NHS

Shropshire Community Health

NHS Trust

Quality Account 2021-22

Care Quality Commission
Rated GOOD

Some photographs were taken pre-Covid

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, Ptarmigan House, Sitka Drive, Shrewsbury Business Park, Shrewsbury, Shropshire. SY2 6LG

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Quality Account 2021 / 2022

Foreword & Welcome from Clair Hobbs

Executive Director of Nursing, Allied Health Professionals & Quality

Welcome to the Quality Account for Shropshire Community Health NHS Trust which relates to the past year of 2021/2022 and also describes the quality initiatives that will be focussed upon this year (2022 / 2023).

The Trust has had an extraordinary year in 2021/2022 continuing to cope with the impact of the Covid-19 pandemic and with numerous changes to key leadership and executive posts within the organisation. I am very pleased and proud that despite the ongoing pandemic challenges faced by the organisation, individual staff, teams and our wider system colleagues, that we have still managed to see quality improvements which is testament to the continued commitment of our staff in keeping our patients safe and quality care at the centre of everything we do.

Once again, this last year has seen NHS staff deal with the unthinkable and needing to find levels of resilience to keep going that are humbling every day. I have seen first hand the care and compassion that staff have shown their patients, loved ones and each other in a time where they have been stretched and are tired and continue to face the battles that working in and recovering from a pandemic bring.

Yet with all this additional workload and stress, we have a duty to continue to provide safe, good quality care which is demonstrable within this account and down to the unwavering commitment of our staff.

We have seen particular improvements to patient safety processes and learning, improvements in both occupancy levels within our community hospital inpatient beds and patient length of stays meaning that patients are spending less time in beds and more time in their preferred places of care.

As Lead provider for the Vaccination Service for Shropshire, Telford and Wrekin ICS, we work in partnership with Local GP's, Community Pharmacies, Acute and Mental Health providers, Volunteers as well as our two Local authorities, Shropshire Council and Telford and Wrekin Council. This successful and award winning programme has been recognised as a top performer in the Region and Nationally for its inequalities work, especially linked to our Roving teams who use Bob, Betty and Basil, our fleet of vaccination buses around the county.

Part One
Introducing Shropshire Community Health NHS Trust (SCHT)

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

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

Our vision

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

Our Values

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

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

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

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

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

Our 3 strategic objectives

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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 it population throughout life, with a wide range of services including but not limited to; 0-19's and Children's, Community Therapy and Nursing, Urgent Care such as Minor Injury Units, 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 adults and 0-19 services have continued to be industrious in 2021/22 despite the continued challenges the Covid-19 Pandemic.

This year:

- Community contacts rose significantly by 92,179, a 14% increase from the previous year.
- Inpatient Rehabilitation Episodes are comparable to the previous year despite the temporary closure of one of our community inpatient wards due to staffing.
- Activity was also increased in Outpatient attendances, Inpatient and day cases, Radiology examinations, Minor injury attendances, Prison healthcare.
- There was a 13, 744 less contacts for equipment and products supplied, equating to 4.7% reduction.

Patient Activity Figures 2021/22	
Community contacts	750,245
Outpatient attendances	36,661
Inpatient and day cases	368
Inpatient Rehabilitation Episodes	1,701
Radiology examinations	11,241
Minor injuries attendances	32,022
Equipment and products supplied	276,496
Prison healthcare contacts	23,644
Total	1,132,378

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

Integrated Care Systems

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined-up services to improve the health of people who live and work in their area.

They exist to achieve four aims:
- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

As the main NHS community health care provider in Shropshire, Shropshire Community Health Trust, together with our partner health and social care organisations, have been working together for several years on locally-led developments based on the recommendations of NHS England and NHS Improvement. The government has set out plans to put ICSs on a statutory footing. To support this transition, NHS England and NHS Improvement are publishing guidance and resources, drawing on learning from all over the country. The aim is to enable local health and care leaders to build strong and effective ICSs in every part of England. Collaborating as ICSs will help health and care organisations tackle complex challenges including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

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

Shropshire Telford & Wrekin ICS:

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
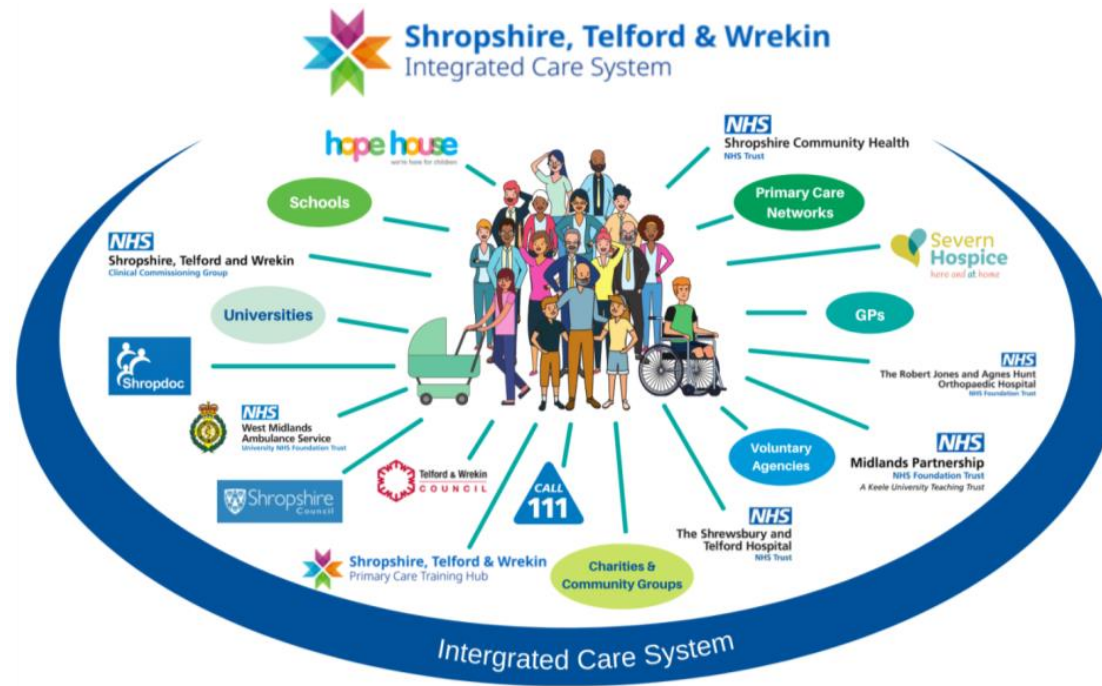
Part Two:
Reviewing the Quality of our Care looking back at 2021 - 2022

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.

Outcome

- ✓ The People Team provided Enabling Conversations training for our leaders. This was organised to support Leaders to have conversations with their staff particularly around covid risk assessments, wellbeing and well as other difficult subject matters.
- ✓ Leaders have access and can direct staff to the trust dedicated Health and Well Being support page on our staff intranet.
- ✓ Employees receive 'Well-being for You' information via a weekly digital staff noticeboard.
- ✓ We delivered 10 REACT Mental Health conversation sessions to 40 line managers and supervisors.
- ✓ Feedback from the REACT sessions was positive and further sessions are planned for 2022.
- ✓ We have expanded our coaching network during 2021 and now have 19 active coaches within our Trust.
- ✓ We have a further 7 employees currently in training to become a coach.
- ✓ We now have access to a pool of bank coaches to ensure demand can be met.
- ✓ In line with the Chief Nursing Officer for England plans, we are growing our numbers of Professional Nurse Advocates.

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.

