications
- Ensuring that the Trust policies and procedures are updated in line with any national changes in legislation and the Data Security and Protection Toolkit requirements.
- All staff who record information, whether on paper or by electronic means, have a responsibility to take care to ensure that the data is accurate and as complete as possible. Individual staff members are responsible for the data they enter onto any system.

Information Governance

The Trust completes the Data Security and Protection Toolkit (DSPT) which sets out the National Data Guardian's (NDG) data security standards. The Trust published its assessment with a status of 'standards met' By completing this Toolkit self-assessment the Trust provides evidence to demonstrate that it is working towards or meeting the NDG 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 reported on our electronic incident reporting system (Datix) closely. Managers are required to detail any action taken. All incidents are copied to relevant subject experts and to service quality leads, who make immediate and long term recommendations as appropriate The Trust identifies which are reported at all levels of the organisation. Thorough investigations into serious incidents are carried out using Root Cause Analysis techniques and are reviewed by the appropriate group. Actions are identified to ensure that learning takes place and most importantly is embedded in practice to ensure that the causes of incidents, once identified are addressed and less likely to recur. Serious Incidents (SIs) in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified.

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

In 2020/21 the Trust reported 2908 patient incidents of which 35 (1.2%) were classified as a serious incident. This is compared to 34 (1.1%) in 2019/20. 2 serious incidents led to severe harm or death which was 5.7% of the total serious incidents, compared with 1 reported the previous year (2.0%). The first was due to an inpatient fall of a palliative care patient and the second a death in custody of a prisoner from covid-19.

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Infection Prevention & Control

The Infection Prevention and Control Team work across the Trust to ensure that no person is harmed by a preventable infection whilst in our care or in our facilities. We are contracted by our commissioners to comply with national and local thresholds related to Infection Prevention and Control measures. These relate to Meticillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia (bloodstream infections) with a zero tolerance, no more than three *Clostridium difficile* infections (CDI) and at least 97% of patients to be screened on admission for MRSA each month. To reduce the risk of patients acquiring MRSA while in one of our community hospitals, all patients on admission are screened. SCHT have achieved 98.5% compliance across the four community hospitals during 2020-2021.

During 2020-2021 SCHT recorded zero cases of pre 48 hour MRSA bacteraemia and three cases of post 48 hour *Clostridium Difficile* infection (CDI) in the Community Hospitals.

Other organisms including Meticillin Sensitive *Staphylococcus aureus* (MSSA), Escherichia coli (E. coli), Carbapenemase-producing Enterobacteriaceae (CPE) and Vancomycin Resistant Enterococci (VRE) blood stream infections (bacteraemia) are recorded but currently there is no threshold. In 2020-2021 SCHT recorded zero MSSA, E.coli, CPE and VRE bacteraemia.

The IPC Team received a Chief Nurse award in July 2020 and a Chairs Award in November to recognise their efficiency, commitment and drive in response to the COVID-19 pandemic and PPE logistic support.
The main Infection Prevention and Control priorities for the Trust in the coming year are to:

- Achieve Health care associated infections (HCAI) thresholds of zero pre 48 hour MRSA bacteraemia and no more than three post 48 hour CDI in the community hospitals

- Achieve 97% admission screening for admissions to the Community Hospitals

- Support the local health economy to reduce E. coli blood stream infections

- To act as a resource and support SCHT with the COVID-19 pandemic response

- Continue to provide the SCHT Personal Protective Equipment Logistic Support Service

- Ensure compliance with the Health and Social Care Act (2008: revised 2015) Code of Practice on the prevention and control of infections

- Complete the SCHT IPC annual programme which is aligned to the 10 criterions in the above code of practice

- Continue to strengthen and develop IPC relationships with SCHT staff, our partner organisations and the Shropshire, Telford and Wrekin Integrated Care System

- Continue to develop the role of IPC link staff to act as a resource and role model for IPC in the clinical area

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 or blood clots) 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% (red line on graph below) of patients admitted to our community hospitals must be assessed for the risk of developing a VTE.
Throughout 2020/21 we attained in excess of 95% of patients having a risk assessment for VTE

