



TRUST BOARD / SLT COVER SHEET

	<p><i>The cover sheet purpose is to provide the Trust Board/Committee with a clear summary of the paper being presented, how it impacts on the people we serve, key matters for attention and the ask of the Trust Board/Committee</i></p> <p><i>The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the paper. The expectation is that the Accountable Director has read and agreed the content of both the cover sheet and paper.</i></p>	
Meeting and Date of meeting	<p><i>Trust Board Thursday 27th November</i></p>	
Title of paper	<p><i>Annual Quality Report 2025</i></p>	
Accountable Director	Name	<p><i>Elaine Wilson</i></p>
	Position	<p><i>Director of Planning, Performance, and Informatics</i></p>
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This paper sits within the Trust Board role of:	<p><i>Accountability</i></p>	
This paper is presented for:	<p><i>Approval</i></p> <p><i>(Notes on completion at end of document)</i></p>	
Links to Trust Strategic Priorities 	<input checked="" type="checkbox"/>	<p>Collaborative Working</p>
	<input checked="" type="checkbox"/>	<p>Learning Organisation</p>
	<input checked="" type="checkbox"/>	<p>Safety, Quality & Experience</p>
	<input checked="" type="checkbox"/>	<p>Community First</p>
	<input checked="" type="checkbox"/>	<p>Whole-Life Approach</p>

1. Reason for Presentation of Paper / Report

Each year the Trust as part of its delegated statutory duties produces an Annual Quality Report.

To access the AQR for 2024/25, please click the link below:

[**Southern Health and Social Care Trust Annual Quality Report 2024 - 2025**](#)

The Annual Quality Report 2025 is presented to the Senior Leadership Team/Trust Board for approval and subsequent publication.

2. Detailed summary of paper contents:

- The report provides a comprehensive overview of the Trust's performance in delivering safe, effective, and person-centred care over the reporting period.
- It sets out progress against our quality priorities, statutory reporting requirements, and highlights improvements achieved through our Quality Improvement (QI) programmes.
- The report also identifies key challenges, lessons learned, and forward priorities to strengthen quality, safety, and service user experience across the Trust.
- Particular attention is drawn to Theme 3 [**Measuring The Improvement**](#) which demonstrates how the Trust is evidencing the outcomes of quality initiatives and ensuring improvements deliver tangible benefits for patients, staff and services.

The Senior Leadership Team are asked to:

- Note the content of the Annual Quality Report.
- Confirm that the report provides appropriate assurance on the Trust's approach to quality and safety.
- Endorse the report for onward submission to Trust Board for approval.

3. Areas of improvement/achievement:

Theme 1: Transforming the Culture

The Our People Framework, launched in 2022, continues to shape our approach to workforce development, with progress during 2024/25 focused on three strategic priorities: Wellbeing, Belonging, and Growing.

Over the past year, a range of wellbeing programmes were delivered to support staff health and resilience. Cultural events and celebrations—including dedicated culture evenings and the 'Our People' Awards—have helped foster a stronger sense of belonging across the organisation. Weekly 'Chat with the Chief' briefings have remained a consistent and valued communication channel, ensuring staff are kept informed of key developments and feel connected to leadership.

Theme 2: Strengthening the Workforce

To support managers in navigating significant organisational change, the Insights for Managers Programme was developed and delivered between June and November 2024. This initiative was designed to equip line managers at all levels with the skills needed to lead effectively amidst a new strategic vision, a major digital transformation agenda, and ongoing financial pressures. A total of 68 sessions were held, with attendance rates across the four modules ranging from 85% to full participation—demonstrating strong engagement and commitment.

Further investment in leadership development included the launch of Engaging through Conversations: Coaching Skills for Managers in March 2024. Since April, four courses have been delivered, engaging 52 participants and receiving consistently positive feedback. In addition, three Every Conversation Matters sessions were held during the same period, with 62 attendees benefiting from enhanced communication and engagement skills.

Recognising the importance of early engagement with new staff, the Trust introduced a face-to-face Welcome to #TeamSHSCT event in June 2024, replacing the previous online induction format. This initiative has helped new employees feel part of the organisation from the outset, with 682 staff attending corporate welcome events during the 2024/25 period.

Themes 3 & 4: Measuring the Improvement & Raising the Standards

The Trust continues to monitor and improve key indicators of quality and safety.

