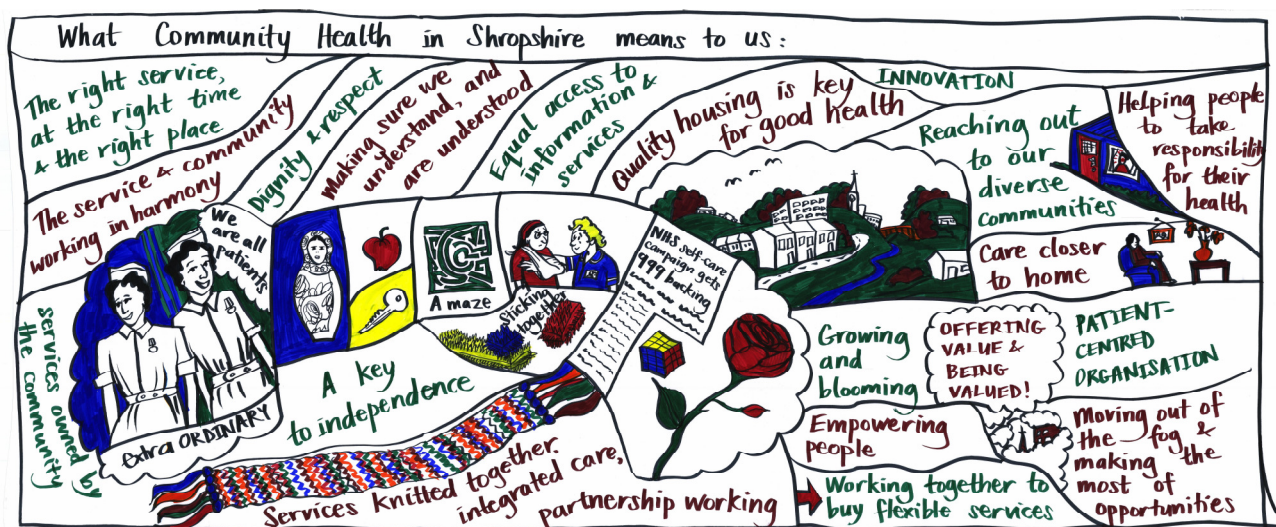


QUALITY ACCOUNT

2011-2012

“Exceedingly Good Care”



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Our Commitment to Quality

Statement by the Chief Executive

Welcome to the first Quality Account produced by Shropshire Community Health NHS Trust.

The Trust was formed in July 2011 when services and staff from Shropshire County PCT and NHS Telford and Wrekin were brought together. As a new Trust (one of only 19 in the country) merged from two similar but different organisations, there have been a number of challenges and we have made significant advances in bringing the organisations together so that we are better able to deliver and report consistently on our quality.

A Quality Account is an annual report from a provider of NHS healthcare about the quality of services they deliver. In this report we describe and account for the quality of services we provided for the period July 2011 to March 2012 against our plans identified in as part of the PCTs Quality accounts in 2010/11. In addition to this, we set out our priorities for improving quality over the next year from April 2012 to March 2013.

We have a duty to publish a Quality Account and we welcome this as a valuable opportunity to help raise awareness of our work. In conjunction with our Annual Report, this Quality Account will give you an overview of what we do and the range of our activities and current performance.

In developing our Quality Account our staff have been able to reflect on and demonstrate their commitment to continuous, evidence-based quality improvement. We want to be open as well, demonstrating real improvements where we can, and being honest about where we need to improve.

Quality is a “golden thread” that runs through the organisation and is reflected within the strategy developed by the Trust Board to ensure year on year quality improvements. There is no doubt that this strategy is ambitious but quality goals have been selected to have the highest possible impact across the Trust at the same time reflecting not only local but regional and national priorities as well.

We want our Quality Account to be part of our evolving conversation with the people we serve about what quality means and about how we must work together to deliver quality across the organisation. In offering you an overview of our approach to quality, we invite your scrutiny, debate, reflection and feedback. In this way, the report reflects the government’s commitment to an ‘information revolution’, in which the provision of clear, accurate, honest information supports patient choice and enables our communities to hold us accountable for what we do.

I confirm that to the best of my knowledge that the information in the document is accurate and I hope that you find this first Quality Account produced by Shropshire Community Health NHS Trust to be enlightening and informative and I welcome your feedback.