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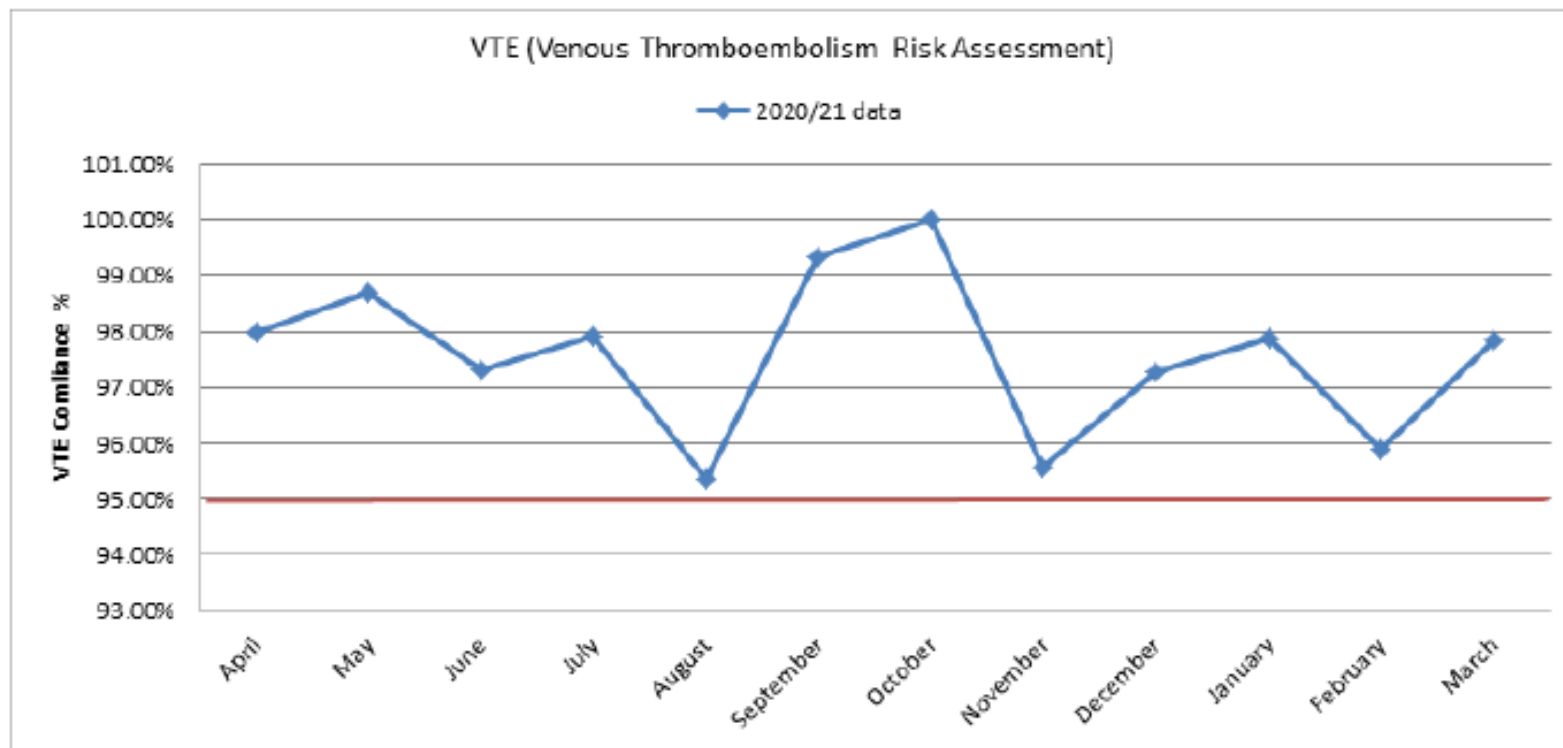
Friends & Family Test response from our service users

In 2020/21 the Trust received 1683 completed Friends & Family Test results. 97.33% of respondents felt the service was either good or very good.