Outcome

- ✓ A successful NHS England and Improvement bid for 6 months administration funding to support the Volunteering Service with new and existing volunteers refresh following the pandemic.
- ✓ Recruitment of young and BAME Community volunteers to the Patient & Carer Volunteer group to widen representation.
- ✓ Meetings across the Integrated Care System to develop work around patient experience feedback, working with those that involve staff and volunteers.
- ✓ We connected with the Acute Trust to facilitate volunteers returning and review of roles, following the challenges presented from the pandemic.
- ✓ Maintained Monthly meetings with the Patient & Carer Volunteer Group.
- ✓ Trust Lead for Patient Experience and 2 Trust volunteer representatives of the Patient & Carer Volunteer Group participate in the Diversity & Inclusion group that links in with the Health Inequalities work.
- ✓ Trust Lead for Patient Experience is a member of the system Health Inequalities Group, contributing to the development of strategy work.

- ✓ The Trust Medical Director and the Deputy Director of Allied Health Professions & Quality have regular dialogue and update of the Health Inequalities/Diversity & Inclusion strategy and actions.
- ✓ Local and national meetings have continued regularly to improve and update the Observe & Act paperwork.
- ✓ Progress has continued between the Trust and NHS England and Improvement to develop and promote the national Observe & Act network.
- ✓ NHS England & Improvement have shared information about Observe & Act as a model of positive practice for other providers and will continue to promote the tool at meetings and webinars.
- ✓ The NHSE & I Platform will be shortly launching the Observe & Act new section within the Heads of Patient Experience element.
- ✓ Projects include the development and provision of a comprehensive Digital Observe & Act observation form.
- ✓ We have undertaken patient carer and staff stories at all public Trust Board meetings.
- ✓ A large number of staff stories were shared at a well-attended Cultural System Diversity Day, Adult and TeMs Service Delivery Group Visioning Day Event, the SCHT BAME Group and the Patient carer and Volunteer Group.
- ✓ SCHT shared a very powerful Covid related patient Journey across the ICS.
- ✓ Focus groups took place in both Community Hospital and Children's Services.
- ✓ System participation included in our new Focus Working Group.
- ✓ Meetings were conducted in 2021 and planned for 2022 with the Trust and our main System wide partner in the voluntary sector who lead on this- AGE UK. SCHT linked the Trust Diabetes service with Age UK and are now working together on a specific Digital Isolation project.
- ✓ Age UK have recently appointed an officer and volunteers in this area of work and have been invited to Trust and System Groups around Health Inequalities and Equality & Diversity.
- ✓ We have a FFT Teams site that includes a Q&A section.
- ✓ Feedback is sent to the IQVIA Patient Experience feedback electronic system HUB.

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.

Outcome

✓ Delivery plans for the Patient Safety Syllabus are underway.

✓ We have refreshed the serious incident process with a focus on investigation, Human Factors, Just Culture and Lesson Learned sharing. We now collaborate in this process with system partners to investigate and share learning.

✓ A Non-Executive Board member is nominated for Patient Safety.

✓ A Patient Representative will be recruited in 2022 as a key member of the serious incident panel in line with the Patient Safety Incident Response Framework (PSIRF).

✓ Organisational Development, Governance and Quality Teams are working together to progress and build the operational plan to deliver PSIRF.

✓ As this is a Nationally driven priority, progression aligned to the framework is dependent on the publication of guidance and training directives and the how will be clarified in further framework updates due to be published Spring 2022.

✓ We have a Patient Safety Lead recruited and working in the organisation.

✓ Patient Safety Specialist training continues for our designated Patient Safety Lead.

✓ We have organised Director of Nursing & AHP Accountability weekly meetings to discuss patient safety incidents of concern for oversight of potential Serious Incidents and to ensure shared learning and actions from any developing themes.

✓ This includes developing a plan for the roll out of RCA, Just Culture and Human factors training for all people involved in the serious incident investigations.

✓ All Staff have access to patient safety training Level 1 & 2 via online training.

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.

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- Ensure 70% of all eligible CYP will have received their flu vaccine by February 2022.

Outcome

- ✓ We welcomed more nurses and administrators into our pool of bank staff from within the Organisation as well as from external recruitment.
- ✓ 100% of eligible CYP from the 2019/20 and 2020/21 cohort have been offered their adolescent vaccination.
- ✓ CYP Flu vaccine uptake was 67.1% IN Shropshire (Rank 3/27 in county) and Telford & Wrekin is 49.6% (rank 13/27 in county). Comparative regional uptake is 49.6% and England 51.5.

We did not achieve the planned 95% of eligible CYP from the 2019/20 and 2020/21 cohort receiving their adolescent vaccination by end of Aug 2021 in either cohort or reached the CYP 70% Flu vaccine uptake. As a CYP service, a review of options and improvements to increase uptake for these cohorts will take place.

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.

Outcome

- ✓ Training was provided across the Service Delivery Group on digital technology through virtual training, information guides and champions.
- ✓ Individual teams were trained on specific apps, N365 and Microsoft teams as well as RIO refresh.
- ✓ Digital Training packages have been developed for speech and language therapies.
- ✓ Redesign of the Children's: physiotherapy/ OT and Psychology Facebook page for enhanced public engagement and information giving.
- ✓ An increased use of digital applications and the trust website.
- ✓ 0-19 developed 'attend anywhere' drop-in clinics for development work and all services have 'attend anywhere' as an option for

consultations.
- ✓ We have identified areas and services with connectivity issues and worked with IT to enhance connectivity.
- ✓ We have had positive feedback on the use of digital platforms.
- ✓ Paediatric Psychology Service held a focus group with children and young people to gain their feedback on new ways of working and use of technology. Their views are shaping how the service offers appointments, ensuring choice and flexibility.

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.

Outcome

- ✓ The Teams have completed Time to Care activity and have identified areas for improvement opportunities, action plans have been implemented.
- ✓ The Teams have reviewed and looked at the digital consultation, face to face and use of Ages and Stages Questionnaire for development reviews to ensure all children have a review.
- ✓ The Health Child program has seen challenges with recruiting, reflected nationally. Recovery plans included recruitment drives and succession plans. The Trust monitors progress monthly through our Quality agenda.
- ✓ Successful recruitment of team leaders to manage the work distribution safely and effectively and work on service redesign and workforce innovation.
- ✓ We have fully engaged staff in innovation and improvement through team meetings, task and finish groups and consultation with individual

staff.
- ✓ Staff have presented at Committee meetings and developed new ways of working such as attend anywhere for reviews and clinic booking availability.
- ✓ FFT has been encouraged through the use of QR codes, posters, business cards and overall feedback is positive.
- ✓ We have engaged with partners on feedback on services from parents' perspectives.

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.

Outcome
- ✓ We are monitoring the numbers of patients the Community Nursing caseloads that we successfully discharge to self-care.
- ✓ A report is provided to team leaders and discussed with caseload holders on a monthly basis to promote patient empowerment and align our staff culture with this ambition.
- ✓ Reports shows a gradual increase in the numbers of patients we have supported towards self-care. This forms part of wider service improvement work that is being rolled out, and is continuously being promoted with teams until this change is embedded.
- ✓ We have sourced training on motivational interviewing, Advance Care Planning and person-centred care to support our workforce deliver the self-care / shared-care ambition.