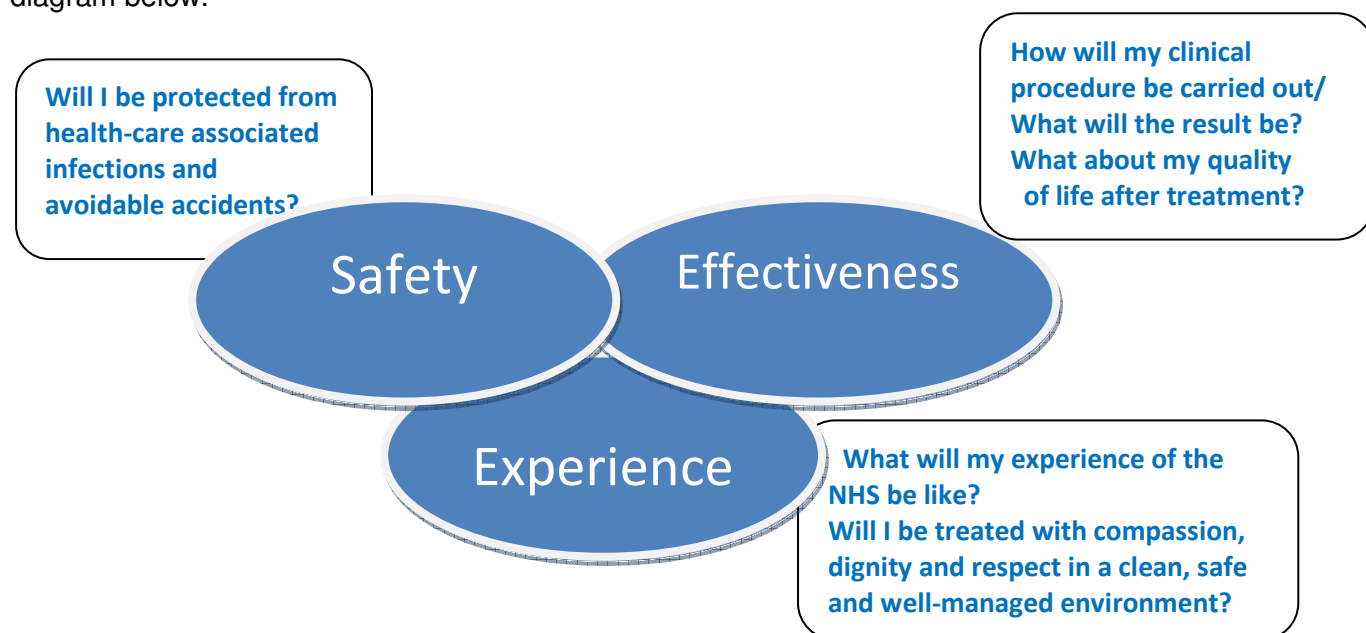
A handwritten signature in black ink, appearing to read 'Jo Chambers'.

Jo Chambers
Chief Executive

Statement by the Director of Nursing, Allied Health Professionals, Quality and Workforce

I am delighted to take the opportunity to share with you our first Quality Account, which demonstrates our vision and ambition for the quality of care we will deliver and reflects back on what we achieved in the last year and where there are areas for on-going improvement.

To help you understand the way we think I thought it was important to let you know that when we consider quality in our services, we use the three domains of quality – Experience, Effectiveness and Safety, which you will see referred to in the text of this Quality Account and is shown in the diagram below.



Reference: The Nursing Roadmap for Quality (Department of Health, 2010)

I was encouraged by the attendance of patients/ service users, carers, staff and partners at our quality workshop held in March. Especially, as the contribution to the conversation was so valuable in shaping our thoughts and priorities, which also built on our commitment to listen, hear and act on what we are told. I hope that as you read through the document you will see that the ambitions set reflect what you told us we should focus on which has been several months in the making.

Thank you to all who have contributed and are committed to working with us to ensure the care we deliver not only meets expectations but exceeds them, through our commitment to continuous improvement, across all our services delivered in Shropshire, Telford and Wrekin.

Should you have any feedback then we welcome this and details of how to contact us are provided on the last page to assist you.

Kind Regards



Setting our Priorities for 2012-2013

Introduction We have a commitment to identify, in this report, a number of priorities for 2012-2013. The priorities were selected through a variety of activities including:

- Discussing with patients and the public, staff and commissioners at events such as the Quality Account workshop that took place at the end of March but also through feedback to our Patient Advisory and Liaison Service (PALS) and complaints team.
- Learning from feedback gained at the Trust Strategy event held in November 2011 as depicted in the illustration on the front cover.
- The requirements of the local health economy as outlined in the West Mercia System Plan by the commissioners, to do the ordinary extraordinarily well. Ensuring a focus on care closer to home, meeting the needs of the wider population from children to adults, as well as those people cared for in our community hospitals (Bridgnorth, Bishops Castle, Ludlow and Whitchurch)
- In addition, to meet the regional ambitions for quality that we collectively aiming to achieve. These five ambitions are:
 - To eliminate grade 2, 3 and 4 pressure ulcers.
 - To significantly improve quality and safety in primary care
 - To create a revolution in patient and customer experience.
 - To make every contact count using every opportunity to deliver brief advice to improve health and wellbeing (we will ensure that this includes information and advice in relation to smoking, weight management and alcohol).
 - To ensure radically strengthened partnerships between the NHS and local government.
- Considering the number of incidents that have been recorded over the past year and prioritising the need to improve the safety of patients that are in our care either within a community hospital or in their own homes.
- Through a genuine desire to involve patients and their carers in the development of the Trust over the next few years. The opportunity to move such an aspirational and ambitious organisation is an exciting proposition but cannot be done by the organisation alone. The input and feedback from those that we serve is vital and we are committed to listening and acting on what we hear to ensure that services are truly “fit for purpose”.

Priority: To deliver seamless care with our partners.

Quality Domains: Experience, Effectiveness, Safety

The first objective reflects the views of stakeholders at an event organised to canvass opinion on what the Trust priorities should be for 2012/13. The Trust has a clear objective to include contributions from stakeholders when agreeing its future priorities. Specifically, the Trust is committed to delivering more joined up care across Shropshire and Telford and Wrekin in partnership with social care agencies and the voluntary sector to provide an improved service to patients. This builds upon the ambitions agreed at our stakeholder event in November 2011 and again in March 2012, where patients, the public and staff talked to us about our role as a central and key link in health care delivery for the local population. Furthermore this builds upon the strategic direction set out in the West Mercia System Plan, to deliver care closer to home (reducing unscheduled admissions) for children through to adults.

Rationale: This is a complex issue which is one that affects all agencies that provide care in any form especially when a patient has complex needs from several groups. As our health services become more diverse and our population is cared for more at home even those with very complex care needs, the requirement to ensure that different agencies that provide care for them communicate effectively with each other is paramount.

