

# Quality Account 2024/25



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## Document Purpose

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

Copies of this document are available from our website at [www.shropscommunityhealth.nhs.uk](http://www.shropscommunityhealth.nhs.uk), by email to [communications@shropcom.nhs.uk](mailto:communications@shropcom.nhs.uk) or in writing from: Chief Executive's Office, Shropshire Community Health NHS Trust, Mount McKinley, Shrewsbury Business Park, Anchorage Ave, Shrewsbury. SY2 6FG

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



As the Director of Nursing, Quality and Clinical Delivery, I am delighted to present this comprehensive document that highlights the exceptional work and achievements of Shropshire Community Health NHS Trust over the past year. Our commitment to providing fully connected services ensures that everyone receives the right care, in the right place, at the right time, by the right people.

One of the key initiatives we have undertaken is the People Promise. Our People Promise Manager and the team have been instrumental in raising awareness, establishing vital relationships, and leading the Culture and Leadership Programme. Their efforts have resulted in the recruitment of 28 individuals to join a Culture Change Team and the formation of a network of People Promise Champions.

In our Healthcare facility at HMP Stoke Heath, we have seen significant developments, including the integration of Paramedics into our workforce, the recruitment of Trainee Advanced Clinical Practitioners, and the successful implementation of an automated medicine administration cabinet. These initiatives have positively impacted patient care and reduced hospital admissions.

Our commitment to continuous improvement is evident through the adoption of the NHS IMPACT framework and the implementation of the local Quality Improvement (QI) Framework. We have achieved all 12 defined aims of the QI Framework and have exceeded our training targets. The introduction of Gemba Walks and QI celebration events further promote a culture of continuous improvement.

Patient safety remains a top priority, and we have fully implemented the Patient Safety Incident Response Framework (PSIRF) policy and plan. Our efforts to reduce falls, pressure ulcers, medication incidents, and improve transfers of care have been supported by thematic reviews and quality improvement projects.

We have also focused on enhancing patient experience and engagement through innovative ways to capture feedback and ensure high-quality end-of-life care. Our commitment to learning and improving together is demonstrated by the dissemination of learning from incidents and events across the Trust.

As we look forward to the coming year, we will continue to embed a culture of continuous improvement, enhance patient safety, and foster patient engagement. Our Quality Priorities for 2025/2026 align with our Clinical Quality Ambitions and

Strategic Objectives, ensuring a comprehensive approach to improving the quality of care provided by the Trust.

I am immensely proud of the dedication and hard work of our staff, and I am confident that together, we will continue to achieve excellence in patient care and service delivery.

**Clair Hobbs – Director of Nursing, Quality and Clinical Delivery**

## Statement from the Chief Executive



This document reflects our unwavering commitment to delivering high-quality, patient-centred care and highlights the significant progress we have made over the past year.

Our vision is to be at the heart of supporting our communities by providing fully connected services, ensuring that everyone receives the right care, in the right place, at the right time, by the right people. This Quality Account showcases our dedication to continuous improvement, patient safety, and enhancing patient experience. It also outlines our strategic priorities for the coming year, which are aligned with our Clinical Quality Ambitions. Our commitment to continuous improvement is evident throughout.

It has been a year since we welcomed our Dudley colleagues to ShropCom, and I would like to thank all colleagues who made the transition a smooth and welcoming one. Alongside this, the Trust continue to be a very active member of the Integrated Care System working collaboratively with partners. We have also worked with partners in SaTH to offer opportunities to attend Leadership courses including the Galvanise course for staff from Ethnic Minorities

Another important addition to the Trust has been our Culture Change Team, made up of colleagues from across the Trust who are passionate about developing a positive and inclusive culture. We are pleased to say that we are already seeing and hearing the positive differences such initiatives are making, and this has been reflected in this year's Staff Survey results. We achieved our highest ever response rate, improved in 9/9 People Promise elements and themes, whilst also improving across our other benchmarks – whilst we have more work to do, the efforts and engagement have been remarkable in the last year

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

- The Quality Account presents a balanced picture of the Trust's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.

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

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

By order of the Board.

**Patricia Davies, Chief Executive**

## Part One

### Introducing Shropshire Community Health NHS Trust

#### Our Vision / Key Strategic headline:

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

#### Our Commitment

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

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

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

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

#### Achieving our Vision

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

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

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





## Who we are and what we do:

Shropshire Community Health NHS Trust provides a range of community and community hospital services for the population of Shropshire, Telford and Wrekin, totalling 521,175 people, and from April 2024 we also serve the 0-19 population of 73,485 in Dudley.



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 in Shropshire, Telford and Wrekin serves its population throughout life, with a wide range of services including but not limited to; 0-19 Children's Services, Community Therapy and Nursing, Urgent Care such as Minor Injury Units and Virtual Ward, Outpatients and Community Inpatient Wards, in addition the organisation serves the 0-19 Children's Services in the borough of Dudley.

As a member of Shropshire, Telford and Wrekin Integrated Care System, we strive to transform the provision of our services by working in partnership with others to meet the needs of those we serve.

## Our Services:

### Children's & Young Families

Community Children's Nursing Service ▪ Special School Nursing Service ▪ Paediatric Diabetes Service ▪ Paediatric Asthma Service ▪ Paediatric Psychology Service ▪ Child Development Centres ▪ Community Paediatrics ▪ School Age Immunisation & Vaccination Service ▪ 0-19 Public Health Nursing Service - Shropshire, Telford & Wrekin and Dudley (Health Visiting, School Nursing and Family Nurse Partnership (FNP)) ▪ Looked After Children Team ▪ Shropshire Wheelchair & Postural Services ▪ Community Children's Occupational Therapy ▪ Children's Physiotherapy ▪ Community Children's Speech & Language Therapy ▪ Family Nurse Partnership ▪ Targeted Admin ▪ Paediatric Audiology Service ▪ Paediatric Continence Service ▪ Children's Respite Service ▪ COVID Vaccination Service

### Community Services

Community Hospital Inpatients ▪ Rehabilitation and Recovery Units ▪ Adult Community Therapy ▪ Adult Community Nursing ▪ Admiral Nursing ▪ Advance Care Planning in Care Homes Team ▪ Adult Diabetes Specialist Nursing Team ▪ Continence Service ▪ Respiratory Nursing Service ▪ Pulmonary Rehabilitation Service ▪ Wound Healing Service ▪ Tissue Viability Nursing Service

### Planned Care

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

### Urgent & Emergency Care

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

### Corporate and Support Services

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

## Integrated Care System (ICS)

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

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

#### **ICSs have four key purposes:**

- improving outcomes in population health and healthcare.
- tackling inequalities in outcomes, experience and access.
- enhancing productivity and value for money.
- supporting broader social and economic development.

Our fellow Health & Care providers are:

- [The Shrewsbury and Telford Hospital NHS Trust](#)
- [The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust](#)
- [Midlands Partnership NHS Foundation Trust](#)
- [West Midlands Ambulance Service Foundation Trust](#)
- 49 GP practices across nine [Primary Care Networks](#).
- [Shropshire Council](#)
- [Telford & Wrekin Council](#)

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



## Part 2.1 Looking back – Quality Account Priorities 2024/25

In 2024/25 SCHAT focused on 3 priorities that incorporated national & local agenda, with digital innovation being integral.

### Looking after our People

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

#### We said we would:

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

#### We have:

- Established a Health and Wellbeing Working Group.
- Developed a Health and Wellbeing survey
- Re-commenced Health and Wellbeing days, which include physio advice, flu vaccinations, health checks, pension information, financial awareness and the attendance of breast cancer charity – Coppafeel.
- Trained 5 Menopause Champions, provided an online menopause education session for world menopause day and commenced quarterly Menopause and Andropause Awareness sessions, plus the Trust Menopause Policy has been launched.
- Commenced HR & Managers sessions for supporting staff with Personal Resilience and Menopause / Andropause.
- Continued to roll out Wellbeing Conversations and Personal Resilience sessions
- Carried out Civility & Respect and Personal Resilience training sessions
- Worked with Barclays Bank to provide online mortgage sessions to employees, plus since June the Bank has held face to face wellbeing clinics at 3 Community Hospitals and the Trust Headquarters.
- Sent out financial wellbeing survey, with analysis underway to develop a financial wellbeing plan to support staff. Results to be released.
- Provided online Pension Awareness sessions.