97.33%
% very good or good

1.31%
% poor or very poor
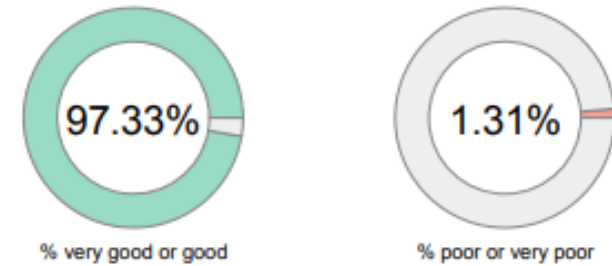
Due to the National standing down of FFT during the pandemic the majority of these returns were from December to March

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2021	Feb	Mar
	43	50	38	45	22	30	132	143	286	313	285	296

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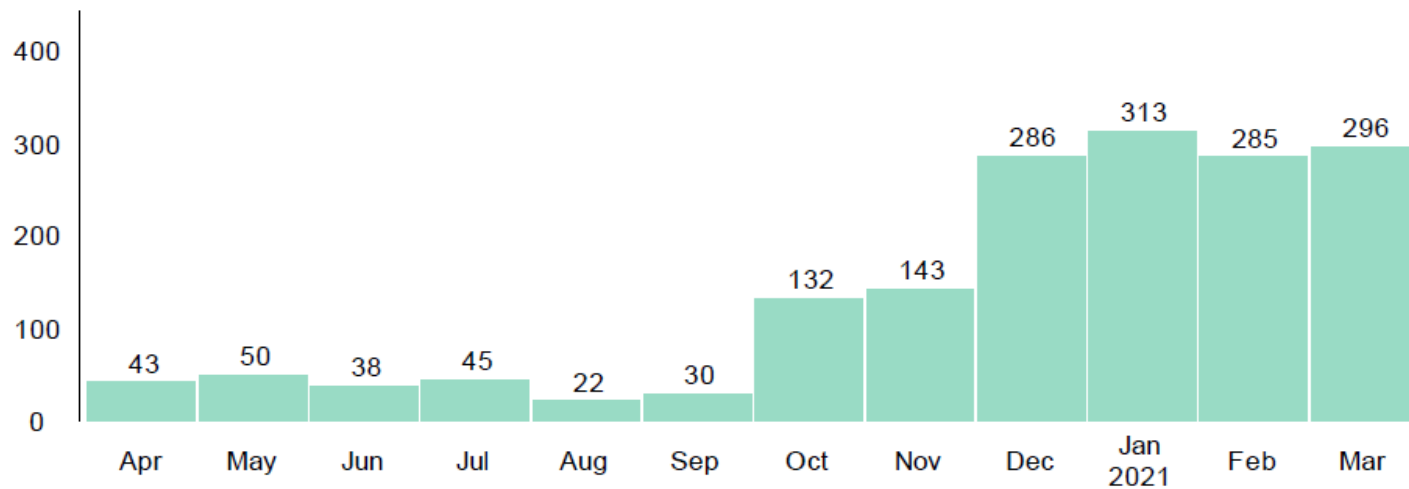
Staff Survey