Where we are now: We believe that there are many examples of how we do provide “joined up care” for our patients. However, we accept that there are incidences of where we can improve. Patients tell us that the communication and information provided to those who are being discharged from hospital could be improved and also those at the stakeholder group felt that our partnership working with our colleagues in social care and the voluntary agencies could be better and involve patients and their carers more. It is these aspects that we will concentrate on during 2012-2013.

Goal: Our goal is simply to provide a more joined up service for our patients, in schools, homes (be it peoples own home or care/residential) & our community hospitals. To achieve this:

- We will ensure patients/clients referred to our care in the community will have an understanding of who to contact should they have any concerns or worries reflecting the need to support care closer to home.
- We will ensure that when patients are discharged to our care (in the community) from hospital that they understand about any medicines they might be taking home and also have information about who to contact if they have any concerns.
- We will ensure that patients and their families or carers are fully involved in decisions relating to arrangements around discharge from the community hospitals or our community services.
- We will ensure that when patients are discharged from our care we will communicate effectively with our partners, including local authority and voluntary organisations, to provide a seamless package of care.

How we will monitor our success: We can monitor our success in this priority in several ways, for example, whether we have any incidents reported around the issue of service provision (both referral to and from services), any complaints or other comments via the Patient Advice and Liaison (PALS) service, any concerns raised by partner organisations and also through asking patients what they thought about the organisation around their referral to and discharge from our services and the appropriateness of referral and coordination with other agencies.

Responsible Officers: Service Delivery Managers, Community and Hospital Services

Priority: To eliminate avoidable grade 2, 3 and 4 pressure ulcers by December 2012

Quality Domain: Experience, Effectiveness and Safety

Rationale: This priority is an example of one that reflects an ambition of NHS Midlands and East but also is one that this Trust considers of the highest importance. A pressure ulcer is a localised injury to the skin and/or the underlying tissue and the impact on patients who suffer a pressure ulcer is significant. They vary in severity from Grade 1 (least severe) to Grade 4 (most severe).

Where we are now: Pressure ulcers that develop whilst a patient is under our care are of great concern to the Trust. Since July 2011 pressure ulcers of all grades have been reported as occurring on our incident reporting software every month. It is our priority to reduce these numbers by ensuring that avoidable pressure ulcers do not occur at all.

Goal: The majority of pressure ulcers in the Trust are experienced by patients being cared for in their own homes and the Trust has already implemented a programme of actions to meet the ambitious priority that we have set ourselves before December 2012 including:

- Creating a culture of zero tolerance to pressure ulcers across all care environments.
- Implementation of mandatory training for clinical staff to include prevention of pressure ulcers developing.



- Implementation of Safe Care (a national programme) across the whole health economy in Shropshire.
- Programme of training for patients, carers and voluntary and local authority staff to assist in aim of reduction in acquired pressure ulcers.
- Review of access to pressure relieving equipment and ensure timeliness of delivery to those that need it.
- Cross reference work around this to other work looking at improving nutrition and hydration as all are linked.
- Implementation of the Help us to Help You campaign across Shropshire and Telford and Wrekin which is an information leaflet for patients and carers.

How we will measure our success:

- By using systems such as the Safety Thermometer (see Page 18 for detail about the Safety Thermometer) to measure how many pressure ulcers are occurring throughout the patients in our care. In doing so the Trust can measure its performance against other Trusts and identify areas where best practice may be shared.
- Implementing and then measuring the success of the introduction of a Pressure Ulcer “Care Bundle” – a collection of actions that if all take place will help prevent pressure ulcers occurring and also provide a standardisation of care across the county.
- By reporting on a monthly basis through the Trust’s Governance systems to board level to ensure the highest level of support for the work undertaken on this priority.

Responsible Officer: Deputy Director of Nursing and Quality

Priority: To reduce the number of patient falls occurring in community hospitals across the county.

Quality Domains: Experience, Effectiveness and Safety

Rationale: Reducing the number of patient falls that happen in our community hospitals remains a high priority for the trust. Injury or lack of confidence following a fall can have a great impact on a patient's quality of life and their return to independence.

Where we are now: As with pressure ulcers, when a patient falls over in hospital it is recorded on our incident reporting database. This could be for any type of fall and whether or not any injury has occurred to the patient. Our aim is to reduce the number of times patients fall whilst in hospital compared to the figures for 2011-2012.

Goal: This priority links to the work that the Trust is doing around the Safe Care Project (see Page 18 for more detail about this project). The Trust will ensure considerable investment to achieve this objective is undertaken by instigating the following actions:

- Implementation of training for clinical staff in falls management as outlined in the Falls Management and Prevention Policy.
- Robust challenge to practice when a patient falls and specifically if the fall

has resulted in significant harm to the patient.

- Implementation of Safe Care across the local health economy and use of Safety Thermometer to measure the prevalence of falls in our hospitals and also in settings such as patients own homes where they are receiving care from a member of our staff.
- Programme of training for patients, carers and voluntary and local authority staff to assist in aim of reduction in falls.
- Falls prevention classes are already in place and will continue.
- Cross reference all the above work to link in with work around medicines management, nutrition and hydration all of which have an impact on whether or not a patient is at risk from falling.

How we will measure our success:

Success will be monitored monthly by comparing the number of falls reported this year against last year.

Responsible Officers: Clinical Service Managers



Priority: To deliver a better patient experience for those who use our services.

Quality Domain: Experience

Rationale: Improving the patient experience is a key objective for the Trust and is consistent with the core ambition of NHS Midlands and East to deliver a “Patient Revolution”. The Trust aims to deliver a better patient experience by implementing the following actions and using the feedback gained as a measurement of our success.