- Refreshed our Freedom to Speak Up (FTSU) offer, with 13 champions from a range of settings across the Trust, including an exec and non-exec.
- Launched the Work In-Confidence online platform, providing staff with another means to raise a concern, allowing staff to raise concerns confidentially and champions / guardian to manage those concerns effectively.
- The People Promise Manager started her post in July and since then have recruited 12 people into a People Promise Champions Network, delivered more than 11 sessions on the People Promise and associated initiatives to aid raising awareness.
- Launched our first cohort of Expectations of Line Managers training which includes Our Leadership Way. There are plans for a second cohort to start in April 2025.
- July 2024 saw the launch of the ACE (Agile/Cohesive/Empowering) culture survey.
- Designed and rolled out our new ACE Awards, helping to embed our cultural characteristics while recognising and rewarding staff who demonstrate these in their everyday work.
- Launched the appreciation station on Staff Zone for peer-to-peer cheer.
- Sent out a flexible working survey and currently analysing results to develop a flexible working plan.
- Updated the annual leave policy to include buying and selling leave.
- Recruited a Change Team in line with the Culture and Leadership Programme to deliver on this important piece of work.
- Collaborated with our acute partners in the provision of leadership courses and masterclasses.
- Prepared for delivering a recognition event for our long service colleagues and international nurses, that was held on the 19<sup>th</sup> of November.



Rebecca Smith are new people promise manager has been leading our all-things people promise, understanding where we have reason to celebrate and identify in areas of opportunity to improve things for our people. A priority for Rebecca has been raising the awareness of the people promise, visiting numerous teams and locations to encourage conversations about our work environments, while gaining valuable insight and feedback from our people. She has also been busy establishing vital relationships with our leadership team, to ensure the people promise continues and be on the agenda and remains a priority. She is leading on the culture and leadership programme, a programme to review and improve the culture of our trust and has successfully recruited 28 individuals to join a culture change team to initiate this vital work. In addition to this she has formulated a network of employees as people promise champions to support her campaign. She has been working closely with our communications team to create a calendar of awareness days, a formal recognition programme with a now launched ACE awards and organising our long services awards. This is the start and there is still lots to do, however with a nursing background herself, Rebecca is determined to make a difference to every person, no matter your role, profession or background who works within Shropcom.” It’s been a great start here at ShropCom and i have been met with kindness by every person I have met, although I can recognise there may be a little way to go to improve the working environments for all who work here at Shropcom, we have an awful lot to celebrate too. The fabulous people of Shropcom will be essential in creating the culture and environment we want for you, your colleagues and the whole trust, I am so very excited to be part of that change”.



## Jo Shaw – General Nursing Lead/ Practice Nurse

Looks back on the developments in Healthcare at HMP Stoke Heath over the last 12 months.

Wow, it has been a busy year for HMP Stoke Heath. We have reconfigured our team to meet the changing needs of the service and are now finally fully staffed. We have successfully integrated four paramedics into the workforce which has had a positive impact on reducing our patient hospital admissions and allowed for greater continuity of care for our patients. They bring different skills to the team that has facilitated improve workflow. We have also recruited two Trainee Advanced Clinical Practitioners to work alongside the GP, plus have welcomed our first qualified Nurse Associate post at the prison which we are currently embedding into our service.

Our Lead Pharmacist, Jaskran and his team have been working extremely hard to ensure medication is available via the use of a new automated medicine administration cabinet in one area of the prison. Jaskran was recognised this work and has received an ACE Award for his contribution.

We enter the new 2025/26 year with a positive outlook and look forward to seeing our new team flourish further.

*Picture below: Jaskaran receiving his ACE award in December 2024.*

*Left to right: Helen Cooper - Divisional Service Manager, 0-19 Children's service and planned care. Jaskaran Sahota – Lead Pharmacist, Helen Newton – Service lead for Healthcare HMP stoke Heath.*



## Fostering a culture of Continuous Improvement

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

### **We said we would:**

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

### **We have:**

- Published SCHAT Quality Improvement (QI) Framework, ensuring it has been shared extensively through communication bulletins, team huddles, staff meetings, Senior Leadership Team (SLT) meetings, Staff zone, Admin network meetings, plus Governance and Quality Delivery Groups.
- The 12 defined aims of SCHAT the QI Framework were all achieved.
- Declared our chosen methodology for QI as the Model for Improvement to the ICS and regional level.
- Secured a comprehensive training offer with system partner SaTH to provide a 1-day QI fundamental / 6-day QI practitioner training to our employees which has been widely communicated to allow all staff the opportunity to attend.
- Exceeded the target of at least 10 staff attending the 1-day QI fundamentals training.
- 6 employees have completed the 6-day QI practitioner training, 5 are currently in training and a further cohort are due to commence in 2025.
- To date we have recruited 6 QI advocates to actively promote continuous improvement across SCHAT.
- QI celebration events commenced in September and to date 10 projects have been presented.
- QI Learn and reflect drop-in sessions commenced in September 2024. Topics have included using a QI tool to improve data collection and the use of SPC charts to demonstrate improvement.
- The board completed the board level NHS impact self-assessment in September 2024 which exhibits improvement from the 2023 baseline assessment.
- We have introduced the concept of Gemba Walks across the organisation to promote continuous improvement.
- April 2024 saw QI information form part of SCHAT Corporate Induction.
- The QI Teams internet page is now live on Staff Zone with work in progress to upload tools and resources for all employees to access.



## Living a positive culture: Ward 36 Rehabilitation and recovery ward:



**Onam** is one of the cultural festivals celebrated mostly by the people in India, especially southern part (Kerala). Onam is celebrated with a spectrum of cultural events and food, known as Onam Sadhya.

Some employees of Ward 36- Recovery and Rehabilitation celebrate this festival within their communities outside of work and they wanted to share their cultural history and celebrations with the ward.

The celebration welcomed everyone from the Ward 36 team to thrive through the cultural diversity, history and the tastes of South India. The participation and support of each colleague was tremendous and the whole team was integrated.

As a team we sat in small groups and enjoyed tasting the different foods and listening to the culture and history behind the celebrations. It allowed us to permission to pause as a team, and time to embrace the diversity on the ward.

The celebration served as a door, which then opens to all kind of cultural festivals worldwide. This experience was very memorable for all the staff, and we are thankful to have such a diverse team, willing to share their experiences with us.



## Enhancing Patient Experience and Safety

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

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

### **We said we would:**

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

### **We have:**

- Published Patient Safety Incident Response Framework (PSIRF) policy and Patient Safety Incident Response Plan (PSIRP) and continued to review these where possible to ensure we have appropriate safety priorities.
- Implemented the Patient Safety Incident Investigation (PSII), After Action Review (AAR), Multi-Disciplinary Team (MDT) Review, SWARM Huddle and Thematic Review processes.
- Developed and implemented a daily triage of incidents routine which ensures that every incident which has been reported is reviewed and triaged to assess whether it needs to feed into the wider PSIRP.
- Established a process to align Complaints, PALs and Patient Experience with PSIRF practice to ensure holistic governance oversight.
- Trained 23 staff on Patient Safety Investigation Training across the Divisions. 11 Governance staff have been trained on how to facilitate an After-Action Reviews, along with 7 Operational Staff from across the Divisions and 7 Board members have attended the PSIRF Oversight training.
- LFPSE sessions have been occurring on a bi-weekly basis for both reporting and handling incidents within the Datix system.
- PSIRF Awareness sessions have been taking place across the Trust to ensure staff awareness of the change and the impact to our incident management

process. These have been taking place within the service setting with a range of staff.

- The Patient Safety Specialist has completed Level 1 and Level 2, with the completion of Levels 3-5 is expected when training becomes available.
- Updated the current DatixWeb system to allow for compliance with the national LFPSE requirements to ensure that all Patient Safety incidents are reported with the additional information required for national benchmarking.
- Procured an updated incident reporting system (DatixCloudIQ) to support the service's continued ambitions to improve incident reporting and integration of data with other governance specialisms, such as: Risk, PALs and Complaints.
- Carried out thematic reviews in falls, pressure ulcers and medication incidents within the organisation, plus have commissioned an internal review on transfers of care.
- Following review, the Falls assessment documentation has been updated and is in final stages for release, with quality improvement projects underway based on thematic review data.
- A learning response QI project to reduce falls is currently being trialled at Bridgnorth Community Hospital by switching our inpatient beverages to non-caffeinated beverages.
- Provided guidance on meeting the mandated accessible information standard.
- Updated Rio users on the importance of recording a formal diagnosis of a learning disability / autism and guidance on carrying out the task.
- Promoted the role of Learning Disability and Autism Champions and advertised for new champions.
- Reviewed the Terms of Reference for the Learning Disability and Autism Champion working group.
- Conveyed that all learning disability / autism reasonable adjustments should be reviewed on an annual basis to ensure appropriateness.
- We have embedded SCHAT attendance to system meetings for learning disabilities and autism.