In October 2020 all NHS staff were invited to take part in the annual Staff Survey. After more than 7 months of working through the pandemic we achieved a response rate only slightly below our highest ever at 57% (903 people) and attained 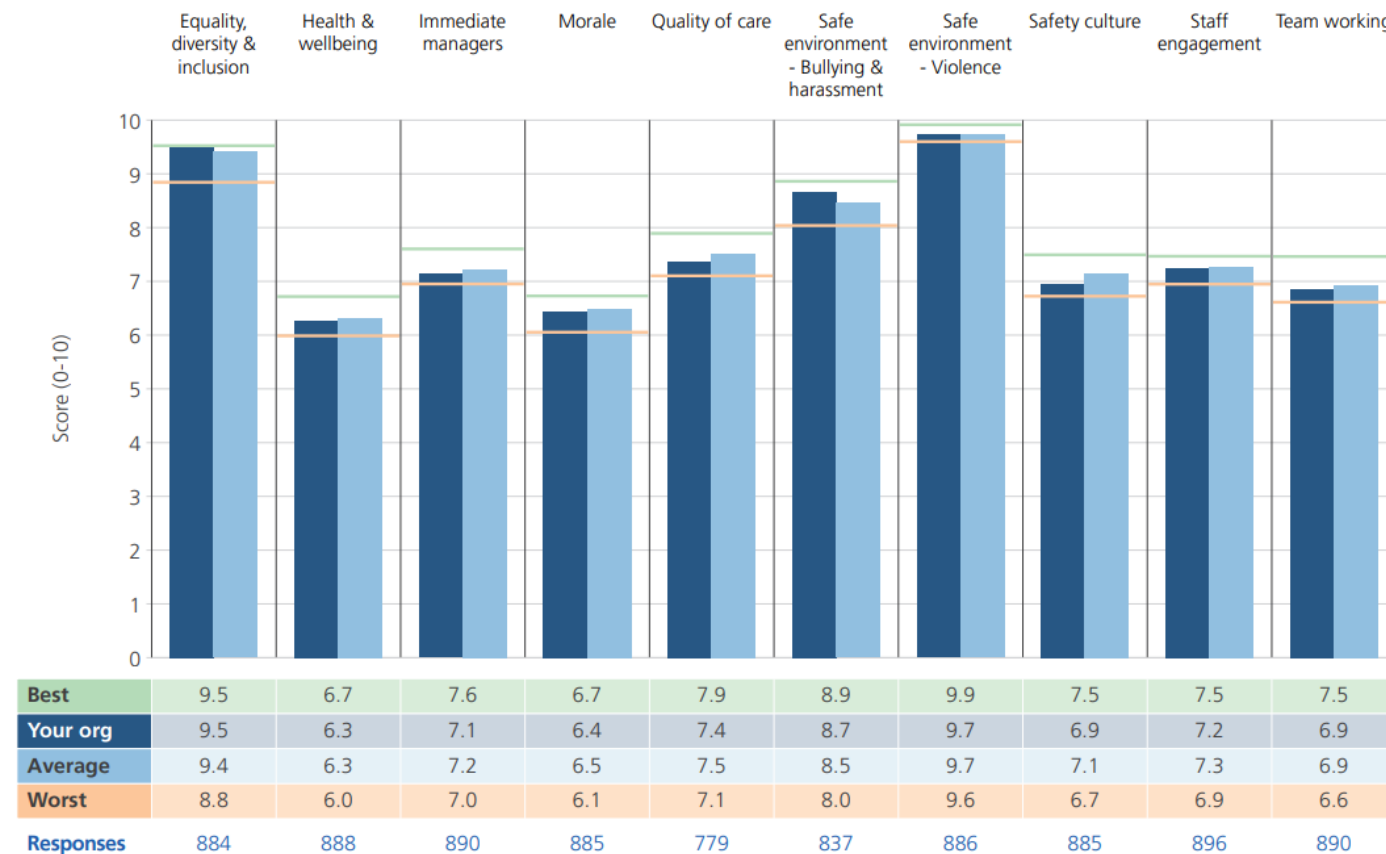the highest score for Community Trusts for Equality, Diversity & Inclusion Theme 9.5/10 for a second year running. We maintained our good position across all 10 themes the survey covers.

2020 NHS Staff Survey Results > Theme results > Overview

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	6.7	7.6	6.7	7.9	8.9	9.9	7.5	7.5	7.5
Your org	9.5	6.3	7.1	6.4	7.4	8.7	9.7	6.9	7.2	6.9
Average	9.4	6.3	7.2	6.5	7.5	8.5	9.7	7.1	7.3	6.9
Worst	8.8	6.0	7.0	6.1	7.1	8.0	9.6	6.7	6.9	6.6
Responses	884	888	890	885	779	837	886	885	896	890

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As an additional question this year staff were asked to indicate which of the following groups they fell in to, results were then given according to the Covid-19 classification breakdown compared to national average;

1. Worked on Covid-19 specific ward area **Experience same as average**
2. Redeployed **Experience better than average**
3. Required to work remotely/from home **Experience better than average**
4. Shielding for self **Experience same or better**
5. Shielding for household member **Experience same or better**

After analysis and discussion of the results there are four areas of focus for 2021/22;

1. Reduce time pressures and conflicting demands
2. Improve staff experience of how senior managers involve them in decisions, give feedback and communicate
3. Reduce the number of staff experiencing bullying, harassment and abuse, particularly those in BME groups
4. Supporting and encouraging our people to speak up when they have a concern

Friends & Family Test response from our staff

884 members of staff answered the questions regarding recommending the Trust as a place to work and/or for their family or friends to receive care. 68% would recommend the Trust as a place to work and 78% said if a friend or relative needed treatment they would be happy with the standard of care provided by the organisation.