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- ✓ Staff are encouraged and feel supported to have self-care conversations on the first visit with patients to promote patient empowerment, promote a consistent approach with patients and manage expectations of the service.
- ✓ The Proactive Case Managers (Community Matrons) are supporting patients with a range of complex care needs by providing education, support, motivational interviewing and working with those who are non-concordant with care to enhance their health, wellbeing and care outcomes through the promotion of self-care and self-management.
- ✓ Self-care / shared-care SOP has been developed and disseminated to staff which includes a patient leaflet with a self-care focus, to frame conversations with staff and patients.
- ✓ A self-neglect Framework has been developed to support staff with patients that self-neglect to ensure multi-disciplinary team working, assessing risk and health promoting conversations are initiated, to reduce any patient harm and to ensure patients are supported to make informed decisions about their care.
- ✓ The Community Nursing Teams assess and record patient Frailty, using the Clinical Frailty Score and patients with a score of 7 and above, to ensure those who are indicated as being in the last year of life are identified.
- ✓ Advance care planning discussions are then initiated to ensure patients are given the opportunity to have their wishes and advance care decisions recorded and acted upon. This upholds patient autonomy, empowers patients with advance care plans that support them to manage their condition and prevent avoidable hospital admissions.

- ✓ We have restructured our Community Nursing Teams to deliver the Named Nurse Concept. This concept aligns every patient on the caseload to a Named Nurse to promote patient continuity which is essential to build the relationships required to achieve patient self-care.
- ✓ We have revised the role of our Proactive Case Managers to provide senior clinical care for high complexity patients in a step up and step down approach to support the Community Nursing Teams.
- ✓ We assess and record the patient acuity level based on the complexity of their care needs. This ensures each patient is seen and treated by a nurse with the right knowledge and skills.
- ✓ We monitor patient safety incidents and produce annual reports where contributory factors are analysed.
- ✓ We conducted an audit on the use of the ADDER self-neglect framework which showed improvements on the use of this tool and continues to be promoted in our care teams.

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 End of Life 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 End of Life Advocate process.

Outcome
- ✓ Advanced Care Plans / ReSPECT are discussed and implemented with patients identified in the last year of life using the clinical frailty score - implementation across Wards, Community Nursing, Admiral Nursing, Respiratory teams.
- ✓ We have the Advance Care Planning in Care Home Team which is commissioned for advanced care planning in care homes across Shropshire, Telford and Wrekin.
- ✓ The Interdisciplinary Teams have been working with our Clinical Education Teams on training and governance oversight processes, to enable carers to administer appropriate drugs to patients.
- ✓ End of Life clinical skills focused training and education provides in-house delivery to include syringe pump, ReSPECT, care after death, verification of death and advanced care planning.
- ✓ End of Life training is part of the Core Clinical skills week for trained clinicians. Course delivery is 4 times a year.
- ✓ End of Life has been recognised as a key area for a system wide improvement and this ambition has become part of a larger project in the ICS Transformation Team.
- ✓ This has been embraced by a System wide SELECT project which is progressed with external funds from the Social Finance Organisation who are delegated to administer Macmillan funds. A business case and workforce plan has been proposed.
- ✓ The development of a 'Swim Lanes'; a document demonstrating current EOL provision that clearly indicates where End of Life focus and input is required. This project is high on the ICS Quality agenda.
- ✓ The Learning from Deaths Level 1 review is being carried out by Community Teams as well as in Community Hospitals and our aim is to work closer with GPs and Medical Examiners when the Medical Examiner processes are fully implemented within the Community.

- ✓ A review of the support we can provide to staff has taken place with staff encouraged to be more involved in the Learning from Deaths reviews, to have support from their Team Leads and other areas of support including managerial and clinical supervision; the Trusts one stop shop on the Health and Wellbeing webpage; Health and Wellbeing Helpline and the promotion of Well Being Huddles.
- ✓ The Severn Hospice End of Life Education programme supporting Shropshire Community NHS Trust has now commenced from 1st February. Education opportunities for both registered and non-registered staff, ranging from half day workshops to full accredited courses, with a strong focus on communication skills.
- ✓ Individual staff members are able to apply for Continuing Professional Development funds to access accredited Frailty modules.

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.

Outcome
- ✓ We have active focus groups reviewing the discharge process in inpatient settings. The aim is to provide assurance that:
  - o discharge planning is commenced from admission, in conjunction with the patient and family/carers.
  - o the MDT works with the patient and family/carers towards the EDD and in establishing the clinical criteria for discharge.
  - o timely and appropriate information is provided to patients and family/carers to enable them to make informed choices about their care following discharge.
- ✓ Matrix working across our services has improved our discharge processes. A Respect/End Of Life (EOL) care plan audit and a survey of staff working in EOL care has been undertaken and the Trust once again took part in the National Audit of Care at the End of Life (NACEL) and findings included:

- o Staff are confident in their ability to involve families in decision-making around care and treatment, in working in partnership with families, in recognising a dying patient and in having important conversations with families and in information sharing.
  - o The Respect document was in place for all patients although in some cases, wasn't fully completed. Further training is planned from March 2022.
- ✓ Funding is secured for a Customer Care training programme for our non-clinical and clinical staff which covers a wide range of communication skills.
- ✓ Duty of Candour Training sessions have been delivered for team leaders and service managers to ensure we have appropriate and candid conservations with our patients and families.
- ✓ We saw a 4.1% Overall reduction where 'communication' is cited as the main complaint theme.
- ✓ Triage training has been commissioned for clinical staff.
- ✓ A submission for funding to workforce development has been made to train teams in managing complaints.
- ✓ Patient Stories continue to be used at our SDG and Board meetings following service feedback or complaints.
- ✓ A rolling program of clinical documentation audits is carried out within the Trust using a template based on best practice standards in record keeping.
- ✓ Audits findings from inpatient settings, community nursing teams and the children's occupational therapy service have demonstrated a good standard of record keeping and handover overall, with areas for improvement identified and action plans developed in order to address them.

Part Three:
Our Commitment to Quality – Our Priorities for 2022 - 2023

As we emerge, restore and evolve from what has been the most challenging 2 years for the NHS, are priorities are set for the year ahead. We will continue to focus on staff well-being, gain momentum in patient safety using the National Patient Safety Strategy and aim to further improve End of Life experiences. These key priorities set out to improve delivery of care to our population.

Our key priorities for 2022 – 2023 are as follows

Priority 1	**Looking after our staff**
Priority 2	**Patient Safety and reducing avoidable harm**
Priority 3	**To improve the End of Life experience for our patients, children, young people and their families and loved ones**

Priority One – Looking after our staff - This year our focus is on supporting our workforce to attend to and move forward from their covid experiences and building on our existing Health & Wellbeing offer by implementing the national Health & Wellbeing Framework. We will see a reduction in sickness absence and an increase in workforce availability.

Measure of success

We are focusing on retention and employment experience, supporting line managers to manage people compassionately and in line with our Values through our Just, Learning & Inclusive Culture programme and implementing the 6 High Impact Actions identified through our approach to Equality, Diversity & Inclusion. We will see an increase in retention, a reduction in turnover and a reduction in our vacancies for substantive posts.
We will be maximising the opportunities associated with new roles like Nursing Associates, Therapy Practitioners, Advanced or Enhanced Practice and First Contact Practitioners. We will employ more of these roles across our services.

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

On education and learning we will be focusing our attention on development and apprenticeships that support career pathways and the transformation of our services. We will develop a plan of which apprenticeships can support our specialist roles and will have successfully implemented business cases for apprentices in all of these new roles.

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

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

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

Measure of success

We will…

- Improve reporting and investigation of patient safety events by updating our online reporting system to enable linking with other care areas and system partners.
- Training our team leaders in 'Just Culture' supporting a workplace culture of fairness, openness and learning.
- Developing a system to report Best Practice and sharing examples of innovation and learning.
- Showing sustained improvement in avoidable patient safety events or harm, including, falls, pressure ulcers and long waits for services.
- Aiming to restore and recover our services by prioritising those who are long waits for elective care or procedures.
- Work with our system partners to address Health Inequalities, and Equality Diversity Inclusion of our services by supporting the development and delivery of a local strategy.
- Rebalancing existing Infection and Control Team priorities and developing new programmes of work as we move into a post Covid pandemic world.