Where we are now: We have carried out several patient experience questionnaires during 2011-2012 covering many of our services both for in patients and those we care for in their own homes or on an outpatient basis. Further detail on the results of these are covered later in the report. Our clinical teams greatly value the feedback that they receive from those that use their services and do use that feedback to transform the way those services are delivered.

Goal: Our goal is simply to deliver a better experience for those who use our services. One of the issues within such a diverse organisation as a Community Trust is to be able to have a commonality running through the differing patient experience surveys and to be able to manage this work effectively from a strategic viewpoint. This is vital if we are to understand issues in all our services and not concentrate on isolated services to the detriment of others. Therefore, the following innovations are planned for the next year:

- We will establish a Patient Experience and Engagement Group to oversee and manage the patient experience work that is going on within the Trust.
- We will develop an outline Patient Experience and Engagement Framework to bring all the differing work together in a cohesive and clear manner.
- We have recently become a registered member of Patient Opinion, the UK's leading independent non-profit feedback platform for health services and will use the feedback gathered to drive improvements in patient experience.

- We will implement the “Net Promoter” question in all relevant patient experience surveys. The question to be asked is “how likely is it that you would recommend this service to friends and family”? NHS Midlands and East consider the use of the net promoter to be a proxy of patient and customer experience and from April 2012 it will form a regional Commissioning for Quality and Innovation (CQUIN) requirement. There is more detail about CQUINS on page 18 of this Quality Account.
- We have plans for the PALS service to be visibly present within the Community hospitals to ensure that we reach out to patients within the community both those that are in the hospital and those that visit the outpatient departments.
- A PALS leaflet is currently accessible on the Trust's website and will shortly be available in different locations across the Trust and outside the Trust (in libraries, community centres, charity groups) together with posters which will be displayed across all sites.
- A communication card is also being developed for community staff to hand to patients and carers providing contact details of PALS and complaints manager to enable them to make a confidential contact with the Trust should they wish to.

How we will measure our success: We will be able to compare the results of patient satisfaction surveys of specific areas with those carried out previously. We will also be able to compare the results of the responses to the “Net Promoter” question with the responses to other similar trusts to see whether we are getting things right or whether we need to improve. We aim to ensure that 98% of our patients will recommend the Trust to their friends and family.

Responsible Officers: Clinical Services Managers

Engagement and Experience: A Listening Organisation

Quality Domain: Experience

Introduction The Trust takes the feedback from both patients and staff seriously when considering the development of the services that we offer both as a healthcare provider and as an employer. There are two key areas by which we can demonstrate that this is the case by the way that we use patient and staff feedback which are covered in this section. However, engagement and experience is reflected in all the section within this report, so important is it to us.

Patient feedback. Later in the report we will give examples of how we have gathered patient feedback over the past year and how we have either used it to change services or plan to do so in the future. Often this relates to issues that are important to patients such as accessibility. This Quality Account reflects the importance of feedback throughout which

will be demonstrated both in the review of 2011-2012 and the priorities we have set ourselves for 2012-2013, utilising our PALS service to maximum benefit.

Over the year we have carried out numerous surveys of patients, their carers and their families about the different services that we provide. Examples of some of these are given in the audit section later in the report.

In July 2011 and February 2012 we carried out a survey of patients that had received care in one of our four community hospitals. We wanted to see whether the satisfaction with the services had improved over the intervening months following actions that had been taken as a result of the original results. The overall responses are shown in the tables below:

Table One: Community Hospitals:

Questions	Jul 11 Yes	March 12 Yes	Trend
On your arrival, were you welcomed, introduced to people on the ward and given information about your stay?	68%	67%	→
Were you given enough time to discuss your condition, worries and fears with healthcare professionals?	67%	70%	↑
Did staff clearly explain the purpose of any medication and side effects in a way that you could understand?	64%	67%	↑
As far as you know, did hospital staff take your family or home situation into account when planning discharge from hospital?	79%	80%	→
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	65%	64%	→

Patients that use our services are welcome to leave their feedback in a variety of ways from discussion with the staff, completion of comment cards, contact with the PALS

service or, as in the example below, on the NHS Choices website www.nhs.uk (Comment left in January 2012)



Bridgnorth Hospital: *I had a severe laceration to my face and lip caused by an accident with a cement mixer handle. The doctors who treated me were both exceptionally professional and friendly throughout. The stitching by the doctor has resulted in an outstanding repair which can hardly be seen. They were both brilliant at putting me at ease. I was treated both on initial treatment and on removal of stitches quickly and efficiently and with good humour. At a time when the NHS receives a constant battering, I cannot speak highly enough of these two people. As a result of their efforts, my injury was dealt with and repaired so that within 6 days, I was back to normal. Outstanding service from outstanding professionals. My thanks will never be enough.*

Table Two: Community Services (Rheumatology, COPD, Continence, Diabetes)

Questions	Jul 11	Jan 12	Trend
	Yes	Yes	
Have you been involved as much as you want to be in decisions about your care and treatment?	90%	88%	➡
Were you given enough time to discuss your condition with healthcare professionals?	90%	86%	⬇
Did staff clearly explain the purpose of any medication and side effects in a way that you could understand?	76%	73%	⬇
Do you know what number/who to contact if you need support out of hours?	69%	65%	⬇
Overall, are you satisfied with the personal care and treatment you have received from community services?	90%	85%	⬇

We are aware from the results of the surveys above that there are still improvements to be made to some of our services, especially around the way that we communicate and explain treatments and medication to patients. However, we do listen to what patients tell us and make changes to services as a result of these comments. For example:

✗ You said it was difficult to find the new health centre in Oswestry.

✓ We improved the road signage to make it clearer.