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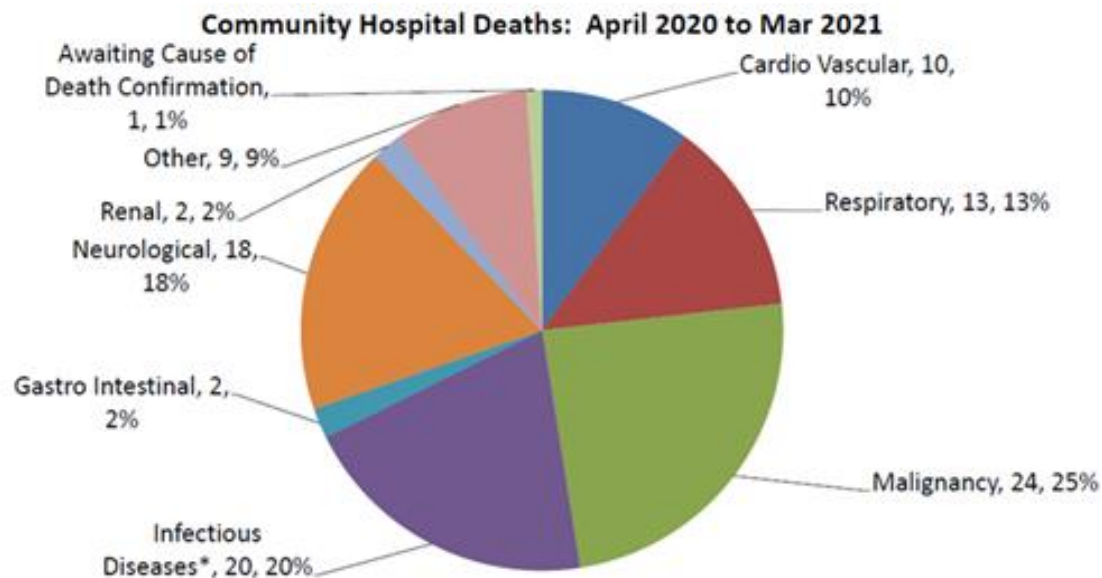## Summary Hospital Level Mortality indicator (SHMI)

Since April 2020, there have been 99 deaths within Community Hospitals. Of these, none were reported as unexpected deaths.