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

Measure of success

We will …......

- Be a key member of a system wide and collaborative approach to shape the design of End of Life care services for the future with other organisations including GP's, the Hospice and the acute Hospitals.
- Develop and support a recognised care pathway across all services for the care of our End of Life patients to ensure communication and documentation between organisations is shared and supports the planned care of our patients, families and loved ones to meet their wishes.
- Establish an End of Life Support Team to include education and clinical support relating to both Advance Care Planning and End of Life care.
- Continue our work in extending the Learning from Death reviews to include reviews from the Community Teams as well as from the Community Hospitals. This work will be implemented alongside the extension of the Medical Examiner role in their scrutiny of non-coronial deaths in the Community, working closely with GPs and Community Services.

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 for 2021/22 comprised of 49 national audits relating to some of the most commonly occurring health conditions.
Participation in and data entry to the NCAPOP is not currently mandated, however many of the NCAPOP platforms and web tools remained open.

The Trust participated to 3 national audits throughout 2021/22 in which it was eligible to take part.

- **National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP). Pulmonary Rehabilitation Service.** Significant progress has been made in reducing waiting times although they are still high compared with the national average. In terms of areas of non-compliance; providing patients with the opportunity to complete a practice walk prior to assessment and also to assess muscle strength at initial and discharge assessment have not been implemented, as service focus has been on reducing waiting times.

- **National Audit of Care at the End of Life (NACEL).** The Trust has submitted data to all elements of the third round of NACEL which includes: an organisational level audit, a case note review, a quality survey of bereaved relatives and carers and a staff reported measure to garner staff review and experiences on delivery End of Life care in hospital. As the maximum number of staff survey submissions allowed was 20, the survey has also been implemented locally to enable all staff – clinical and non-clinical – providing care, treatment and support to patients at the end of their lives to take part.

- **National Diabetes Foot Audit.** Data continues to be submitted to this audit which is run on a continuous basis. The annual report covering foot ulcers where first assessments took place up to 31/3/22 is due for publication in May. Since Shropshire is an outlier for amputations nationally and that there is routinely a long delay between data submission and report publication, the possibility of carrying this project out as local audit with bulk data submission to the national audit is being explored. This would facilitate more a timely review of the audit findings and promote increased local ownership and opportunity for learning and improvement.

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.

- 12 local clinical audits were completed by the Trust in 2021-22 with 7 more being carried over into 2022/23 due to the continuing impact of the pandemic on services

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

Priority 1

Quality assessment of leaving care health summaries (Qs3 & 4). LAC Service

The results for Quarters 3 and 4 showed full compliance with the majority of audit standards. All of the 11 summaries reviewed were rated as Good overall. One young person did not contribute to the summary because of ASD, possible ADHD and severe learning difficulties. In 3 cases, the young person's Social Worker was not informed about or given the opportunity to contribute to the summary but this was at the young person's expressed wishes. The audit tool will be amended for future data collections to include a 'not applicable' option for these types of cases, as they do not represent examples of non-compliance with audit criteria.

Priority 2

Quality assurance audit of the LAC initial health assessment (Qs 3 & 4). Community Paediatrics

Results remain good across all sections, with 6 out of 6 reports rated as outstanding in terms of their quality. The detail and the action plans have been maintained with continued recording when further information requested from external stakeholders is not supplied.

Quality assurance audit of the LAC review health assessment (Qs 3 & 4). LAC Service.

The quality of all 34 assessments was rated as good. All sections were completed with the relevant information; analysis demonstrated a good understanding of health needs; SMART objectives were in use and the child's voice was evident within the assessment.

Bed rails audit. Inpatients.

This audit is undertaken annually and is required as part of the National Audit of Inpatient Falls in which the Trust participates. The audit results showed a marked improvement on the 2020 audit, with full compliance being achieved in 30 out of 31 cases. The one non-compliant case was at Ludlow Hospital and here, none of the 4 audit criteria was met.

Use of the ADDER (Assess, Discuss, Decide, Educate) framework. Interdisciplinary Team/Community Nursing.
The audit results showed that although the framework is starting to be used effectively with positive outcomes, there were instances where opportunities for its use were missed. The framework is not currently included in the Trust resource for clinical documentation, nor is it featured in EPR and this will be addressed in the action plan. An ADDER example, prompt card and poster will be made available to teams and staff and will be reminded to include the use of the ADDER when submitting a Datix.

Consent for immunisation re-audit. Immunisation Team.
The aim of the initial audit was to assess adherence to the local policy and national guidance on checking consent for immunisation forms: right patient, right age, right PGD, right informed consent. The re-audit showed a marked improvement in compliance across all measures, with 4 scores ranging from 99.3-99.7% and 2 achieving 100%.

Medicines management audit. Severndale School.
This audit is undertaken annually. The results continue to provide assurance that medicines are administered safety and stored securely within the school. There were four areas of non-compliance: fridge temperature min/max was out of range and not of medical grade; ambient temperature monitoring was not recorded every day and not on the new Trust form, the form of medication was being missed from the CD book title page in the Controlled Drug book, the SOP was over 2 years old. These areas have been addressed in the action plan and spot checked undertaken during the first half of spring term to confirm compliance.

Medicines management audit. Bridge School. The purpose and methodology of the audit is as detailed above. The results highlighted 3 areas of non-compliance. Two involved documentation: the school had an old copy of the Medicine Policy for distribution which has now been updated and the Standard Operating Procedure was over 2 years old. There was also the issue of ongoing unsecured storage of buccal midazolam. The school has been asked for its risk assessment and controlled drug storage guidelines to help mitigate the fact that the medication is unsecured until a solution can be found. Storage requirements are under review and a visit planned to the school in Jun-22 to check on storage.

Clinical record keeping audit. Telford Muscular skeletal Physiotherapy and Podiatry.
Overall, the records met the required record keeping standards. Issues relating to recording of consent, red flags and clinical risk indicators, checking and recording of allergies, use of abbreviations, recording of NHS numbers on all clinical correspondence were identified. Audit results discussed at staff meeting, ongoing reminders issued at these meeting, full report reviewed as refresher following redeployment.

Use of the Shropshire Community Health NHS Trust Standard Operating procedure during Community Nursing handover. Community Nursing/Interdisciplinary Teams.
One team in each locality was observed undertaking a handover. The designating of a chair and staff attendance at handover was excellent, with clear evidence of care planning and referring patients to other services. All teams had a clear mechanism for checking that the administration of insulin/other medications had taken place that day. Overall, the meetings remained focused and provided positive challenge. Areas for improvement were identified namely: use of the SBAR structure, inclusion of pressure ulcer safety huddles, recording of handover on Rio and review/challenge of estimated discharge dates. These have been addressed in the action plan.

Priority 3

Assessment of children referred with high caries re-audit. Dental Service.
A re-audit was undertaken to assess compliance with standards for the assessment of children referred with high caries in the Shropshire Community Dental Service (SCDS). Clinical notes from 26 patients by 5 different dentists in the Shropshire Community Dental Service were analysed retrospectively to check whether assessment items relating to demographic/background information, examination, occlusal analysis, radiographs, diagnosis and summary, treatment plan, outcome and action had been assessed and recorded in the clinical notes. There was general improvement in the adherence scores. The initial audit showed adherence of only 9 out of the 42 items on the assessment form scoring above 70%. The re-audit shows 26 out of 42 items having an adherence score of 80% or above. A computer custom template for dental assessment has been developed and a separate occlusal analysis template for when permanent tooth extractions under GA are to be considered is in development. This will address low compliance in certain standards for the assessment of children referred with high caries and also in occlusal assessment. Partial compliance.