**Amy Fairweather - Patient Safety Officer** reflects on her role within the

Governance Team and the implementation of the Patient Safety Incident Response Framework (PSIRF)

*"I'm really enjoying working as Patient Safety Officer for Shropcom. Patient safety incidents are recorded and monitored through the Trust's Datix System, and I work as part of our Governance team to ensure we manage and escalate required incidents through to our weekly Patient Safety Panel for Director of Nursing and executive oversight. With implementation of the Trust's Patient Safety Incident Response Policy, I have set up a tracker to record incidents coming through Patient Safety Panel to keep a record of learning response methods agreed and to track themes and actions recorded.*

*I have completed the required 'systems approach' training under PSIRF to enable me to support and conduct Patient Safety Investigations, alongside other delegates from our Quality, Operational and Governance team. The training has been so interesting and inspiring as PSIRF offers so much potential for Trusts' to e.g. to agree their own learning priorities and review incidents thematically to focus attention on setting out actions and improvements.*

*To date, I have been the Governance Support Lead for one Patient Safety Investigation (where an individualised approach is recommended) and have worked jointly with a colleague to provide the Governance Support for the second. We now have a process and suite of templates based around the National toolkit supported by NHS England to enable timely completion of investigations to help us support the nominated Investigation Officer appointed. Engaging Patients' and/or their families is central under PSIRF, and we have letter templates and guides to maximise the Patient perspective and engagement throughout the Investigation Process.*

*The training and experience has enabled the Governance team to lead PSIRF staff awareness sessions, and we are looking forward to offering further opportunities for this next year.*

*To close, PSIRF offers so much scope for collaboration at all levels. I feel so privileged to have been at the start of our Trust's journey and look forward to refining our processes as we learn and develop"*



The Discharge Support Workers, Discharge Liaison Nurse and Care Transfer Hub Team Leaders share their journey from working in the highly regarded Integrated Discharge Team to the newly formed multi-agency, multi-disciplinary Care Transfer Hub (CTH).

In support of the CTH Vision of ***'Putting patients and their families first, we will work together through a multi-agency approach to ensure people get the care and support they need on their discharge from hospital'*** the team have been empowered to design the operational framework for the service, all demonstrating leadership and positivity, working in a truly collaborative way with system partners.

Organisational boundaries have been overcome and CTH colleagues from Health, Social Care and the Care Provider sector engaged with the implementation planning of the CTH project and its successful launch on 1<sup>st</sup> October 2024.

The initiatives utilised to foster an environment for meaningful, sustainable change included workshops with extensive, multi-disciplinary input, involving group discussions for vision setting and goal setting, webinars whereby external speakers presented, allowing for attendees to draw on knowledge from case studies of exemplary Care Transfer Hubs and case review studies to explore improvement opportunities.

The team walked the wards for three days prior to the launch and left posters on the team's referral process and CTH and ward roles and responsibilities. This team approach has been recognised nationally and the posters designed to embed improvements for patients leaving hospital are being used as the gold standard for any Trusts starting on their CTH journey.







Dudley 0-19 services joined SCHT last April following a successful tender process. What a journey this past year has been!

Alongside embedding into a new organisational structure, there has been a real driver for transformational change. Part of the contracting requirement is not only to house Dudley 0-19 services, but to revolutionise them, to embed integration, and to optimise outcomes for children, young people and families in our care.

It has been an amazing privilege to spend the last 6 months as Dudley's interim operational lead, during such a critical period of evolution. The role has been pivotal in guiding teams through complex and dynamic processes, ensuring continuity of care and enhancing services provided to children and young people. The role has involved implementing new systems, processes and structures while maintaining a sharp focus on the needs of the community. I have been responsible for not only overseeing day-to-day operations but also driving forward improvements in service delivery and ensuring that changes are aligned to the broader vision for Dudley Children's services.

Whether it's navigating government initiatives, integrating new technologies such as chat health, or ensuring that all changes are communicated effectively, I have needed to carefully balance strategic oversight with operational efficiency to ensure that service delivery remains seamless and effective. Ongoing impact assessment is a crucial part of the role. Utilising data and feedback allow for continual assurance that meaningful, high-quality care is being provided or for acknowledgement that quality improvements need to be addressed.

I place immense value on the workforce and recognise that they are the most vital components in driving service successes. My leadership style reflects a deep commitment to recognising the individual strengths and contribution of each team member, and the difference this makes to providing high quality care. I have therefore invested a lot of time into engaging and involving the workforce and have been keen to foster a collaborative approach through open channels of communication and mutual respect. The expertise, dedication and passion that each team member has brought to the table really has created an environment of innovation and excellence. Their hard work and commitment have been the driving force for positive change. It has been such an honour to be a source of support and empowerment during a time of such change. I look forward to seeing Dudley services continuing to grow, adapt and deliver outstanding results!

## Part 2.2 Looking forward - Quality Account Priorities 2025/2026

In 2024 the Trust published its Clinical Quality Strategy 2024 – 2027 with four Clinical Quality Ambitions:

**Clinical Quality Ambition 1: Delivering Safe Integrated Care**

**Clinical Quality Ambition 2: Listening to and supporting the patient voice.**

**Clinical Quality Ambition 3: Learning and Improving together.**

**Clinical Quality Ambition 4: Delivering Equitable and Sustainable Services**

In 2025/2026 SCHAT will be focusing on 3 Quality Priorities that support the delivery of these four ambitions. Staff engagement was vital to formulation of the strategy, which took the form of a Trust wide staff survey and focus groups.

Continuing to embed a culture of continuous improvement across the organisation by giving our staff the tools, skills and knowledge to carry our quality improvements will be integral to achieving all priorities.

### **Quality Priority 1: Enhancing Patient Safety and Reducing Harm (Linked to Clinical Quality Ambitions 1, 3 and 4)**

#### **Why did we choose this?**

The NHS Patient Safety Strategy describes how the NHS will continuously improve patient safety, building on the foundations of a safer culture and safer systems. Reducing incidents of harm, such as falls, medication errors, and pressure ulcers, is crucial to ensuring that patients receive safe and effective care. The Trust has identified Patient Safety Incident Response Framework (PSIRF) priorities and by focusing on these areas, we aim to improve patient outcomes and enhance the overall quality of care provided.

#### **How will we achieve this?**

- **Learning from Falls:** While no single intervention has been proven to effectively reduce falls, it is estimated that a combination of multiple interventions, carried out by a multidisciplinary team working collaboratively and tailored to each individual patient, can reduce falls by 25-30%. We will continue quarterly thematic reviews adopting a systems-based approach that will offer greater insight into the systems and processes that can be enhanced to minimise the risk of inpatient falls.
- **Learning from Medication Incidents:** Medication-related incidents remain one of the most frequently reported categories of patient safety incidents, accounting for about 10% of reported incidents nationally. Continuing our quarterly thematic reviews using a systems-based approach we will continue to deliver safety improvement actions aiming to reduce the number of medication errors resulting in patient harm.

- **Implementation of the Lower Limb Assessment pathway:** Lower limb assessment is a vital part of the National Wound Care Strategy, providing significant benefits to patients through early intervention. Regular monitoring and treatment of conditions such as leg ulcers are essential for preventing complications and improving patient outcomes. Implementing the Lower Limb pathway and ensuring timely assessment and intervention aims to improve wound healing rates.

#### How will we demonstrate success?

- Reduction in inpatient falls per 1000 bed days
- Reduction in the number of falls resulting in harm.
- Reduction in the number of medication incidents resulting in harm.
- Improved wound healing rates for patients with lower limb wounds.

### Quality Priority 2: Enhancing Patient Experience and Engagement (Linked to Quality Ambitions 1 and 2)

#### Why did we choose this?

We recognise expanding the types of patient feedback we receive can help our patients feel heard, respected and involved in their care. People nearing the end of their life deserve to receive high quality and compassionate care and should be supported to live well and to die with dignity in a place of their choosing. Offering Advanced Care Plans aims to increase the number of people involved in discussions and decisions about their care.

#### How will we achieve this?

- **Patient Feedback:** Develop innovative ways to capture and act on patient feedback, such as implementing 'Take Over Days' within Children and Young People Services and continued use of focus groups to help us understand our patient needs and improve services accordingly.
- **End-of-Life Care:** Ensure high-quality and compassionate care for people nearing the end of their life by ensuring patients have advance care plans in place.

#### How will we demonstrate success?

- Patient Experience Strategy developed outlining an increased number of ways that we can capture patient feedback
- Increased number of patients with advanced care plans in place



## **Quality Priority 3: Enhancing Learning Across the Organisation (Linked to Quality Ambitions 1 and 3)**

### **Why did we choose this?**

We have identified a need to improve the dissemination of learning from incidents and events to reduce recurrence and highlight the improvements made. By enhancing how we share this knowledge, we aim to foster a culture of continuous improvement and ensure that lessons learned lead to tangible changes in practice.

### **How will we achieve this?**

We will enhance the communication of actions and learning from patient feedback, incidents, claims, complaints, and clinical audits across the Trust. This will be achieved by:

- Improving Communication: Developing robust channels and methods to effectively share learning and actions arising from events. This will include sharing of QI projects.
- Standardising Reporting: Implementing a standardised process for reporting actions and learning from incidents and feedback to ensure consistency and clarity.

### **How will we demonstrate success?**

- Reduced recurrence of themes
- Increased number of QI projects shared

These quality priorities and interventions align with the Trust strategic objectives and operational plans for 2025/26, ensuring a comprehensive approach to improving the quality of care provided by the Trust.