✗ You said you wanted to be kept informed when outpatient clinics were running late.

✓ We have put whiteboards in place in the waiting areas and plan to install television screens to keep everyone informed.

✗ You said you wanted more access to out of hours services.

✓ We continue to discuss the issue with commissioners, who contract the services we provide.

Patient feedback is not just about completing surveys but is also gathered via our complaints and PALS service. Complaints are managed, depending on their complexity, on a strict response time and the aim is to manage all at a local level through discussion with the complainant to ensure that they are satisfied with the way their complaint has been handled. In addition, there have been several focus and strategy groups held during our first few months as a Trust.

Of course, we receive many compliments as well which is vital for staff as they are reassured that their patients are happy with the service they receive. Whenever a card or letter giving positive feedback is received, it is shared with staff in the relevant service.

Table Three: Complaints

	July 2011-March 2012
Total number of complaints	58
Response within 25 working days (local ambition)	32
Contact from Ombudsman requesting case papers	1
Top 3 Complaint categories	
1.Communication	18
2.Quality of care/practice/treatment	17
3. Manner and attitude	13

Staff feedback Every year NHS staff are encouraged to take part in a national staff

survey. This informs Trusts how well they are performing against specific indicators relating to managing their staff and resources

The results of the most recent survey were made public in March 2012. A copy of the report is available on www.nhsstaffsurveys.com.

A total of 57% of staff took part in the survey which is average for Community Trusts in England. When compared with the average scores across the country across the 38 key findings for all Community Trusts:

The table below shows the four highest ranked scores and the four lowest ranked scores for the Trust when compared with all Community Trusts in England:

- The Trust was better than average in 12/38 key findings
- The Trust was average in 12/38 key findings
- The Trust was worse than average in 14/38 key findings

The Trust will use the results of the Staff Survey to develop their action plans for next year. However, since the two trusts merged, a considerable amount of work has gone in to improving the provision of training for staff especially around the booking process. In addition the process of carrying out staff appraisal has been simplified.

Table Four: Staff Survey Results

FOUR HIGHEST SCORES	Trust	National Average
Percentage of staff reporting errors, near misses or incidents witnessed in the last month	100%	97%
Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	19%	24%
Percentage of staff experiencing discrimination at work in last 12 months	7%	10%
Percentage of staff experiencing physical violence from staff in last 12 months	0%	1%
FOUR LOWEST SCORES		
Percentage of staff receiving job-relevant training, learning or development in last 12 months	78%	82%
Perceptions of effective action from employer towards violence and harassment	3.49%	3.61%
Percentage of staff receiving health and safety training in last 12 months	68%	86%
Percentage of staff having well structured appraisals in last 12 months	27%	33%

In order to address the areas that we are not performing well in, a trust wide group has met and developed an action plan. The plan covers several different ways of identifying improvements and to find out why staff are less satisfied in some areas than others. The implementation of the action plan will go on over the next few months and questions sent to staff the autumn of 2012, to assess progress and take any further remedial action to improve how staff feel.

Quality at the Heart of the Organisation - A Safe Organisation Statement of Assurance by the Board.

Quality Domains: Effectiveness and Safety

Introduction. Since the Trust was formed in July 2011, the quality of the services that we provide has been at the centre of the Trust's priorities across all areas. We know that in addition to responding to the needs and views of the people that we provide services for, we also need to meet regulatory and other external, as well as internal quality measures to ensure that we provide the right service in the right place at the right time which contributes to the Trust meeting its duties to the NHS Constitution. This section will show how we measure, in a variety of ways, our day to day work and how we identify areas for improvement.

The Trust is committed to carrying out high quality clinical audit and research that will enable clinicians to evaluate the standards that they provide and ensure that patients receive the highest standards of care. This is achieved by measuring the care that we give against national or agreed best practice standards. The difference between clinical audit and research is explained in the glossary at the end of this document.

Between July 2011- March 2012 Shropshire Community Health NHS Trust provided 24 services as registered with the Care Quality Commission and has reviewed all the data available to them on the quality of care in these services.

The income generated by the NHS services reviewed between July 2011 and March 2012 represents 100% per cent of the total income generated from the provision of NHS services by the Shropshire Community Health for the reporting period.

National Audits and National Confidential Enquiries

Quality Domain: Effectiveness

During 2011-2012 there were potentially two National Clinical Audits that were reflected in the Trust's work. One related to children with Epilepsy and the other built upon work already contributed to by the Trust in previous years. The Trust contributed to the Falls and Bone Health National Audit only. The contribution in this phase of the audit was to send a questionnaire provided by the audit team at the Royal College of Physicians to 40 patients. The patients had been referred to the falls prevention service for a multi factorial falls risk assessment and then offered an exercises programme as part of the intervention plan to reduce risk of further falls. Questionnaires were returned directly to the national audit team along with one staff questionnaire completed by the Trust. The results of the audit showed that the Trust delivers an evidence based strength and balance exercise programme for the minimum 12 week time period requirement.

There were no National Confidential Enquiries that the Trust was eligible to take part in during 2011-2012.

Research

Quality Domain: Effectiveness

The number of patients that were recruited to participate in research approved by a research ethics committee from 01 July 2011- 31 March 2012 was 5779. The majority of these patients are participating in a piece of ongoing research relating to treatment for knee pain.

Clinical Audit activity

Quality Domains: Experience, Effectiveness, Safety

Clinical audit activity has taken place within many of Shropshire Community Health services during 2011/2012 and has involved healthcare professionals from a wide range of disciplines. All the projects that are carried out are done so based on a clear assessment of priority:

- National Priorities
- Trust Priorities
- Service Priorities
- Clinician Interest.