Perioperative care in inhalation sedation. Dental Service.
A re-audit of perioperative care in inhalation sedation has been undertaken to examine the level of service provided against the current guidelines. The results showed a marked improvement in compliance against the majority of measures and that the service has a high success rate for treatments completed relative analgesia for children and adults. There were some aspects of record keeping that required improvement – these aspects will be added into the SFD proforma in the new dental software programme. Partial compliance.

Participation in Clinical Research

The Trust is committed to providing its service users with evidenced based care and believes all service users, carers and staff should have the opportunity to participate in all aspects of Research and Innovation (R&I).
The Research & Innovation team have continued to grow the amount of research being undertaken within Trust services with an accrual total for the year of 832. The ongoing research collaboration between SCHT and Midlands Partnership Foundation Trust continues with success and has now been transformed to a five year agreement with an annual review of costs.

Key points include:
- ✓ The 500 participants recruited required to achieve Department of Health Research Capacity Funding (Oct 2020 – Sept 2021) resulting in an award to the Research and Development (R&D) department to be made summer 2022
- ✓ The Trust was selected as a site for its first commercially sponsored observational clinical trial in the autumn of 2021 and achieved its first participant recruited to the trial in December 2021, helping the Clinical Research Network West Midlands (CRN WM) achieve its target of 80% of local trusts contributing to commercially sponsored research for the year and raising the profile of the R&D operation as a provider of research. Two further commercially sponsored trials are now in set up.
- ✓ The Trust's R&D team achieved the SCHT Chair's award and has been shortlisted as a finalist in the CRN WM annual awards for 'Research Team of the Year' results to be announced in June 2022

- ✓ The collaboration agreement has been used as an example of exemplary co-operation for research delivery at the National Institute for Health and Care Research (NIHR) co-ordinating centre with a case study being requested by William Van't Hoff (Chief Executive Officer of the NIHR) detailed how such success has been achieved
- ✓ SCHT was the highest national recruiting site for the NHS 111 study and continues to contribute to the SIREN COVID 19 study

The team were successful in attracting the first commercially funded research to the Trust, with trials being set up in Rheumatology and Dentistry. This success was reflected in the R&I Team being finalists in the West Midlands Clinical Research Network Annual Awards for the third year in succession, this year for Team of the Year, and in receiving a Chair's Award from the Trust Board.

Commissioning for Quality Improvement (CQUIN)

The operation of CQUIN (both CCG and specialised) remained suspended during 2021/22 for all providers due to the coronavirus pandemic. Plans are already in place for the re-commencement 2022/23 CQUIN's.

Our Commitment to Data Quality

We operate several different administrative systems to manage our work across services, with the majority of services utilising an 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 2021 –2022 to the Secondary Uses Service (SUS) 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 2021-22, which included the patient's valid NHS number were:
- 100.0% for Admitted Care
- 100.0 % for Outpatient Care
- 99.8 % for Emergency Care Data Set
- 99.9% for Community Services Data Set (from DQMI), cumulative position up to January 2022)

The percentages of records in the submitted data, according to the SUS dashboards for 2021-22, which included the patients valid General Medical Practice Code was:
- 100.0% for Admitted Care
- 100.0% for Outpatient Care

- 99.9 % for Emergency Care Data Set
- 99.8% for Community Services Data Set (from DQMI, cumulative position up to January 2022)

The Data Quality Maturity Index (DQMI) is an assessment provided by NHS Digital on the completeness of datasets the Trust has submitted. For January 2022 data, Shropshire Community Health NHS Trust were at 91.8% against the 95% target and compared to the National Average of 80%. 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, management of staff and stakeholder contracts.

During 2021-22 there has been a heavy reliance on data in support of the response to the COVID-19 pandemic. Data and 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 patient care, clinical governance and management and service agreements for healthcare planning and accountability.
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 for example, Position Based Access Controls. 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 included in the performance report

- The Data Security and Protection Assurance 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 Data Security and Protection Assurance Group
- Information Systems and any associated procedures are updated in line with national requirements, for example, Information Standards Board 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 is due to publish its final assessment for the year 2021-2022 on the 30th June 2022. 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 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 2021/22 the Trust reported 2,813 patient incidents of which 38 (1.35%%) were classified as a serious incident. This is compared to 35 (1.2%) in 2020/21. There was one serious incident that led to severe harm or death which was 3% of the total serious incidents, compared with 2 reported the previous year (5.7%). This incident was due to a fire accident involving the oxygen and a patient who subsequently died.

Infection Prevention & Control

Shropshire Community Health Trust Infection Prevention and Control (IPC) Team have had a very busy year, looking after our staff, patients and families by developing and delivering a strong programme of activities designed to meet and comply with the standards expected in the Health and Social Care Act (2008: revised 2015) Code of Practice on the prevention and control of infections. We work closely with the ICS partners in health and social care to make sure that the ICS IPC Teams are following the same guidelines together, making it easier for our patients and families to understand the complex systems and changing practices to manage the spread of infections, including Covid, and to minimise harm.

We have agreed local and National thresholds for infections 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. This year, we changed how we monitor MRSA screening by ensuring we looked at each and every patient screening result. We achieved just 1% below target at 96% however, our teams showed an improvement trajectory throughout the preceding months and we will continue to use our revised process to monitor and improve our screening processes.

During 2021-2022, Shropshire Community Health Trust recorded one case of MRSA bacteraemia in the Community, which was attributed to the Trust but was classed as unavoidable. This score remains below the National threshold.

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 and although there is no agreed local threshold in 2021-2022, Shropshire Community Health Trust recorded zero MSSA, E.coli, CPE and VRE bacteraemia.

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% (dotted blue line on graph below) of patients admitted to our Community Hospitals must be assessed for the risk of developing a VTE.

Whilst the April of 2020/21 fell short, the VTE screening target has been achieved each month since with a position of 100% overall in March 2022. VTE assessments are not considered a risk at the present time based on overall and sustained performance.

VTE Chart
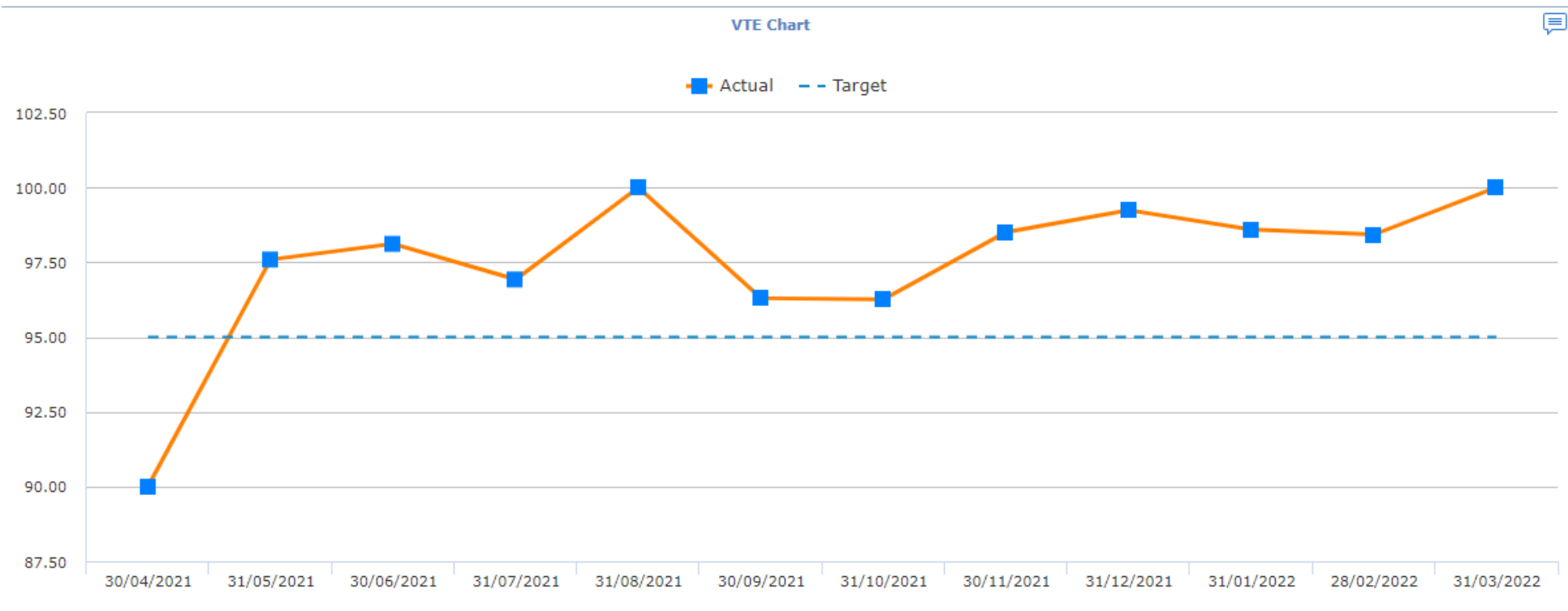
Friends & Family Test response from our service users