The graph below shows the volume of deaths in each of our Community Hospitals over the year
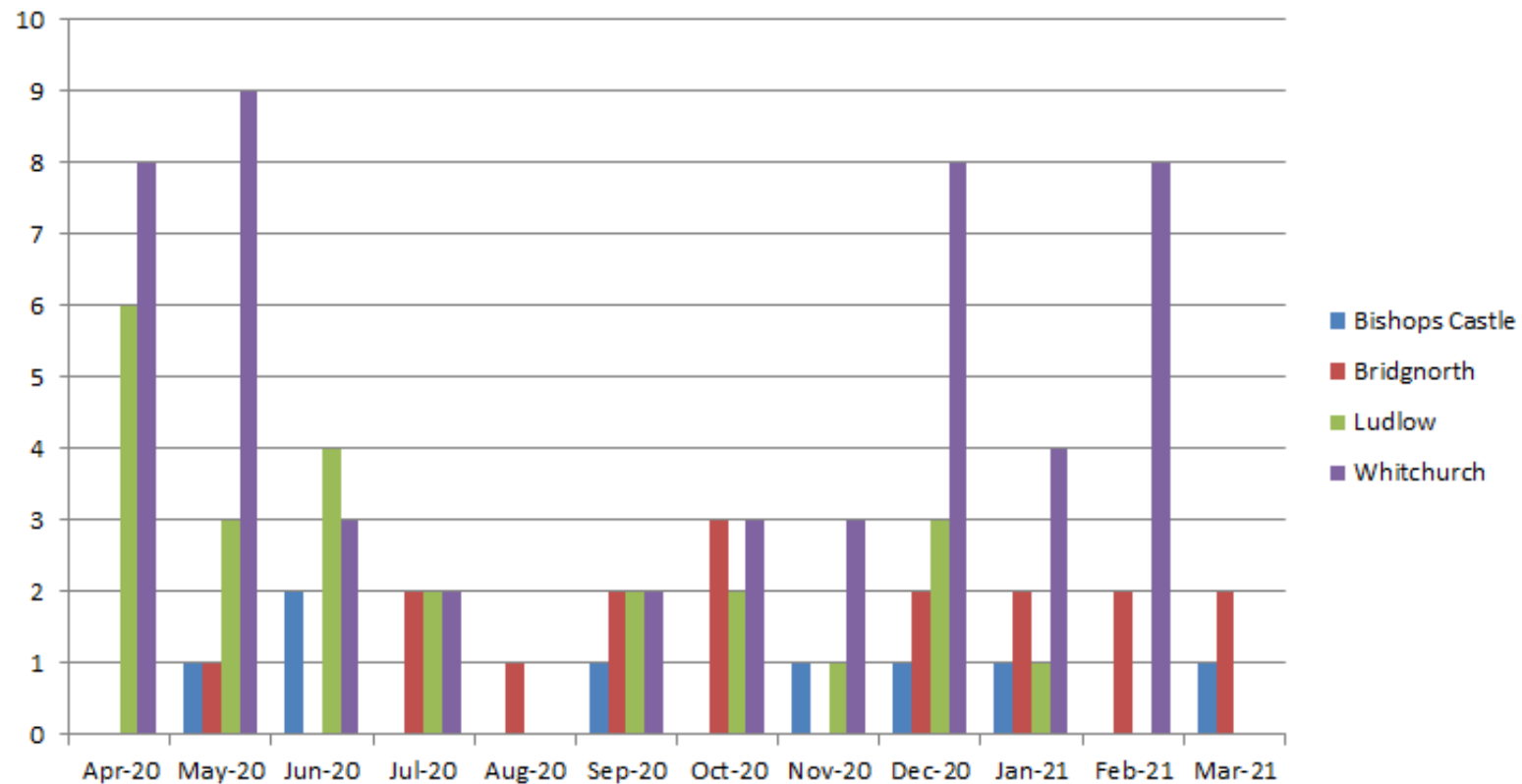
The main causes of deaths within Community Hospitals for this year are Malignancy (25%), Infectious Diseases (20%) Neurological (18%) and Respiratory (13%), In the Infectious Diseases category the twenty deaths were recorded as COVID-19 as primary cause of death. There were

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another sixteen patient deaths who were swabbed as COVID-19 positive but their cause of death was recorded under Malignancy, Respiratory, Cardio Vascular, Other (Frailty and Old Age) and Neurology categories.

