


## COVER SHEET

Meeting and Date of meeting	Trust Board 26th October 2023	
Title of paper	Annual Quality Report 2022/23	
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	Position	Director of Performance, Planning & Informatics
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This paper sits within the Trust Board role of:	Accountability	
This paper is presented for:	Approval	
Links to Trust Corporate Objectives	<input checked="" type="checkbox"/>	Promoting Safe, High Quality Care
	<input checked="" type="checkbox"/>	Supporting people to live long, healthy active lives
	<input checked="" type="checkbox"/>	Improving our services
	<input checked="" type="checkbox"/>	Making best use of our resources
	<input checked="" type="checkbox"/>	Being a great place to work – supporting, developing and valuing our staff
	<input checked="" type="checkbox"/>	Working in partnership

	<p>Publication of Southern Health &amp; Social Care Trust's Annual Quality Report 2022/23, to coincide with World Quality Day on Thursday 9<sup>th</sup> November 2023.</p> <p><b>Document Link:</b> <a href="https://www.pagetiger.com/AnnualQualityReport2223V23.pdf">AnnualQualityReport2223V23.pdf (pagetiger.com)</a></p>
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## 1. Detailed summary of paper contents:

- The Trust's Annual Quality Report is published in response to the Department of Health's Quality 2020 Strategy.
- Department of Health have requested that all Health & Social Care Trust's publish their Annual Quality Report to coincide with World Quality Day on Thursday 9<sup>th</sup> November 2023.
- This report focuses on local developments in respect of improving quality, safety and patient experience. It also includes a core dataset agreed regionally to enable regional context and comparisons for all our stakeholders and service users.
- This report provides an overview for the 2022/23 year with respect to how the Trust performed against a range of core indicators of quality and includes some examples of improvement work led by our staff.

## 2. Areas of improvement/achievement:

- *(Theme 1: Transforming the Culture)* - The report highlights the launch of Our People Framework in 2022. This is an enabling Strategy which responds specifically to the strategic ambitions relating to our culture and valuing our staff. The Framework outlines three people priorities over the coming years – Wellbeing, Belonging & Growing. Directorates will foster a culture of inclusion and belonging and actions to grow our workforce. Directorate Actions Plans are being progressed by Operational Teams.
- *(Theme 1: Transforming the Culture)* - Care Opinion has now been implemented across all areas to facilitate patient experience feedback at the earliest opportunity to drive service improvement as early as possible. In total 4852 Care Opinion stories were received in 2022/23, an increase of 212% from 2021/22. In addition the Trust surpassed 20,000 Virtual Visits for patients in the last year. The focus moving forward is to embed the online user feedback platform into the culture of the Trust.
- *(Theme 1: Transforming the Culture)* - Personal & Public Involvement has continued to thrive during the 2022/23 year, with efforts concentrated on involving increasing numbers of patients, service users in the development of the Working Together Strategy. The Trust had an unprecedented response to our public call for service users and carers to join our new Care Experience Hubs, as User Involvement Ambassadors. The roles were co-produced with the Trust PPI Panel. The Trust plan to be formally launch the 'Working Together' Strategy in 2023/24.