In 2021/22 the Trust received 3955 completed Friends & Family Test results, 97.67% of respondents felt the service was either good or very good. Returns have increased following the National standing down of FFT during the pandemic, and work to increase FFT feedback is ongoing.

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Number of surveys completed each month.

% very good or good — 97.67%

% poor or very poor — 0.88%
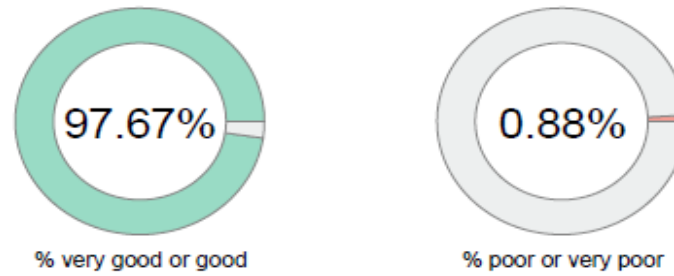
The below table indicates the number of FFT surveys completed each month - From 1/4/2021 to 31/3/2022. The reporting reflects waves of submission alike to the pandemic infection rates.

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 2022	Feb	Mar
308	340	410	338	280	303	385	482	211	281	239	378
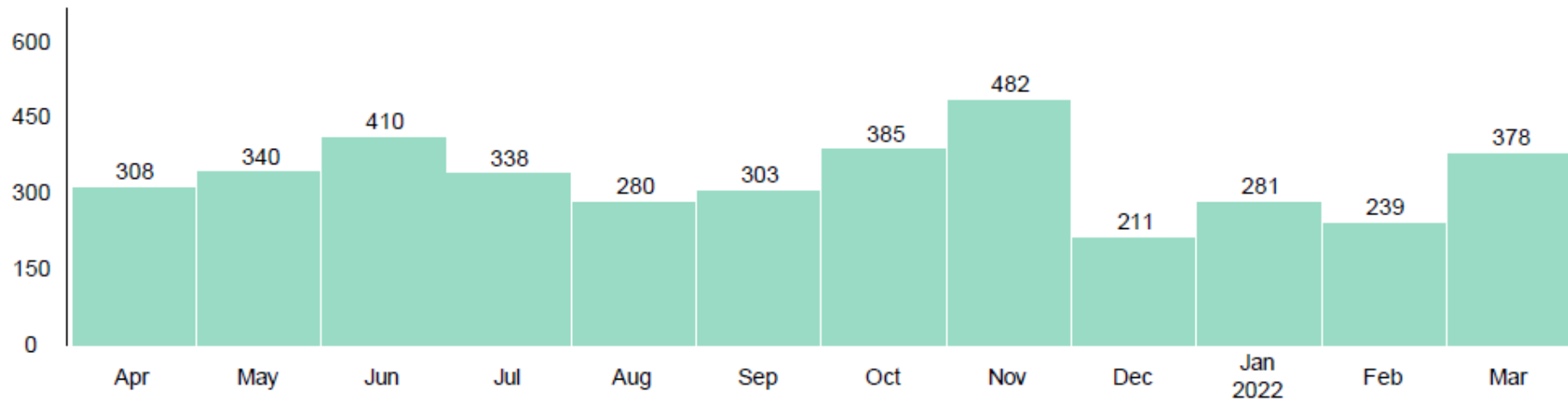
National NHS Staff Survey 2021 – the findings

It has been another very tough year for everyone in the NHS. The past 12 months have seen Shropshire Community Health NHS Trust continue to manage the effects of the coronavirus pandemic, as well as focussing on restoring services and increasing capacity for our patients and service users.

61% of staff completed the survey – a new record for the organisation.