### Part 3: Quality at the Heart of the Organisation

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

During 2024/25, Shropshire Community Health Trust provided three NHS services, including Community, Prison and Urgent and Emergency Care Services. Shropshire Community Health Trust has reviewed all the data available to them on the quality of care in all of these health services. The income generated by the relevant health services reviewed in 2024/25 represents 100% of the total income generated from the provision of NHS services by Shropshire Community Health Trust for 2024/25.

#### Participation in Audit & Research

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

During 2024/25, 5 National Clinical Audits and 0 National Confidential Enquiries covered NHS services that Shropshire Community Health Trust provides.

During that period, Shropshire Community Health Trust participated in 4 out of 5 (80%) of the National Clinical Audits in which it was eligible to take part.

The National Clinical Audits that Shropshire Community Health Trust was eligible to participate in during 2024/25 are as follows:

- Falls and Fragility Fracture Audit: The National Audit of Inpatient Falls
- National Adult Diabetes Audit: National Diabetes Footcare Audit
- National Audit of Care at the End of Life
- National Respiratory Audit Programme. Pulmonary Rehabilitation
- Sentinel Stroke National Audit Programme (SSNAP)

The national clinical audits and national confidential enquiries that Shropshire Community Health Trust participated in during 2024/25 were as follows:

- Falls and Fragility Fracture Audit: The National Audit of Inpatient Falls
- National Adult Diabetes Audit: National Diabetes Footcare Audit
- National Audit of Care at the End of Life
- National Respiratory Audit Programme. Pulmonary Rehabilitation

## Participation in Local Clinical Audit

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

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

### Priority 1 – External ‘must do’

#### 1. National Clinical Audit and the Patient Outcome programme (NCAPOP)

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

The Trust participated in 4 national audits throughout 2024/25.

- *National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Pulmonary Rehab (PR)*. This audit looks at the way PR services in England and Wales are caring for people with respiratory conditions and compares it to guidelines which explain what care these people should be getting. Results for 2024/25 show that we are in line with the national average (60% vs 61%) for the proportion of patients starting PR within 90 days of referral and above the national average for patients receiving discharge assessments, individualised discharge exercise plans and on minimal clinical importance difference being achieved (one walking test). We did not offer practice exercise test walks during this period, but these are now being provided. New patient information leaflets have also been developed.
- *National Audit of Care at the end of Life (NACEL). Inpatients*. NACEL is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission to hospital. NACEL 2024 data will not be fully validated until April 2025 but key indicator metrics published so far highlight that the Trust is above or in line with regional and national averages for the prescription of anticipatory medication, assessing the emotional/psychological needs of the dying person, the documentation of ethnicity, individualised End of Life care planning, bereaved people rating the overall care and support provided as excellent or good, and staff feeling that the area they work

in prioritises compassion and support as fundamental in all interactions with the dying patient and those important to them.

- *National Diabetes Foot Audit (NDFA). Podiatry.* The NDFA enables all diabetes footcare services to measure their performance against NICE clinical guidelines and peer units and to monitor adverse outcomes for people with diabetes who develop diabetic foot disease. The latest audit results show that 61% of our patients are alive and ulcer free at 12 weeks (West Midlands average 38%), 72% had a less severe ulcer on assessment (West Midlands average 54%) and that 71% were seen within 0-13 days of ulcer onset (West Midlands average 59%). Much of this improvement has been brought about by the impact of transformational funds which have led to an increase in the number of foot ulcer clinics available and the employment of a Duty Podiatrist to support remote assessment of urgent foot referrals.
  - *National Audit of Inpatient Falls. Inpatients.* This audit examines falls prevention activities prior to the fall and the immediate post-fall management. No cases were identified for inclusion during 2024. For 2025, the scope of the audit has been expanded from patients who sustain a femoral (hip) fracture while in hospital to include patients who sustain any fracture, spinal, or head injury. Trusts are now responsible for identifying eligible cases. A new process has been established within the Trust to facilitate this change in procedure.
2. *NHS Benchmarking District Nursing 2024. Community Nursing.* This project provides a focused deep dive into district nursing services, the challenges facing these services and where the service model varies. The Trust submitted data to the project for the first time in 2024. The project report has now been published and is under review.
  3. *NHS England (NHSE) Learning Disability Improvement Standards project (Year 6). Adults Services.* This data collection evaluates organisational compliance with NHSE Learning Disability Improvement Standards to find improvement opportunities. Trust performance is assessed on respecting and protecting rights, inclusion and engagement, and workforce. The Trust met all community trust measures except one: no process for implementing the Use of Force Act 2018. A policy has now been developed and implemented.
  4. Commissioning for Quality and Innovation (CQUINs)

During 2024/25 the mandatory CQUIN scheme did not operate and instead, NHS England produced a list of optional indicators. The Trust chose to continue with three projects from the previous year because it was felt that improvements in performance needed to be achieved.

- *Assessment and documentation of pressure ulcer risk CQUIN. Inpatients.* This audit looks at whether patients have received a pressure ulcer risk assessment on admission to hospital and whether any risks identified have been managed effectively and in accordance with national guidance.

An improvement in overall compliance with the CQUIN was achieved in Quarter 4 compared with Quarter 3 – 56% vs 25% respectively. There was a slight decrease in the number of assessments being carried out but an improvement in the proportion undertaken within 6 hours of admission. Where required, a care plan had been initiated within 24 hours of admission 92% of cases, compared to 68% in Quarter 3. An overall improvement in the quality of the information contained in care plans was also observed.

- *Assessment and diagnosis and treatment of lower leg wounds. Community Nursing.* This is an audit to identify whether patients referred to our Community Nursing teams with a lower leg wound were assessed within 28 days of referral, whether compression therapy was applied appropriately and whether a referral to vascular services had been made where indicated. Overall compliance with the CQUIN was 19% compared with 21% in Quarter 3. A full wound assessment had been undertaken within 28 days of admission in 28% of cases, 64% of patients were treated with the appropriate compression therapy compared with 31% in Quarter 2 and 82% were referred to vascular services where required.
- *Malnutrition screening for community hospital inpatients. Inpatients.* For this CQUIN, malnutrition risk screening should be undertaken within 24 hours of admission and, where indicated, a treatment plan initiated with actions or goals acted upon. Overall CQUIN compliance increased from 75% in Quarter 3 to 79% in Quarter 4. The proportion of patients who received a screen within 24 hours of admission was 80%. Where applicable, a care plan was initiated for 100% of patients, and support with nutrition and hydration was identified in the care plan in all cases where it was required.

## Priority 2 – Internal ‘must do’

- *Initial Health Assessments for Looked After Children (LAC) audit. Community Paediatrics.* This is a biannual audit aimed at improving the quality of initial LAC assessments. Overall, 88% of assessments were considered outstanding in terms of their quality, with clear evidence of the use of all available information in the documentation. Three assessment reports lacked depth and evidence of the voice of the child. The importance of quality continues to be emphasised in trainee induction and supervisors are required to review all trainee reports.
- *Review Health Assessments for Looked After Children (LAC) audit. Looked After Children.* The biannual audit uses a quality assurance tool to review assessment documentation. All assessments were rated ‘Good’ in terms of their overall quality, with full compliance achieved in 11 out of 13 audit standards. Only 44% of children were asked, ‘Who is important to you?’ and this is an area identified for quality improvement.

- *Audit of leaving care health summaries. Looked After Children.* The results showed full compliance with most audit standards and all 13 summaries were rated as 'Good' in terms of quality. No areas for improvement were identified.
- *New Early Warning Score (NEWS2) audit. Inpatients.* The aim of this audit was to identify whether NEWS2 scores were being recorded at regular intervals to ensure the timely identification and management of deteriorating patients. The audit identified that observations were not always being recorded at the correct intervals for NEWS2 scores of 0 (every 12 hours) and for 1-4 (every six hours) and that consciousness was not always recorded. Staff were reminded at daily huddles about the required intervals of observations and the need to record consciousness and Band 6 ward staff were asked to attend Trust training on the deteriorating patient. Improvements have been seen in the repeat audit undertaken.
- *Inpatient catheter audit. Inpatients.* This audit evaluated adherence to the Trust policy on Urinary Catheterisation in Adult patients. The results identified that where a catheter was already in place on admission, that the reasons for catheterisation were not always recorded, that the paper Catheter Care Pathway document was not always completed and that the correct version of the document was not being used. The main improvement action from the project was that the document is to be built in Rio (electronic patient record).
- *Clinical record keeping audit. Children's Physiotherapy Service.* The audit aimed to assess the completeness, accuracy and adherence to established standards in record keeping. Results highlighted areas of strength including thoroughness in documenting patient outcomes, as well as areas for improvement such as consistency in documenting abbreviations and discharge reasoning. All physiotherapists have been asked to familiarise themselves with discharge criteria rationale and a copy of the abbreviations tool is to be uploaded to Rio.

## Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by Shropshire Community Health Trust in 2024/25 that were recruited during that period to participate in research was 1016.

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

- The team have relocated to Euston House in Telford; this move has provided improved clinical facilities that will allow for the introduction of more complex research studies.
- The size of the research team has increased during 2024/25; this includes two clinical research nurses and a research administrator.

- The R&I department undertook 19 studies in 2024/25 and recruited 1016 participants into research, overperforming in several of these studies: an excellent outcome for the team.
- There are currently 14 research studies in the feasibility and set-up phase.
- We have one commercial study open.
- The research team are supporting a national early diabetes screening programme for children aged 3 years to 13 years; Shropcom have overperformed in the delivery of this study, becoming one of the top recruiters in the West Midlands. As a result, the team are supporting other NHS organisations in effective recruitment strategies. As well as having featured in local media networks.
- The Staff Research Champion initiative has continued to be well received by Trust staff in all departments. This initiative enables the research delivery team to take research opportunities to patients and local communities across all Trust services. We have continued to support other NHS Trusts in setting up similar schemes within their own organisations.
- CEO – Patricia Davies has volunteered to take on the role of Staff Research Champion – this has encouraged an increase in Trust staff registering their interest in the role.
- Sharen Painter Clinical Research Practitioner (CRP) has been invited by the Academy for HealthCare Science (AHCS) to take a voluntary role in supporting the Academy in the assessment and mentorship of professionals applying for CRP accreditation.
- The Research web page on staff zone is frequently updated to provide Trust staff an overview of what is happening within research in the Trust. There are also ongoing CPD opportunities to develop staff knowledge of clinical research in health and social care posted on the web page.
- Bitesize research seminars that will help those clinicians working towards Advanced level fulfil pillar four (research and evidence), are being facilitated by the research team. These are being delivered virtually via MS teams to improve accessibility for staff.



## Commissioning for Quality Improvement (CQUIN)

Shropshire Community Health Trust's income in 2024/25 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because NHS England have paused the requirement for CQUINs.

During 2024/25 the mandatory CQUIN scheme did not operate and instead, NHS England produced a list of optional indicators. The Trust chose to continue with three projects from the previous year because it was felt that improvements in performance needed to be achieved.

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## Patients readmitted to hospital within 28 days of a hospital discharge

During 2024/25 the percentage of patients aged 0-15 years old, readmitted to the hospital within 28 days of discharge was 0% and for 16+ years old it was 9.8%.

	2024-25
<b>Number of Discharges</b>	2528
<b>Number of readmissions within 28 days</b>	249
<b>Overall %</b>	9.8%

Shropshire Community Health Trust considers that these percentages are as described for the following reasons:

- No comparative data is currently available.
- Data includes readmissions from Shropshire Community Health Trust to the acute Trust where secondary care intervention is required before the patient is readmitted to the Trust

Shropshire Community Health Trust will take action to improve this percentage by:

- Improving understanding of readmission rates linked to transfers back to the acute Trust that require secondary care intervention and readmission.

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

According to national guidance, acute trusts are required to record VTE, while community trusts are not mandated to do so.

Our internal processes currently record VTE risk assessments for the Trust.

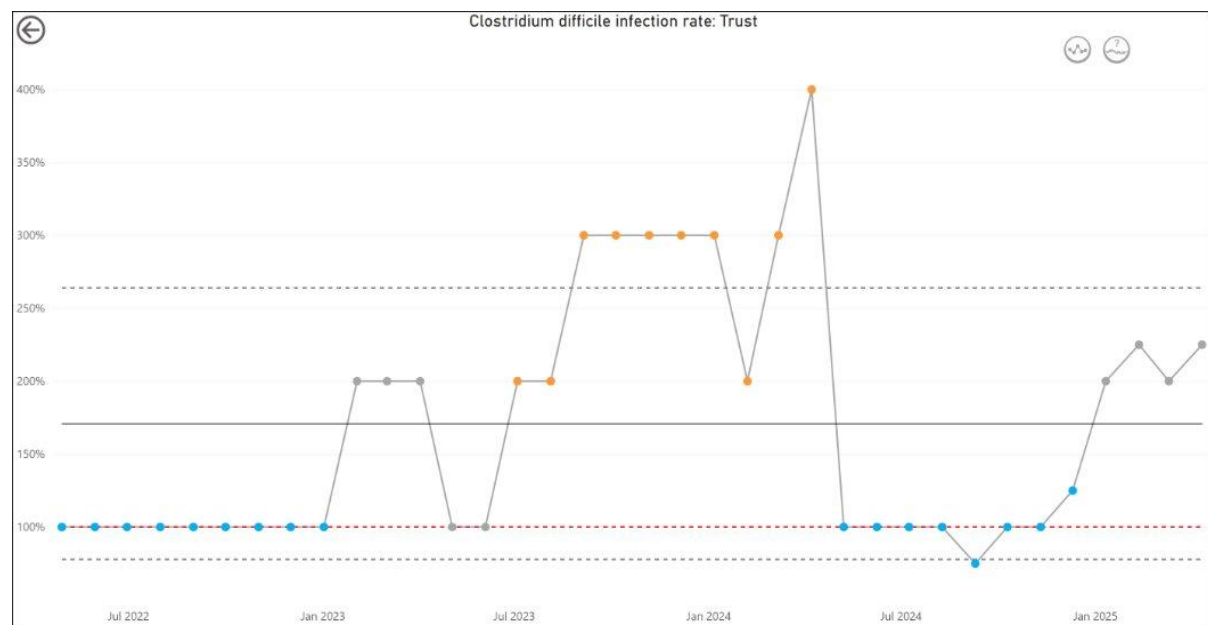
## Infection Prevention and Control

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

We have agreed local and national thresholds for infections related to infection prevention and control measures. During 2024/25, Shropshire Community Health Trust recorded a total of nine cases of *Clostridioides Difficile* (*C-Difficile*) infection in the Community Hospitals, five cases above our agreed threshold of 4. Although these cases were attributed to the Trust, all cases were classed as unavoidable. This

means that there was nothing we could do to prevent our patients developing this infection with many of our patients having experienced *C-Difficile* infection previously.

As a Trust, we do not currently measure the incidence rate of *C. difficile* infection per 100,000 bed days. However, we do monitor a rolling 12-month count of cases (please see graph below).



Shropshire Community Health Trust has taken the following actions to improve the increased rate of *C-Difficile*, and so the quality of its services, by completing individual case reviews on all hospital acquired infections to ensure the Trust can learn and improve the quality of its care, and to share our findings with other NHS providers and NHSE; deep cleaning of our Community Hospital inpatient areas and development of guidance to de-prescribe long term Proton Pump Inhibitors (PPIs).

The Trust recorded zero MRSA bacteraemia and two cases of E-Coli bacteraemia during 2024/25. Each bacteraemia infection case is reviewed to determine whether there is learning that can be shared across the organisation.

We aim to screen at least 97% of patients on admission for MRSA each month. For 2024/25, our MRSA screening compliance score was 97% across our Community Hospitals and Rehabilitation and Recovery Units, meaning our target was met overall.

Shropshire Community Health Trust Infection Prevention and Control (IPC) Team have delivered a robust IPC activity programme in 2024/25 focussing on quality assurance audits, these assurance audits have been extended beyond the inpatient wards, MIUs and dental areas and have included observations in practice with our Community Nursing teams. The IPC team have successfully delivered several education campaigns including a 'Gloves off' Campaign aiming to reduce the

inappropriate use of gloves, a Staying Well in Winter campaign focussing on improving hand and respiratory hygiene and a Spring Clean campaign aiming to reduce environmental clutter and promote good practice in storing unused equipment.

## Information Governance

For the year 2023/24 the Trust completed the Data Security and Protection Toolkit (DSPT) which sets out the National Data Guardian's (NDG) data security standards and currently has a status of "Approaching Standards Met".

For the year 2024/25 the Trust will complete an assessment based on the new version 7 Data Security and Protection Toolkit (DSPT)/Cyber Assessment Framework (CAF). The self-assessment includes an audit conducted by an external auditor in accordance with the NHSE guidance. The assessment and status of compliance will be published on the 30 June 2025.

The CAF-aligned DSPT approach is geared towards using principles and expert judgment to guide competent decision-making, with a focus on achieving key outcomes. This new approach will affect the way that people, processes, and technology are evaluated and assured in cyber security and information governance. This evaluation will be evidenced through indicators of good practice for each outcome and will be required to meet expected achievement levels.

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

## Incident reporting

The Trust monitors all incidents using a local incident reporting system called DatixWeb and in the last year has transitioned to PSIRF to review and manage incidents to foster a collaborative learning environment. All incidents are categorised whereby relevant subject experts and line managers are notified via email to ensure review, comment and action. In addition, a Patient Safety Incidents Panel (PSIP) meets weekly to review incidents which have been flagged for concern and/or are moderate harm and above to identify an appropriate learning response. The meeting is chaired by the Director of Nursing or Deputy Director of Nursing and has representation from senior clinicians and the ICB.