- *(Theme 2: Strengthening the Workforce)* - The Regional Social Work Leadership Framework was launched by Department of Health during 2022/23. The Trust is progressing a range of quality improvement initiatives across social work and social care service, including Think Family – Family Model, Reducing Unallocated Cases across Children & Young People’s Services and specific initiatives with recently trained Designated Adult Protection Officers.
- *(Theme 2: Strengthening the Workforce)* - Progress is evidenced on core foundation work with actions specifically focused on strengthening workforce supports and vocational training opportunities. In addition, the Human Resources & Organisational Development Directorate created the ‘Creating a Great Place to Work’ initiative. During 2022/23, 37 programmes were delivered and attended by 382 staff. Programme focused on relationships and behaviours, on the theme off ‘Connecting What Matters’, ‘How you Lead Matters’ and also ‘Getting Better Together’.
- *(Theme 3: Measuring the Improvement) & (Theme 4; Raising the Standards)* - provides an overview of key indicators of quality which are measured by the Trust. The following improvements were achieved during 2022/23:
  - Patient falls reduced by 5% from 2021/22 period;
  - Falls rate per 1,000 occupied bed days reduced by 12% from 2021/22 period;
  - Falls coded ‘moderate or above’, reduced by 16% from 2021/22 period;
  - 94.4% compliance rate achieved for VTE audits, sustained position with 2021/22 period and 2<sup>nd</sup> highest in the region, with Belfast Trust achieving 95.4%; and
  - Emergency Readmissions within 28 days of discharge was 6.8%. This represents an improvement of 17.6% since 2021/22.
- *(Theme 4: Raising the Standards)* - During 2022/23 the Urology Public Inquiry has continued with 35 days of public hearings from November 2022 – March 2023. These hearings have primarily focused on the circumstance which led to the Public Inquiry and examined the implementation of the Department of Health’s Maintaining High Professional Standards and Governance in Action.

During 2022/23 learning and improvement work continue across services with a number of initiatives supported via public inquiry work including, support for weekly Multi-Disciplinary Meetings, including clinical investment (radiology, pathology and palliative care); administrator; cancer information and audit officer; cancer data officer and clerical support.

- *(Theme 5: Integrating the Care)* - outlines a range of areas across all Directorates where the Trust is working across primary, community and the

voluntary care sectors to improve quality and safety of the services which the Trust delivers.

### 3. Areas of concern/risk/challenge:

- *(Theme 3: Measuring the Improvement) & (Theme 4; Raising the Standards)* - provides an overview of key indicators of quality which are measured by the Trust. Detailed below are areas of concern based on 2022/23 year-end positions, noted in the report:
  - Increased incidence of MRSA (increase of 4 cases), cDiff (increase of 8 cases);
  - 33% increase in hospital acquired pressure ulcers (increase of 106 cases). This is an area to note moving forward as this is a further increase from 2021/22 year-end position. During 2020/21 the Trust recorded 288 hospital acquired pressure ulcers, this figure has shown steady increase to 432 cases at 31<sup>st</sup> March 2023. Teams are continuing to implement the Regional SSKIN Bundle charts across adult and community settings and plan to implement Purpose-T, the new Pressure Ulcer Risk Assessment Tool. The Trust will continue to play an active role in World Wide Pressure Injury Prevention Day, scheduled for 16<sup>th</sup> November 2023;
  - Increase in Non-Critical Omitted and Delayed Medicines by 28%, (33 cases);
  - Increase in Critical Omitted and Delayed Medicines by 125%, (total of 9 cases in 2022/23, increase of 5 cases from 2021/22);
  - ED Triage to Examination time increased from 63.2 median minutes to 65.5 median minutes, representing a 3.6% increase;
  - Percentage of ED/MIU attendances who left before treatment completed increased by c30% on previous year;
  - The Trust achieved 56% of all Breast Cancer patients being seen within 14 days. Whilst this is an improvement on the 2021/22 position by c30%, this still remains significantly lower than pre-pandemic levels of 2019/20 when 99% achieved. The Trust continues to experience workforce challenge in this area, efforts are ongoing to address this by maximising internal capacity and progressing external recruitment. The Trust also acknowledges this performance is not providing the best experience for service users at this time;
  - 31 day Cancer Standard; sustained position of 86% from 2021/22, however remains below target; and
  - 62 day Cancer Standard: decreased to 42%, a further reduction on the 2021/22 position.

Efforts will be focused moving forward to address these concerns/challenges as part of the Service Delivery Plan reporting and monitoring process.

**4. 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	Any risks identified are managed accordingly with Directorate/Corporate Risk Registers as appropriate.
Board Assurance Framework	Any strategic risks where identified are managed and assurance provided as outlined in the Board Assurance Framework.
Equality and Human Rights	Equality and Human Rights are duly considered in service provision across all Directorate areas.