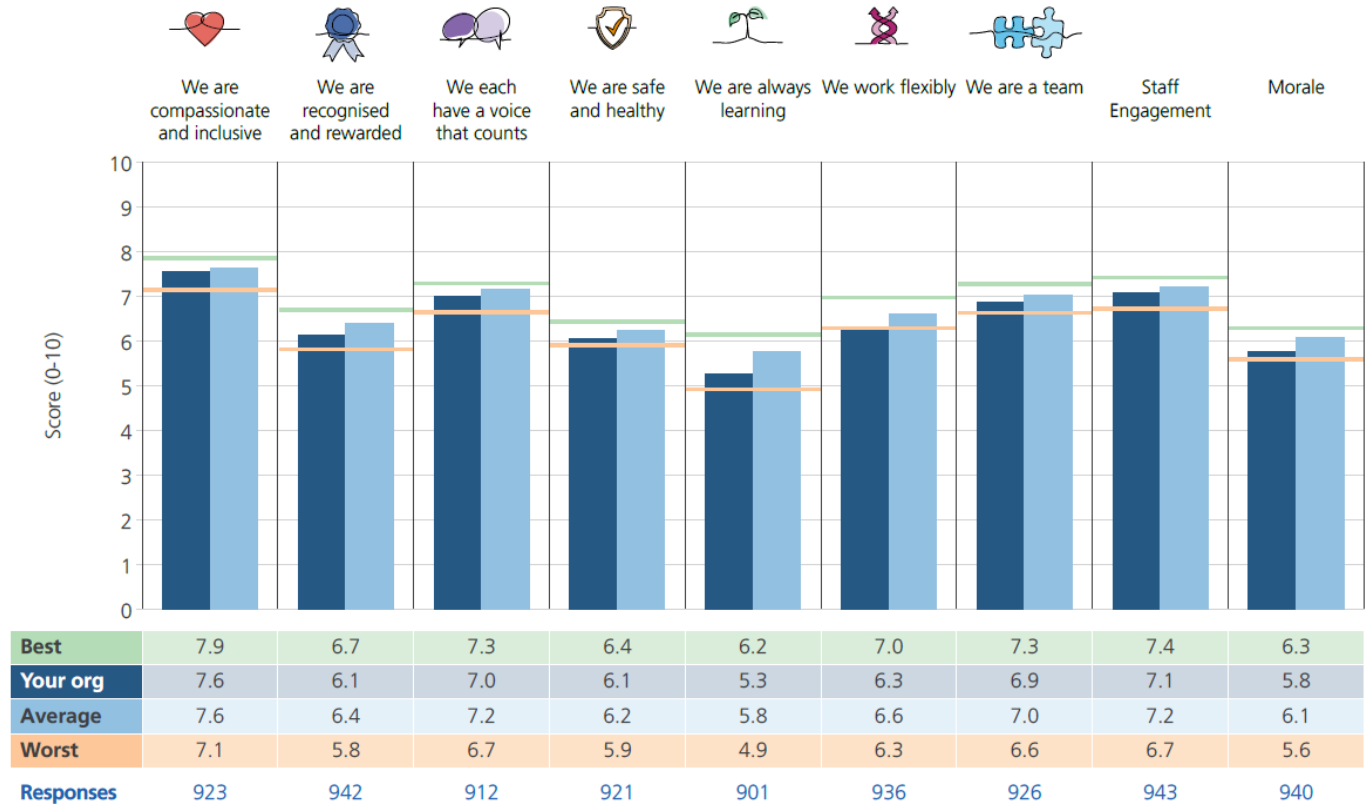**Key Themes**

The staff survey changed quite significantly this year, to align it more closely with the NHS People Plan, and the People Promise. The data has been benchmarked against each of the seven elements of the People Promise, plus two further themes – staff engagement and morale. This change means historical comparisons with our own results of previous years are not straight-forward.

The People Promise and theme benchmarking results can be seen in the graphic below, showing how we compare this year with our community provider peers.

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.9	6.7	7.3	6.4	6.2	7.0	7.3	7.4	6.3
Your org	7.6	6.1	7.0	6.1	5.3	6.3	6.9	7.1	5.8
Average	7.6	6.4	7.2	6.2	5.8	6.6	7.0	7.2	6.1
Worst	7.1	5.8	6.7	5.9	4.9	6.3	6.6	6.7	5.6
Responses	923	942	912	921	901	936	926	943	940

The positives

The survey shows that we have made significant improvements around the reporting of bullying, harassment and abuse; and in being able to show initiative at work.

We have also retained very good staff satisfaction around experience of low levels of bullying, harassment and abuse; violence and discrimination; feeling trusted; making a difference to patients; enjoying working with colleagues; and good relationships with immediate managers.

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We have seen good scores from new questions in the survey around support and relationships within teams and from colleagues.

Areas for improvement

The survey also highlights some areas where things could definitely be better. These are grouped into four themes:

- Recognition and Reward

- Learning and Development

- Flexible working

- Staff Morale

What next?

Members of the Board and Organisational Development Team will be presenting these results to the Community Trust Leadership Group in order to agree an approach responding to the results. Staff will be consulted to give everyone the chance to give suggestions and ideas about the findings of this survey can be used to make positive improvements.

Friends & Family Test response from our staff

950 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. 61% would recommend the Trust as a place to work and 75% said if a friend or relative needed treatment they would be happy with the standard of care provided by the organisation.

Learning from Deaths

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

Since April 2021 there have been 68 deaths within Community Hospitals, none of which were reported as unexpected deaths.

The graph below shows the number of deaths in each of our Community Hospital throughout the year:
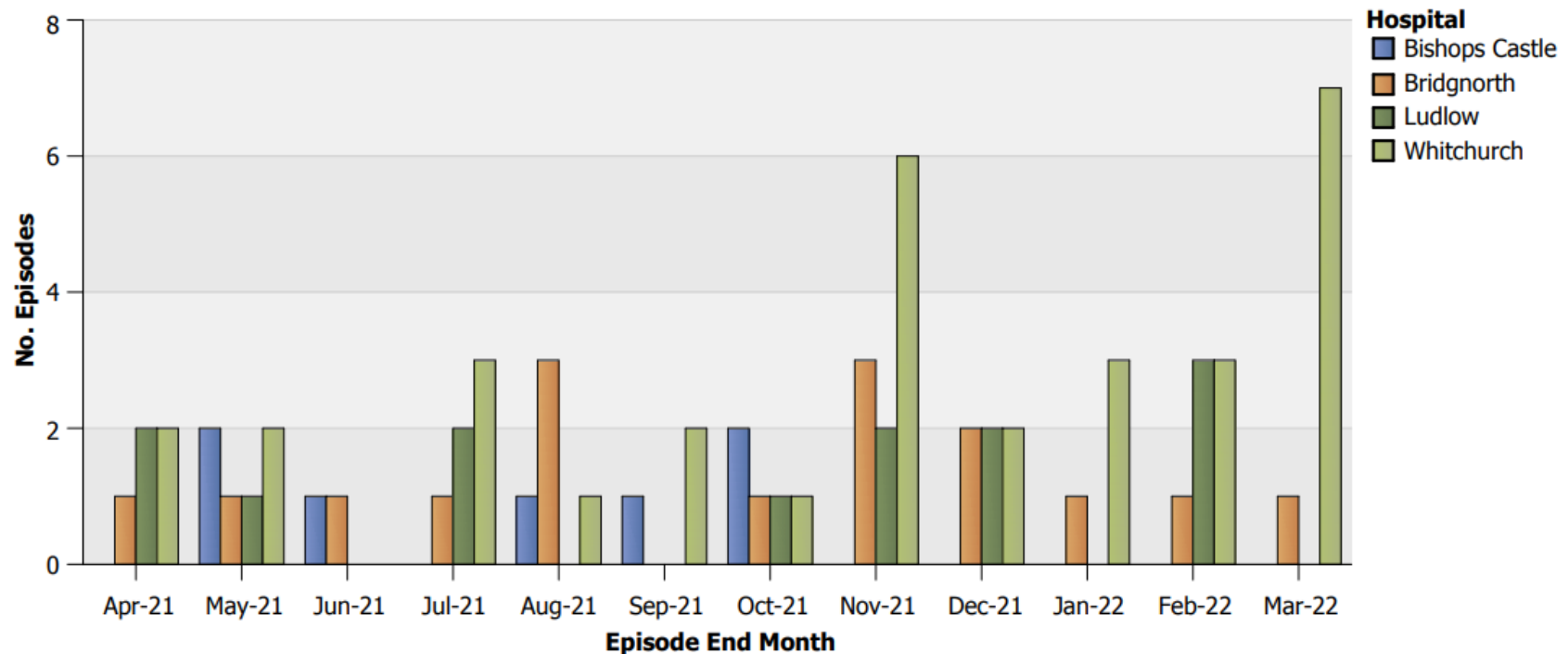

The main causes of death within Community Hospitals for this year are Frailty – Old Age (40%), Malignancy (19%) and Cardiovascular (18%). In the Infectious Diseases category, five deaths were recorded as COVID-19 as primary cause of death.

There were another seventeen patient deaths who previously 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.

One of these cases was identified as a Nosocomial COVID Death due to acquiring the COVID Infection while in the hospital. The patient was not COVID positive when they died but had been in the last 28 days of life.