These priorities are recommended by the Healthcare Quality Improvement Partnership (HQIP) which is a national body that provide evidence based information and guidance for Clinical Audit staff. The table below shows the audits that have been completed between July 2011 and March 2012:

CQUIN Nutrition audit	Contributed towards CQUIN goal and ensured that patients are assessed, care plans made if applicable, mealtimes are protected from interruption and people are helped to eat if needed.
Xpert Diabetes Conference Patient Satisfaction Survey	This audit was carried out to see what patients thought about a training course for those participating in the Expert Patients Programme for Diabetes
Health 4 Life Record Keeping Audit (Health Visitors)	Part of the ongoing annual record keeping audits that are carried out within the Trust. The audit resulted in administrative changes being made to ensure that the records comply with standards.
CQUIN Community Hospital Patient Survey	Contributed towards CQUIN goal
CQUIN Community Services Patient Survey	Contributed towards CQUIN goal
Falls Prevention Service – Balance for Life Programme	This was a patient satisfaction survey for patients that had undergone the Balance for Life Course. The feedback was very positive and these courses remain popular.
Community Paediatrics Selective Medicals Audit	Administrative processes around the booking of appointments for these medicals has changed so that the process is much quicker and parents are given the choice of appointment date and time.
Parent and patient satisfaction survey of the Paediatric Psychology Service	This survey is ongoing but is reported upon regularly to ensure issues are identified and addressed. At this report no issues were identified as trends so the survey is to be reported upon again in 2012.
Children in Care – Healthcare Plans and Outcomes audit	Following this audit, the documentation used in the medical examination process has been amended to ensure that any health needs identified at the initial medical were followed up appropriately at subsequent appointments.
Children's Community Nursing Record Keeping audit	Part of the ongoing annual record keeping audits that are carried out within the Trust. The audit resulted in administrative changes being

	made to ensure that the records comply with standards.
Depression in Children and Young People Audit	Following this audit several actions were put into place to ensure that the care assessment and care provision of children and young people with depression is recorded and actioned correctly by the use of nationally recognised codes and assessment forms.
Audit of the Care Pathway for children with a Developmental Coordination Disorder	Many children wait a long time to see the Occupational Therapist so work is ongoing to reduce waiting times.
Paediatric Occupational Therapy Records Audit	Part of the ongoing annual record keeping audits that are carried out within the Trust. The audit resulted in administrative changes being made to ensure that the records comply with standards.
Paediatric Physiotherapy Records Audit	Part of the ongoing annual record keeping audits that are carried out within the Trust. The audit resulted in administrative changes being made to ensure that the records comply with standards.
Specific Speech and Language Impaired Children Service (SSLIC) Service Review	Main issues highlighted were around communication with schools. This will be re-audited to ensure this has improved.
Paediatric Speech and Language Therapy Outcomes Audit.	The audit showed that some of the objectives set in care plans were not easily measurable (when considered by a different therapist) and therefore difficult to quantify. This will be addressed and re-audited.
Community Paediatrics Clinical Record Keeping Audit	Part of the ongoing annual record keeping audits that are carried out within the Trust. The audit resulted in administrative changes being made to ensure that the records comply with standards.
Audit of Enuresis Clinics compliance with NICE Guideline relating to the care of children with Nocturnal Enuresis	The audit showed that there are some actions that need to be taken around the assessment of children, the ongoing review when strategies are in place and to try and find out why so many children do not attend appointments. This service will be re-audited to assess whether recommendations have been actioned.
Safeguarding Children Record Keeping Audit	Part of the ongoing annual record keeping audits that are carried out within the Trust. The audit resulted in administrative changes being made to ensure that the records comply with standards.
Shropshire Wheelchair and Posture Service Record Keeping Audit	Part of the ongoing annual record keeping audits that are carried out within the Trust. The audit resulted in administrative changes being made to ensure that the records comply with standards.

Data Quality

Quality Domain: Effectiveness

Shropshire Community Health operates various Patient Administration Systems (PAS) including Lorenzo, SEMA, Graphnet, Lille and Health Solutions Wales. The Trust has undertaken work to improve the quality of data

collected by the Trust and this is reported to the Trust Board monthly via the Trust Performance Scorecard. Key metrics within this topic include:

Indicator	Grading
Ethnic Coding Data Quality – overall 88% compliance against a target of 95%.	✗
Lorenzo data entry within 21 days – 87.7% compliance against a target of 100%.	✗
Use of NHS number – 99.9% compliance against a target of 95%.	✓

Information Governance

Quality Domain: Effectiveness

Shropshire Community Health NHS Trust has achieved attainment level 2 against all information governance management, confidentiality, data protection assurance and information security assurance requirements within the Information Governance Toolkit required by the NHS Operating Framework 2011/12. This provides assurance to the Board that our Information Governance framework has clear and effective management and accountability structures, governance processes, documented policies and procedures, trained staff and adequate resources and entitles the trust to claim 'Satisfactory' status in accordance with NHS Connecting for Health's requirements.

Shropshire Community Health NHS Trust was not subject to the Payment by Results clinical coding audit during 2011-2012 by the Audit Commission."

Incident Reporting The Trust takes its responsibilities to keep our patients safe very seriously. In order to monitor and take action when something goes wrong either as a result of an error or an incident such as a patient fall, all incidents are monitored on an electronic system called Datix. This system enables the Trust to monitor trends in incidents at the highest level and reports based on serious incident reporting are presented at committees including the Trust Board every month. Copies of the reports that

are presented to the Board are available via the Trust website.