Community Hospital Deaths: April 2020 to Mar 2021

- Awaiting Cause of Death Confirmation, 1, 1%
- Other, 9, 9%
- Renal, 2, 2%
- Neurological, 18, 18%
- Gastro Intestinal, 2, 2%
- Infectious Diseases*, 20, 20%
- Cardio Vascular, 10, 10%
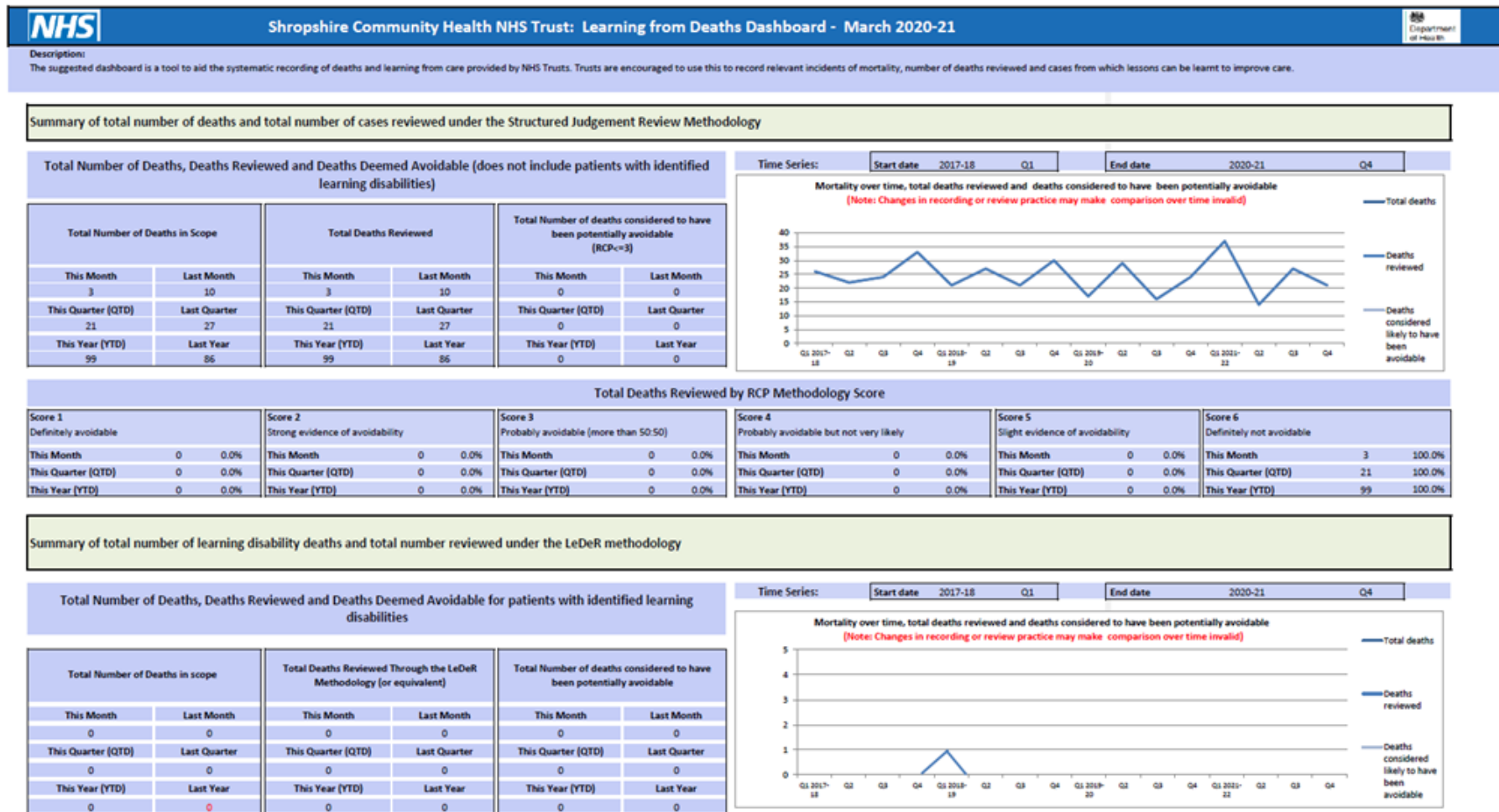- Respiratory, 13, 13%
- Malignancy, 24, 25%

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

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

All patient deaths during 2020/21 were assessed as Score 6 – Definitely not avoidable.

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Below is the March 2021 learning from deaths dashboard

Shropshire Community Health NHS Trust: Learning from Deaths Dashboard - March 2020-21

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Our Care Quality Commission (CQC) Registration

The CQC is responsible for ensuring health and social care services meet essential standards of quality and safety. Healthcare providers must register their service with the CQC in order to operate.

Our current registration is 'Registered without restrictions'

The CQC inspected the Trust between January and March 2019 where we attained a rating of Good which was an improvement upon our previous rating of Requires Improvement. Our CQC inspectors witnessed the strong positive culture we have within our organisation, the focus we have on patient experience and patient outcomes, and out commitment to continual quality improvement.

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Aug 2019	Good ↑ Aug 2019	Good →← Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019

In addition to the overall rating of Good we attained a rating of Good in all core service areas against all 5 domains; Safe, Effective, Caring, Responsive & Well Led

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

On 20th January 2021 the Trust underwent a Transitional Monitoring Approach (TMA) meeting with the CQC where a wide range of metrics were requested, submitted and discussed. Conversations understandably centred on the Trusts response to the pandemic and the measures we were taking to ensuring safety. The CQC were satisfied with the information we provided

We have regular meetings with our CQC Engagement Manager where we report progress, any new challenges and areas of outstanding practice

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Statements from our Directors and Partners

Statement from Our Directors

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

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

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

Patricia Davies,
Chief Executive
Shropshire Community Health NHS Trust
17th June 2021

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Statements from Our Partners

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

Shropshire, Telford and Wrekin CCG – response to SCHT Quality Account 2020/21

Thank you for inviting CCG to provide comment on your achievements for 2019/20 and aspirations for 2021/22.