5339 patient safety incidents were reported in 2024/25 demonstrating a further increase in reporting. This can be attributed to the positive reporting culture of employees and the increase of services provided, including the introduction of the two Rehabilitation and Recovery Units.

As part of the Trust's transition to PSIRF, the review of Patient Safety Incidents follow an alternative methodology; with an emphasis on the use of System Engineering Initiative for Patient Safety (SEIPS) and thematic reviews or clusters of incidents to

understand common themes, links or issues to facilitate appropriate learning responses. Where a learning response has been agreed, the response will follow the appropriate guidance and process outlined in the relevant documentation.

4 Patient Safety Incident Investigations (PSII'S) were registered over the year. 1 related to a Fall in a Community Hospital, 1 related to Prison/Post Custody Death, 1 related to a Delayed Transfer of Care in regard the MSK Division and finally 1 Pressure Ulcer in regard Community Nursing.

10 After Action Reviews (AAR'S) were registered over the year. 1 Clinical Governance, 3 across Community Nursing, 2 involving Community Therapies, 2 related to Community Hospitals and 1 Children's Nursing and 1 involving HMP Stoke Heath.

2 Multi-Disciplinary Team (MDT's) were registered which involve discussions with system partners. 1 involving MSK Division and 1 involving Rapid Response.

Finally, 1 Swarm Huddle has been registered in regard the Rapid Response service.

## **Falls**

The Trust reported 104 inpatient falls in 2024/25, a 36% decrease on the previous year and 44% decrease over the last 2 years. The Trust's Patient Safety Improvement Plan incorporates falls under its local priorities and for thematic review to enable a quality improvement approach.

## **Pressure Ulcers**

In the last 12 months, 666 in-service pressure ulcers were reported, an increase of 52 from the previous year. Of these, 358 were Categories 2, and 27 were either Category 3 or 4, representing a 22% increase. This rise in pressure ulcers is attributed to the complexity of patients within the community setting. As part of PSIRF, pressure ulcers in-service is incorporated into thematic reviews to establish trends for learning. A main theme throughout the reviews is the complexity of patients alongside non-concordance. The Trust has now moved to PURPOSE T, an updated pressure ulcer risk assessment to replace Waterlow. This aims to provide a more in-depth assessment to identify patients at risk of pressure damage earlier.

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

Of the 5339 patient safety incidents reported during 2024/2025 of those 58 resulted in severe harm or death (1.08%).

## Patient Experience

As a Community Trust, Shropshire Community Health Trust does not submit data to the CQC national inpatient survey. The Trust uses a number of tools to gather patient feedback.

A total of 44 Observe & Act sessions were completed over the last 12 months. A robust schedule process is now completed, whereby complaints and patient safety incidents are considered when identifying areas that may benefit from an observation session. Input is also sought from our Quality Team colleagues when compiling our schedule, to ensure information is triangulated.

Observer training will commence in May 2025 with group of SCHT colleagues and new volunteers, who have expressed their interest in becoming observers. This will support the scheme and allow an increase in Observe & Act sessions.

Since October 2024 we have attracted 6 new volunteers with various backgrounds and experiences to support our staff and patient experiences. Plans are in place for more volunteer support in collecting inpatient feedback along with developing suitable roles for our volunteer group, to include refreshments, meet and greet/signposting, reading buddies, inpatient companions, arts & craft activities and so on. This will be supported by a recently purchased volunteer management system, Better Impact Ltd, which will allow the Patient Experience Lead to manage application forms, confirm DBS, mandatory training with alerts when refresher training required, volunteers hours worked, shift availability, timetables, text and emailing function – volunteers will be able to submit expense forms to allow an audit trail, with an area for volunteer comms, alerts/request for volunteer support.

Volunteer training has recently been refreshed whereby all volunteers must complete a set of mandatory training modules via e-learning for Health. This will provide assurance that our volunteers have an appropriate level of knowledge and understanding prior to entering one of our services.

Terms of Reference are currently being developed to allow re-establishment of our Focus Groups and Patient Experience Delivery Groups. These groups will provide opportunities for our service users to be involved and included in the development of our service areas, ensuring “expert by experience” voices are heard, thus promoting and enhancing our patients’ experiences.

Regular engagement continues with our Healthwatch Shropshire colleagues, to ensure opportunities are available for Healthwatch to attend our service areas and collect independent patient feedback. Feedback gathered is shared with the Patient Experience Lead, to allow for a full and thorough set of qualitative data.

Patient Experience Lead, Patient Safety Officer and Complaints Managers have been working closely together, along with the Associate Director of Governance to develop a patient and family advocate / Family liaison service for those involved in patient safety incident learning responses and complex complaints. This has so far proven very valuable in supporting 2 families during 2 complaints meetings and

maintaining regular contact with a family involved in a Patient Safety Incident Investigation. This role acknowledges the compassionate engagement aspect of the Patient Safety Incident Response Framework in ensuring that patients and families voices are heard and that they feel informed, involved and supported throughout.

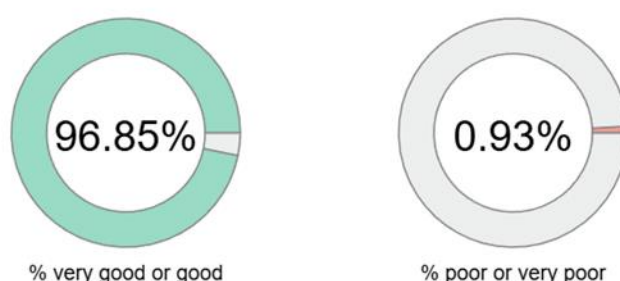
## Patient Stories

As per Patient Experience Lead workplan, a number patient/staff stories have now been proposed and are currently being developed for presentation across 2025 Trust board meetings. The ShropCom story toolkit has been shared, and ongoing support is being provided. Regular conversations are taking place with service leads, locality managers, as well as complaints and patient safety colleagues to continually explore potential stories.

Patient and staff stories will provide valuable insights into the experiences of both patients and staff, including positive and negative impacts to celebrate success and look at potential areas for improvement.

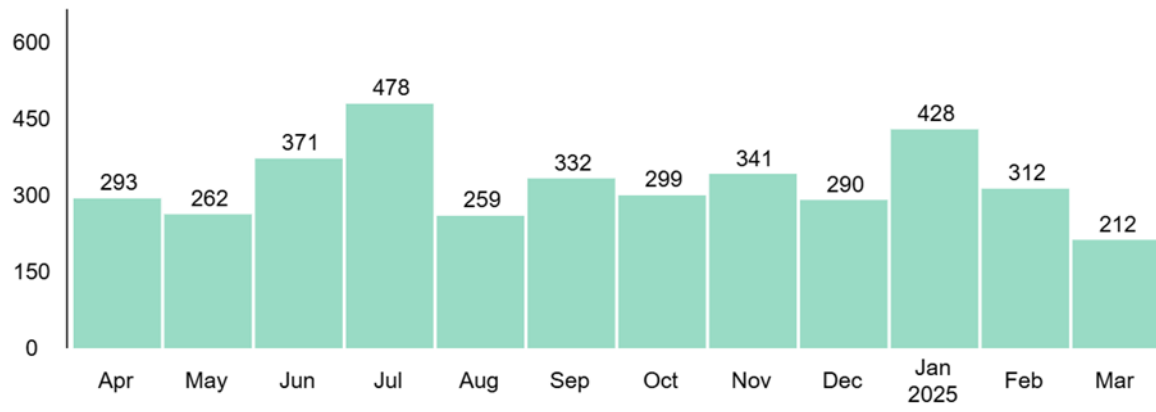
## Friends & Family Test responses from our service users 2024/25

The Trust received 3877 Friends & Family Test results, with 96.85% of respondents reporting the service was either good or very good, a very slight increase in positive patient experience from 2023/24.



Response	Percentage	Number of times response selected
Very good	87.13%	3378
Good	9.72%	377
Neither good nor poor	0.98%	38
Poor	0.52%	20
Very poor	0.41%	16
Don't know	1.24%	48

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





## Positive feedback received:

### Feedback For Children & Families Division

- **Breastfeeding group** - I would just like to say a huge thank you to Karen and Helen for their support not only with breastfeeding but advice on other areas such as sleeping, routines health and, nurseries etc. being a first-time mom and breastfeeding is a lot more difficult than I ever imagined so thank you both.
- **Children's Asthma Nurses** - Kate is brilliant at explaining complexities associated to asthma in children and also giving best advice on advocacy in clinical settings. She is gentle and informative and excellent at offering reassurance. I worry that without someone like Kate, my son was at risk at becoming very unwell due to lack of management in his care. Thank you so much Kate!
- **Children's speech and language** - Made me feel really reassured I wasn't sure where my child is in terms of her speech development because she's had some difficulties but today was really reassuring and insightful and makes me feel better about her progress.
- **Wheelchair and posture service** - Very quick, understanding staff. Treated me with respect.
- **Adult Diabetes** Hannah and her support team are professional but friendly. My son who was initially hesitant to seek help felt comfortable after the first visit and the sessions have altered his perspective on his disability and enabled him to embrace his future. We are very grateful indeed.