Safety Alerts In addition to incident reporting Datix enables the Trust to monitor and distribute National Safety Alerts which are managed appropriately by the Risk Manager. Any actions that we take on alerts are monitored in the same way as serious incidents. Since July 2011 a total of 75 safety alerts have been received by the Trust, all of which have either been actioned or are in progress and if the latter, are still within the timescale set.

Safety Thermometer The NHS Safety Thermometer is an innovative point of care survey tool. The Safety Thermometer allows teams to measure specific "harms" and the proportion of their patients that are "harm free" during their working day. It effectively works as a "temperature check" and can be used alongside other measures (such as incidents being reported, staffing levels and the degree of need of patients that the nursing team are caring for on that day) to identify where there may be problems and how these could be addressed in order to eliminate harm as far as possible. The Safety Thermometer is part of a project called Safe Care: Harm Free which aims to prevent four main harms – Falls, Pressure Ulcers, Urinary Infections related to catheters and blood clots that may form in a patients leg or lungs. By completing the Safety Thermometer every month on a specified day we are able to compare our levels of harm and harm free care with similar

Trusts and use this as an opportunity to identify and share best practice to further protect our patients.

Commissioning for Quality and Innovation (CQUINS)

A proportion of the Trust's income from July 2011 was conditional on achieving quality improvement and innovation goals that had been agreed between the Trust and the commissioning bodies of Shropshire County PCT and NHS Telford and Wrekin. These goals are agreed every year as is the method by which success will be measured. The CQUINS that were agreed for 2011-2012 and compliance with them are shown in the table

below. There are two CQUINS where the Trust did not meet the requirements of one element which are marked with a ✓/✗ symbol.

In the Pressure Ulcer CQUIN the Trust did not achieve the required reduction in the number of community acquired pressure ulcers. This has been addressed elsewhere in this report.

In the Medicines Management CQUIN there were three elements, one of which the Trust narrowly missed achieving the target in.

Table Five: CQUINS 2011-2012

CQUIN	Did we achieve?
Patient Experience of Community Hospitals and Community Services	
The CQUIN required the Trust to carry out two patient surveys during the time period (the results are shown in tables one and two of this report)	✓
Introduction of Dementia Care Champions throughout the Trust	
The CQUIN required the Trust to develop a training programme to introduce Dementia Care Champions throughout the Community Trust including localities and community hospitals.	✓
Pressure Ulcers – assessment, care planning, reduction of community acquired grades 2, 3 and 4 and recording on Datix	
The CQUIN required the Trust to ensure a number of processes are carried out relating to the assessment, prevention and treatment of pressure ulcers.	✓/✗
Medicines Management	
The CQUIN required the Trust to ensure that 50% of patients who were in one or more specified groups (ie on high risk medication, on four or more medications) were discharged with a medicines care plan that had been explained to them	✓/✗
Nutrition in Community Hospitals	
This CQUIN required the Trust to carry out nutritional risk assessments, provide care plans to those at risk and ensure mealtimes are not interrupted.	✓
Case management of children with depression	
To develop and adopt the use of a Depression Assessment tool	✓
Health Visitor Implementation Assurance Plan	
This CQUIN requires the Trust to achieve percentages in indicators including percentage of families offered core visits, the number of mothers breastfeeding	✓
Brief interventions in CAMHS clinics with young people aged 14-18 years for the prevention of alcohol abuse.	
The CQUIN relates to young people aged between 14 and 18 who receive screening and a brief intervention for the prevention of alcohol abuse	✓

Registration with the Care Quality Commission (CQC)

The Trust is required to register with the CQC as set out in two pieces of legislation – the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. The Trust's current registration status is "Registered without restrictions". The CQC has not taken any enforcement action against the Trust during 2011/2012 and nor is it subject to periodic reviews by the CQC. This means that the CQC has no issues with the services that the Trust provides.

The Trust also undertakes proactive internal assurance activities to self-assess its compliance against the CQC Outcomes, identifying areas for improvement and ensuring follow-up remedial actions are completed.

The Trust provides healthcare services to two prisons within Shropshire – the Dana in Shrewsbury and Stoke Health Young Offenders Institute in Market Drayton. As part of a recent Ministry of Justice Healthcare Inspection the Prison Health service was assessed against CQC requirements and found to be compliant.

The CQC release data every month on every Trust called the Quality and Risk Profile (QRP). This document brings together a wide range of information about each provider of health and adult social care registered with the CQC and brings together key information about an organisation in one place. The Trust reviews the QRP every month to ensure that any issues that are raised are addressed immediately.

Peer Review The Trust took part in the pilot of the CQC Nursing Practice Assurance Framework - a tool issued within NHS Midlands and East to enable clinical teams and individuals to self assess for compliance against the 16 Essential Standards for Quality and Safety. The pilot took place in conjunction with Burton Hospitals NHS Foundation Trust and Birmingham Community Healthcare NHS Trust and the initial self assessment was followed by internal and external peer review as part of the pilot

process. A review of the tool is being undertaken by the SHA cluster with an expectation that the document will be issued for use in due course.

The West Midland's Quality Review Service undertook an audit of all Learning Disability Services across the county. Results have just been released and the Trust has planned to ensure lessons learnt are cascaded and implemented.

Patient Environment Action Teams (PEAT)

PEAT is an annual assessment of inpatient healthcare sites in England that have more than ten beds. It is a benchmarking tool to ensure improvements are made in the non clinical aspects of patient care including environment, food privacy and dignity.