As part of the Local Health economy Shropshire Community Health NHS Trust (SCHT) has been one of the key Providers that supported the population during the unprecedented times of the pandemic in 2020/21. We note the commitment of your staff to continue to deliver services either their own, or if these were paused their support through redeployment to other essential services.

SCHT continued commitment to quality during the pandemic is demonstrated in the outcomes achieved for your Priorities in 2019/20. Infection Prevention and Control has become even more of a priority and your team provided support for staff ensuring up to date information is distributed and contributing to cross Provider working. You have shown that your MRSA screening for inpatients remains high above 95% and there are zero to low cases of Clostridium Difficile, MSSA, E Coli, CPE and VRE.

SCHT have continued to monitor quality through CQC key lines of enquiry based inspections and continues to aspire to services attaining an 'outstanding' grading.

The impact Covid-19 has had on the delivery of face to face appointments has been acknowledged with work towards utilising alternative means such as video calls.

SCHT have supported admission avoidance in Shrewsbury through a joint initiative with Shropshire Council and achieved the target of completing an assessment within 2 hours.

SCHT are working with education, health and social care to agree a model of co-production for children and young people with special educational needs or disabilities.

There is acknowledgement of the continued need to capture the experiences of people who use community services and the staff who work in SCHT. It is noted the extremely positive Friends and Family Test responses of 97.33% good or very good and overall positive comments from the

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staff survey which are equal to or above your benchmarked peers. Moving forwards the Trust is looking to provide additional ways to capture service user feedback and support staff health and wellbeing. Areas to concentrate on from the staff survey include improving communication between staff and management and reducing number of staff experiencing bullying, harassment and abuse, particularly those in BAME groups.

SCHT have identified 9 priority areas for 2021/22. These are building on some of the previous year's priorities including support staff wellbeing, use of digital technology and engaging with service users. New areas for this year are to support the implementation of the Patient Safety Incident response Framework, working with service users to develop shared care and provide excellence in end of life care. They demonstrate the continued commitment by SCHT to achieve high quality care for the population and awareness of needs of staff following on from the pandemic.

Zena Young

Executive Director of Nursing & Quality Shropshire, Telford & Wrekin CCG

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Healthwatch Shropshire – response to Quality Account 2020/21

Healthwatch Shropshire (HWS) welcomes the opportunity to comment on the Quality Account. During 2020-21 the patient experience we received about Trust services was greatly reduced due to the impact the pandemic had on our ability to hold patient engagement events.

Priority Two: Internal self-assessment against CQC ratings and a programme of quality assurance engagement visits during winter.

The proactive nature of this priority, in the absence of CQC visits and inspection, is applauded. The fact that the internal assessments, more than 50% above number set out in the target, found a continuing level of 'good' and in some cases possibly 'outstanding' care across the Trust is reassuring.

Priority Four: We will work with our social care partners to ensure people can remain in their usual place of residence, avoiding the need for admission into acute care where it is safe to do so.

We were particularly pleased to see this as a priority for the year, in our survey of what matters most to people with their general experiences of health and social care the statement 'I want to be able to stay in my own home for as long as it is safe to do' was in the top three out of 25 suggested priorities. (https://www.healthwatchshropshire.co.uk/report/2019-07-15/what-would-you-do-nhs-long-term-plan-shropshire-telford-wrekin-report)

The success of the Admission Avoidance Service is to be congratulated and we hope this will be continued and developed in the future.

Priority Six: Hearing the voice of people who use our services.

We are pleased to see the re-introduction of the Friends and Family Test, with the high levels of reported satisfaction, and the other measures around patient engagement. Some detail about how patient experience has been used to inform service delivery and development would encourage patients and their families to continue to share their experiences.

Priority Seven: The wellbeing of our workforce.

We recognise the huge impact the pandemic has had on the health and wellbeing of all staff in the health and care sector and the efforts the Trust has made to support staff have been reflected in the results of the NHS staff survey where the positive responses to the question 'Does your

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organisation take positive action on health and well-being?' have remained the same, at 94%, as pre-pandemic levels. The continued focus on this in the coming year is supported.

Priorities for 2021-22

We particularly welcome the focus on community and patient engagement and communication that is apparent in the priorities for the coming year and would be pleased to work with the Trust to further these aims. Over the recent years HWS has reported on patient and family experience of End of Life Care in Shropshire and the issues faced. We are encouraged to see it as a priority.

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