- During 2024/25, patient falls decreased by 6.2%, dropping from 1,617 incidents in the previous year to 1,517.
- Compliance with safer surgery protocols, including WHO standards, rose to 99.7%, reflecting a strong commitment to surgical safety.
- Venous Thromboembolism (VTE) compliance saw a slight decline, falling to 94.5%.
- Infection control data showed an increase in MRSA cases, rising from 3 to 5, while 72 cases of Clostridioides difficile were recorded during the year.
- Hospital readmissions within 7 days remained below the regional target of 5%, with the Trust achieving a rate of 4.4%.

- Emergency Department triage-to-examination times improved significantly, with the median wait time reduced from 65.5 minutes in 2022/23 to 55 minutes in 2024/25.
- The rate of Emergency Department readmissions within 28 days rose slightly to 7.2%, up from 7% in the previous year, and remains above the regional benchmark of 5%.
- Performance against the 31-day Cancer Standard held steady at 90%, which, while consistent, continues to fall short of the national target.

4. Areas of concern/risk/challenge:

Theme 3: Measuring the Improvement & Theme 4: Raising the Standards

This section outlines key quality indicators monitored by the Trust, with particular attention to areas of concern identified at the close of the 2024/25 reporting period.

- Performance against the 62-day Cancer Standard has declined further, dropping to 31.1% compared to 40.9% in the previous year. This downward trend highlights ongoing challenges in timely access to care, with delays in initial appointments and diagnostics continuing to impact the commencement of first definitive treatment. The Trust is actively pursuing improvements through its Cancer Optimisation Plans, although workforce constraints remain a significant barrier to progress.

For noting the current position for Quarter One 2025-26 is 26%.

- The proportion of Breast Cancer patients seen within 14 days has fallen to 11.7%, down from 22.4% in 2023/24. This figure remains markedly below pre-pandemic performance levels, which stood at 99% in 2019/20. The Trust recognises that this shortfall affects the overall experience for service users and is working to address it by expanding internal capacity and accelerating external recruitment efforts.

For noting the current position for Quarter One 2025-26 is 8%.

- In Emergency Department performance, the percentage of patients seen or admitted within four hours has decreased slightly, moving from 50.6% last year to 49.5% in 2024/25. Additionally, the number of patients waiting over twelve hours has risen from 16.7% to 17.3%, indicating increased pressure on acute services.

For noting the current position, performance against the 4-hour target is 35.9% and performance against the 12-hour target is 22.6% for Quarter One.

- There has also been a rise in the proportion of patients leaving the Emergency Department before their treatment is completed. This figure has grown from 5.9% in 2023/24 to 6.7% in the current year, suggesting further strain on service delivery and patient flow.

For noting the current position is 8.28% for Quarter One.

Note: Please note the data quality caveat due to the transfer to Encompass.

The Trust acknowledges these challenges and is committed to addressing them through targeted actions within the Service Delivery Plan. Ongoing monitoring and reporting will support efforts to improve performance and enhance patient experience across these critical areas.

5. Impact on Statutory Duties: Provide details on the impact of the following and how.

<i>Financial Impact</i>	<i>Safety and Quality Impact</i>
No, there are no Financial Impacts	Yes, there are Quality, Safety or Experience Impacts

6. Risk Assessment (Risk level and state if a risk assessment be completed)

Completion of a Risk Assessment is not a requirement of this report.

7. Other Business Intelligence/data (If appropriate)

This report is collated using a range of data sources. Data is provided by the Informatics Division and individual directorates.

8. Impact: Provide details on the impact of the following and how. If this is N/A you should explain why this is an appropriate response.

Corporate Risk Register	This report is submitted in accordance with our statutory responsibility to monitor the quality and safety of our services. There are no specific risks linked to publishing this report.
Board Assurance Framework	<i>This report is submitted in accordance with our statutory responsibility to monitor the quality and safety of our services. Information provided within this report and the assurance in relation to these sits within the Board Committees, including the Governance Committee and Finance & performance Committees.</i>

Equality and Human Rights	An Equality and Human Rights Assessment is not required for this report.
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Reasons for Paper Presentation

Approval	<i>Used when an item requires a formal agreement or endorsement by the meeting / committee members. Examples are approving minutes, budgets, proposals, or policies.</i>
Assurance	<i>Used when an item can be measured against a certain criteria / standard. Examples are a project is on course with delivery or financial targets are being met.</i>
Information	<i>Used when an item is presented for the purpose of updating or informing the attendees without requiring a decision or action, such as reports, updates, or announcements.</i>
Discussion	<i>Used when an item is listed primarily for open discussion, brainstorming or gathering input from the members without requiring an immediate decision.</i>