### Feedback For Planned Care Division

- **Bridgnorth outpatient physio** - Very supportive-relaxed-made to feel comfortable-good advice that's easy to follow.
- **Community Dentistry Dawley** - Dentist & assistant very kind, calm and gentle with my son who was very nervous. Thank you
- **Community Neuro Rehab Team** - Sessions have been very useful and helpful and I am managing my MS much better
- **Falls Team** - It's helped me a lot with my mobility, falls, confidence and the way I move in the right way to prevent me from falling. Everyday has helped me so much.

### Feedback For Community Services Division

- **Whitchurch inpatients** - Care package was put in place and all the equipment that I needed was at home awaiting my discharge.
- **Tissue viability Shropshire** - Professional and on time
- **Pulmonary rehab services** - I was given information of my condition; lay in terms I could understand. The encouragement given by Gill and Sal was brilliant.
- **IDT South Telford** - All of the nurses in Charlton team who cared for my mom were all respectful and kind. I am a retired nurse, and I am proud of them all.
- **IDT North East Nursing** - Thankful for all the kindness and care I have received from community nurses - they are angels
- **Continence service** - Caring, excellent and friendly treatment. Excellent and clear explanation of treatment. Julie was absolutely 1st class!!

### Feedback For Urgent & emergency Care Division

- **Bridgnorth MIU** - Warm and helpful at reception. Cleanliness first class. staff competent, reassuring, dealt with efficiently.
- **Oswestry DAART** - Excellent service, explained in detail the procedures. Polite, Received 5-star treatment. A credit to their profession and the NHS
- **Urgent community response** - Professionalism, friendly caring, Above and beyond duty so very welcome.



## NHS Staff Survey 2024 – Summary of results for Shropshire Community Health Trust.

This year saw 1,192 members of staff completing the NHS Staff Survey (NSS). This represents a 10% increase on 2023's NSS and the highest response rate ever recorded for SCHT. Fig 1 shows that this year SCHT has improved in all 9 of the People Promise elements and themes (6/9 in 2023 and worse in 3).

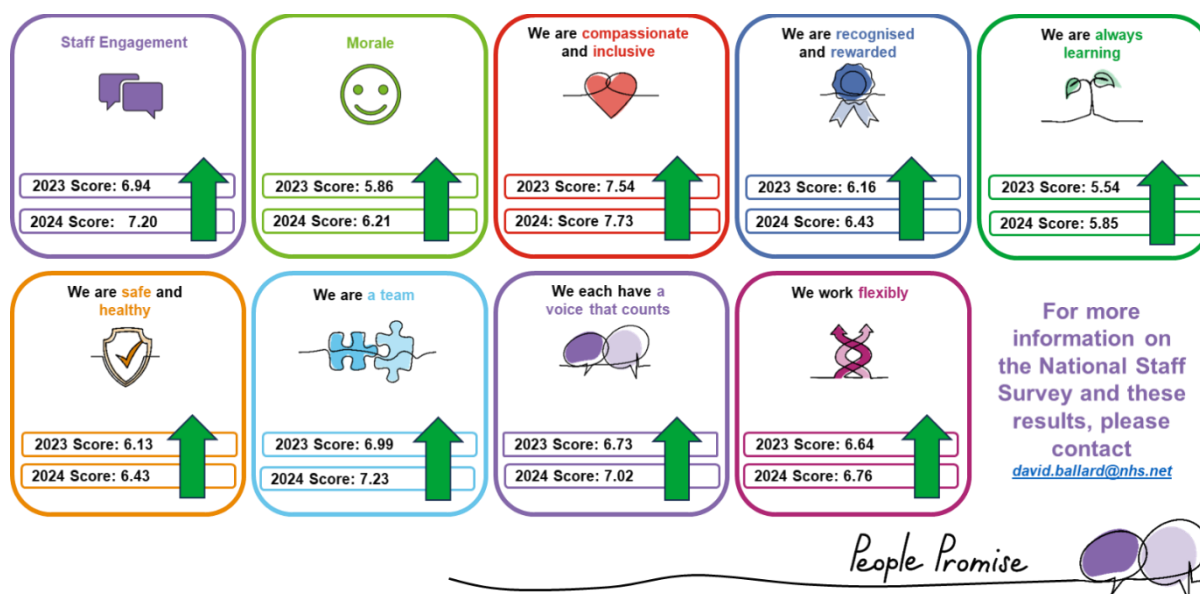


Fig 1: People Promise elements and themes

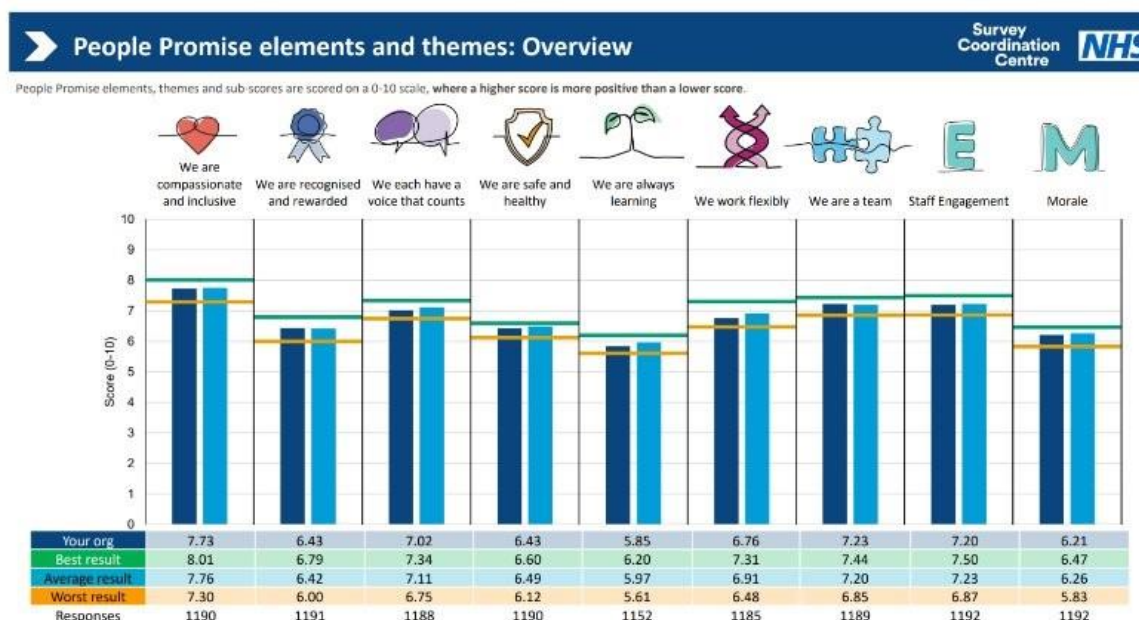


Fig 2 shows that SCHT's People Promise elements and themes are largely in line with the benchmark average (n=14), and above average in We Are Recognised and Rewarded and We Are a Team.

In the 2024 NHS Staff Survey, 74.8% of respondents said they would be happy with the standard of care provided if a friend or relative needed treatment.

Q	Description	Organisation 2024	Organisation 2023	Organisation 2022	Organisation 2021	Organisation 2020
q25d	If friend/relative needed treatment would be happy with standard of care provided by organisation	74.8%	68.2%	72.4%	74.8%	78.6%

Shropshire Community Health Trust considers that this percentage is as described for the following reasons: The Trust continues to participate and improve the Staff survey results annually. Shropshire Community Health Trust intends to take the following actions to improve this percentage, and so the quality of its services, by:

- continuing to raise the profile of Freedom to Speak Up (FTSU).
- launching a flexible working campaign, utilising survey feedback to highlight areas that need increased awareness
- Implementing EDI improvement plan including the development of an inclusive recruitment toolkit
- Rolling out Culture & Leadership programme
- Rolling out our Health and Wellbeing (HWB) action plan to improve HWB and reduce absence
- Developing our Organisational Development (OD) & Leadership offer
  - Including leadership course in collaboration with SaTH
  - Masterclasses in collaboration with SaTH
  - Roll out of Expectations of Line Managers course

Whilst there are still hotspots that will require ongoing support, overall, SCHT's results are very positive and have shown a marked improvement on 2023's results.

A video of the Chief Executive announcing our results has been published on the Staff Zone, along with a spreadsheet of the results and the Managers' and Team

Leads' Toolkit which is a resource that guides area leads through the process of identifying actions within their teams.

Additionally, 6 Call to Action drop-in Teams sessions have been provided for staff helping them to understand their results and how to use the Managers' and Team Leads' Toolkit. A Question Time dedicated to the NSS is scheduled for the 4 April 2025.