Community Hospital Deaths: April 2021 to Mar 2022
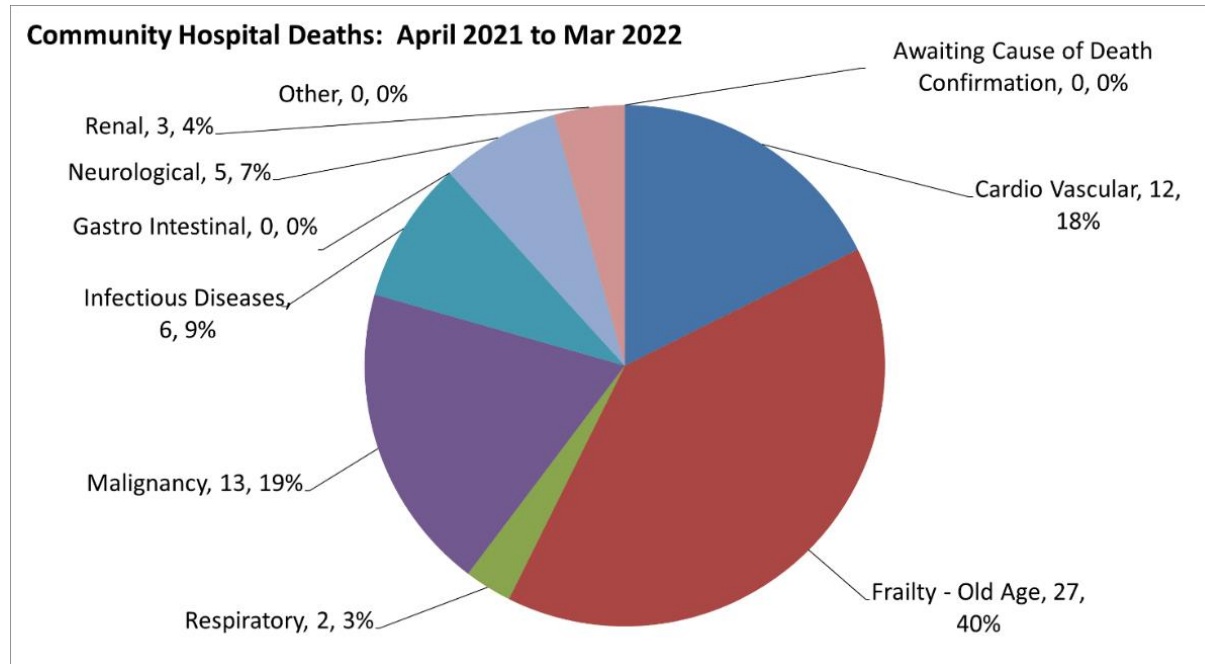
As part of the National Quality Boards guidance on learning from deaths we also provide quarterly mortality data via the agenda of the Trust public board meetings. We use the recommended Department of Health Learning from Deaths Dashboard and report under the following scoring categories:

- 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

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- o

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

Below is the March 2022 learning from deaths dashboard

Shropshire Community Health NHS Trust: Learning from Deaths Dashboard - March 2021-22

Description:
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	**Last Month**	**This Month**	**Last Month**	**This Month**	**Last Month**
8	7	8	7	0	0
This Quarter (QTD)	**Last Quarter**	**This Quarter (QTD)**	**Last Quarter**	**This Quarter (QTD)**	**Last Quarter**
19	22	19	22	0	0
This Year (YTD)	**Last Year**	**This Year (YTD)**	**Last Year**	**This Year (YTD)**	**Last Year**
67	99	67	99	0	0

Time Series: Start date 2017-18 Q1 — End date 2021-22 Q4

Mortality over time, total deaths reviewed and deaths considered to have been potentially avoidable
(Note: Changes in recording or review practice may make comparison over time invalid)

Total Deaths Reviewed by RCP Methodology Score

	Score 1 Definitely avoidable		Score 2 Strong evidence of avoidability		Score 3 Probably avoidable (more than 50:50)		Score 4 Probably avoidable but not very likely		Score 5 Slight evidence of avoidability		Score 6 Definitely not avoidable	
This Month	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	8	100.0%
This Quarter (QTD)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	19	100.0%
This Year (YTD)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	67	100.0%

Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	**Last Month**	**This Month**	**Last Month**	**This Month**	**Last Month**
0	0	0	0	0	0
This Quarter (QTD)	**Last Quarter**	**This Quarter (QTD)**	**Last Quarter**	**This Quarter (QTD)**	**Last Quarter**
0	0	0	0	0	0
This Year (YTD)	**Last Year**	**This Year (YTD)**	**Last Year**	**This Year (YTD)**	**Last Year**
1	0	1	0	0	0

Time Series: Start date 2017-18 Q1 — End date 2021-22 Q4

Mortality over time, total deaths reviewed and deaths considered to have been potentially avoidable
(Note: Changes in recording or review practice may make comparison over time invalid)

Quality Account 2021 / 2022

Our Care Quality Commission (CQC) Registration

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

Our current registration is 'Registered without restrictions'

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

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

	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

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

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 NHS England and NHS Improvement website fulfils the Shropshire Community Trust's statutory duty to submit to the account to the Secretary of State.

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

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

Patricia Davies,
Chief Executive
Shropshire Community Health NHS Trust
25th May 2022

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 2021/22

Thank you for inviting Shropshire, Telford and Wrekin CCG (STWCCG) to provide comment on your achievements for 2021/22 and aspirations for 2022/23.

STW CCG would like to recognise the work SCHT have undertaken during 2021 22 to support the local Covid 19 response and during the challenge of continuing to provide services during this time including the commitment of staff to be redeployed to other services. As part of the Local Health economy SCHT has been one of the key Providers who have supported the population during the unprecedented times and leads/manages the Covid 19 vaccination programme and Long Covid Service.

In the 2020 21 Quality Account SCHT identified 9 Priority Areas it would focus on during the coming year. Progress has been achieved against the following areas;
- supporting staff health and wellbeing – coaching and training for managers to have conversations about staff health. Plans to introduce Professional Nurse Advocates in SCHT.
- the introduction of the new Patient Safety Incident Response Framework (PSIRF) – training for staff on the new framework, remodelling of accountability meetings
- increasing use of technology to support patient choice – particularly to support children and young people's services
- improve service user involvement and communication between clinicians and service users – use of nationally recognised Observe and Act Tool, motivational interviewing training for staff, introduction of the named nurse in community teams,
- deliver excellence in end-of-life care – support for ICS wide end of life project.

It was noted that further support is required to achieve targets for safe and responsive deployment of adolescent and flu vaccinations.

During 2021/22 SCHT have continued to participate in audits including 3 national audits in the areas of asthma and COPD, end of life care and management of diabetic foot. Twelve local audits included Looked After Children health assessments, bed rails, medicines management in

specialist schools and handovers in community teams were completed. SCHT has also been selected as a site for a commercially sponsored observational clinical trial.

The 2021/22 staff survey has been published which identified improvements in the reporting of bullying and harassment and abuse with experience of these and violence and discrimination reported as low. Staff felt they had good relationships with colleagues and line managers and were making a different to patients. Areas highlighted which require focused actions include recognition and rewarding of staff, flexible working and improving staff morale. The Staff Friends and Family Test showed that 61% would recommend the Trust as a place to work and 75% said if a friend or relative needed treatment they would be happy with the standard of care provided by the organisation.

Service user feedback via Friends and Family test since re introduction following the pandemic reports showed positive feedback to the care received.

For 2022/23 SCHT have identified 3 quality priorities, supporting staff wellbeing, reducing avoidable harm and improving end of life experience. These with the ongoing audit plans and reintroduction of CQUINs will enable a continued focus on the provision of high-quality patient care as Shropshire, Telford and Wrekin move a collaborative Integrated Care System from July 2022.

Healthwatch Telford and Wrekin – response to Quality Account 2021/22

Thanks for this excellent report which highlights the tremendous amount of work undertaken by all at the Trust during a very difficult and challenging Year.

We at Healthwatch Telford and Wrekin have nothing to add but our thanks and admiration for everyone at the Trust for their efforts in ensuring the highest possible standards of care was provided for the people of Shropshire.
We look forward in the future to working more closely with the trust and further developing our working relationships during the Transition to the new Integrated Care Systems.

Healthwatch Shropshire – response to Quality Account 2021/22

Healthwatch Shropshire are unable to provide a response within the three day timescale we were given.