A governance framework has been established that oversees the ongoing provision of the NSS at SCHAT.



With the results embargo now lifted, using the Managers' and Team Leads' Toolkit, teams are now being encouraged to hold local discussions about their results and to identify 2 – 3 actions that they'll work on until the survey for 2025 lands in Oct 2025.

The results will also be analysed to identify corporate level actions and focus groups will be implemented to target areas of low response rate in order to gain the Voice of those areas.

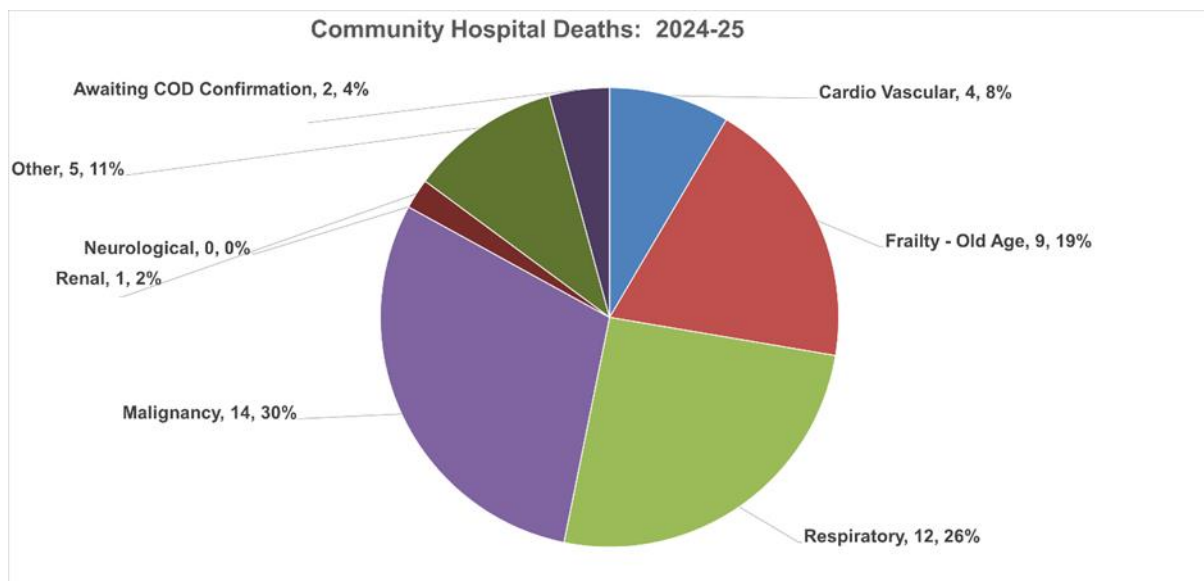
## Learning from Deaths

As a Community Trust the Trust does not submit data to NHS England with regard to the summary hospital-level mortality indicator (SHMI).

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

Deaths reported across the Community Hospitals and Rehabilitation and Recovery Units totalled 47 in the year, with 8 being unexpected but explainable deaths.

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



During 2024/25 47 of Shropshire Community Health Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 9 in the first quarter; 14 in the second quarter; 12 in the third quarter; 12 in the fourth quarter.

## Secondary Uses Service Submission

### Our Commitment to Data Quality



We operate several different 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, and the quality of data held within them.

Shropshire Community Health NHS Trust submitted records during 2024/25 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 2024/25, which included the patient's valid NHS number were:

- 100.0% 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 2025)

The percentages of records in the submitted data, according to the SUS dashboards for 2024/25, which included the patients valid General Medical Practice Code were:

- 100.0% for Admitted Care
- 100.0% for Outpatient Care
- 99.8% for Emergency Care Data Set
- 100.0% for Community Services Data Set (from DQMI, cumulative position up to January 2025)

- o NB – There are legitimate reasons why a patient may not have a valid NHS Number or General Medical Practice Code, i.e. overseas visitors to an Emergency Care Department.

The Data Quality Maturity Index (DQMI) is an assessment provided by NHS England on the completeness of datasets the Trust has submitted. For January 2025 data, Shropshire Community Health NHS Trust were at 94.9% against the 95% target and compared to the National Average of 71%. 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

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 in 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 are 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
- 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 Subgroup that reports to Data Security and Protection Assurance Group, where key elements of Data Quality are reviewed by a wide circle of trust functions and any issues are progressed accordingly.
- Information Systems and any associated procedures are updated in line with national requirements eg Information Standards notifications (ISN)
- 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.

## Our Care Quality Commission (CQC) Registration

Shropshire Community Health Trust is required to register with the Care Quality Commission and its current registration is without conditions. The Care Quality Commission has not taken any enforcement action against Shropshire Community Health Trust in 2024/25.



Shropshire Community Health Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The last SCHT CQC inspection was in 2019 and as an organisation we recognise that re-inspection will be in the near future. The Quality Improvement Team over last year have been preparing clinical and corporate services for the changes to CQC inspections. Service briefcases have been created and cascaded. These contain information on the CQC's new ways of working, how to guides, a process for to



evidence performance and successes, a toolkit for service self-assessment using the CQC key questions and I/we statements and a service development plan tool.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑ Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good →← Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019
Community health services for children and young people	Good →← Aug 2019	Good →← Aug 2019	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
<b>Overall*</b>	Good ↑ Aug 2019	Good ↑ Aug 2019	Good →← Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019

His

## Majesty's Inspectorate of Prisons (HMIP)

No inspection during account period

## Special Educational needs and/or Disabilities Inspection

Area SEND inspection of Dudley Local Area Partnership took place 20th – 24th January 2025. The previous inspection took place from 31st January – 3rd February 2022.

## Statements from Our Partners

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

NHS Shropshire Telford and Wrekin Integrated Care Board (the ICB) are pleased to have had the opportunity to review the Shropshire Community Health NHS Trust (SCHT) Quality Account for 2024/25.



It is the ICB view that the account accurately reflects the achievements made by SCHT in 2024/25 and the priority areas identified to the best of our knowledge. SCHT has collaborated with partners in the integrated care system (ICS) to address the needs of the population and improve the quality of healthcare services within it.

The ICB would like to acknowledge the work undertaken by SCHT to support staff through the appointment of the People Promise Manager. They have led on raising staff awareness, recruited a Change Team to support delivery of the Culture and Leadership Programme and created a People Promise Champions Network.

The ICB recognises the positive changes within HMP Stoke Heath, the recruitment of a MDT of staff, reduction in patient hospital admissions and development of automated systems for drug administration.

SCHT have published their Quality Improvement (QI) Framework and achieved the 12 defined aims. Training has been offered through partnership with SATH supporting staff to undertake both fundamentals and QI practitioner training. Gemba Walks have been introduced to promote continuous improvement.

SCHT have fully implemented the Patient Safety and Incident Response Framework (PSIRF). The four priority areas for PSIRF have been identified; Transfer of Care, Pressure Ulcer Prevention, Falls and Medicines Management. SCHT also plan to develop pressure ulcer prevention pathways and have implemented the Purpose T assessment tool. SCHT have invested in updating the DatixWeb system to allow for compliance with the national LFPSE requirements to ensure that all Patient Safety incidents are reported with the additional information required for national benchmarking. Learning from investigations and thematic reviews have resulted in updating of Falls assessment documentation, trail of decaffeinated drinks to reduce falls, promotion of learning disability and autism champions and provided guidance on the accessible information standard.

The ICB notes that SCHT will continue to prioritise and enhance patient feedback through developing innovative ways of capturing patient voices and focusing on areas such as end-of-life care and advanced care planning. SCHT continue to utilise the Observe and Act Visits, 44 were completed over the last 12 months. SCHT have introduced a robust schedule process, whereby complaints and patient safety incidents are considered when identifying areas that may benefit from an observation session. Friends and Family Test show positive feedback from service users of over 96%.

The ICB was interested to learn about the continued support for National and internal audits to improve patient care. It notes SCHT chose to continue with the 3 optional indicators based on previous CQUIN scheme. SCHT have developed their Research and Innovation Team allowing for opportunities for more complex research studies to be supported. One project



highlighted was the national early diabetes screening programme for children aged 3 years to 13 years. SHT shared that they have overperformed in the delivery of this study, becoming one of the top recruiters in the West Midlands.

The ICB noted the Infection Prevention and Control response to their achievement of national targets. *Clostridioides difficile* was over the agreed objective with 9 cases against an agreed objective of 4, all cases were unavoidable after local investigation, however *C difficile* has increased in the system and SHT is an important partner in supporting wider system initiatives to tackle this issue.

In conclusion, the ICB views the 2024/25 Quality Account as an accurate picture of the challenges the Trust faces and evidence of improvements in key quality and safety measures. The ICB recognises the Trust's commitment to working as a partner in the system to ensure the ongoing delivery of safe, high-quality services for the population of Shropshire Telford and Wrekin and looks forward to the ongoing quality drive in the system.