The annual PEAT inspection took place in February 2012 and was a self assessment of all four community hospitals. The results of the PEAT inspections are shown in the table below:

PEAT Inspection Results 2012

Hospital	Environment Score	Food Score	Privacy & Dignity Score
LUDLOW	Excellent	Excellent	Excellent
BRIDGNORTH	Excellent	Excellent	Excellent
BISHOP'S CASTLE	Excellent	Good	Excellent
WHITCHURCH	Excellent	Excellent	Excellent

NHS Litigation Authority (NHSLA) The NHSLA handles negligence claims made against NHS organisations and works to improve risk management practices in the NHS. All NHS organisations can apply to be members of the scheme and pay an annual contribution into the scheme which is similar to insurance. The Trust is, at present working towards Level One of the scheme (there are three levels) and will be assessed for compliance in the summer of 2012. This assessment will ensure that we have policies in place that describe the process for managing risk.

Looking Back at 2011-2012 Priorities

Quality Domains: Experience, Effectiveness, Safety

Introduction

In the 2010-2011 Quality Accounts of Shropshire County PCT and NHS Telford and Wrekin, a number of priorities for the Trust were set, linked to the three domains of quality as shown in the text below. The Trust has been successful in achieving some of the priorities such as the reduction of falls and less successful in other areas such as reducing the number of pressure ulcers in the community. However, where we were less successful work is on-going to achieve success as has already been discussed.

Reduction of avoidable hospital admissions

Quality Domains: Safety, Effectiveness and Experience

Key Points: This work is still ongoing but significant amounts have already been done and this remains a high priority.

Work that has happened to date includes:

- Introducing Case Managers in Telford and Wrekin and Community Matrons in Shropshire to manage patients with long term conditions and end of life needs in the community.
- Progress around managing delayed discharges during the year.
- Development of a new unscheduled care service model to result in additional resources for the Trust in 2012/13 from the more acute frail complex service to the management of long term conditions closer to home.
- In-reach services to acute hospitals (Shrewsbury and Telford NHS Trust) – particularly Diagnostics, Assessment and Access to Rehabilitation and Treatment (DAART) which mean that patients are able to receive care in the community (such as tests and assessment) rather than having to stay in hospital.
- Investment in Tele-healthcare
- Expansion of the “Virtual Ward” within the Shrewsbury and Atcham area whereby patients are cared for in their own homes so that admission to an acute hospital is avoided if at all possible.

There have been linked developments to further avoid admissions including:-

To reduce the number of healthcare acquired infections (HCAI)-superbugs in our community services.

Quality Domain: Safety

Key Points: HCAI targets are monitored as PCT targets, as the Trust does not currently have any infection targets set by the Department of Health. However, within the health economy, the Trust has a responsibility to support both the Shropshire County PCT (SCPCT) and NHS Telford & Wrekin (NHST&W) to achieve their nationally set targets for both Clostridium Difficile Infection (CDI) and Methicillin Resistant Staphylococcus Aureus (MRSA) infection rates.

There have been occasions in the year from July 2011 when targets for CDI have been exceeded, however, actions to address this include:

- Continue to monitor implementation of local community antibiotic prescribing guidelines and support GP practices to reduce antibiotic prescribing overall, in particular those known to increase risk of CDI.
- Continue to monitor implementation of Infection Prevention and Control (IPC) plans, CDI policies and care pathways in Community Services and Independent Care Sector.

- Review undertaken of all positive samples sent by GPs to identify risk factors and antibiotic prescribing. In March health economy prescribing summit reviewed antibacterial prescribing control measures in context of HCAI, identified best

practice and agreed further steps including management of primary care performance outliers. Trust and PCT communications utilised to launch NHS West Midlands CDI passport.

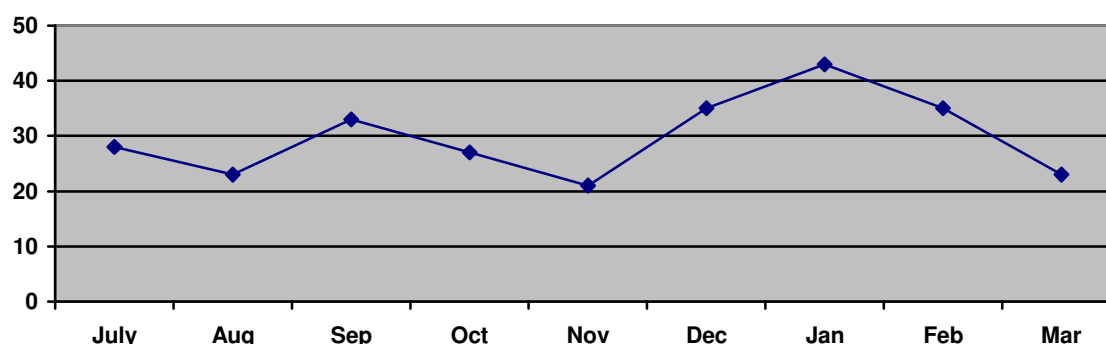
There have been no breaches of set targets for MRSA bacteraemia within either PCT from July 2011. One was reported but was found to be related to care in another health provider.

To reduce the number of falls in community hospitals

Quality Domain: Safety

Key Point: This target was not met but as in 2010-2011 reducing the number of falls in our community hospitals and the number of fractures caused by falls remains a high priority for the Trust.

Falls within Community Hospitals – July 2011-March 2012



- Implementation of training for clinical staff in falls management as outlined in the falls management and prevention policy.
- Robust challenge to practice and specifically if raised as serious incidents.
- Implementation of the Safe Care Project across the health economy and use of the safety thermometer (CQUIN) from April
- Programme of training for patients, carers, voluntary and council staff to assist in aim of reduction in falls
- Falls prevention classes in place.
- Cross reference work to improving medicines management and nutrition and hydration

To increase the ways we collate patient feedback

Quality Domain: Experience

Key Point: The methods by which Patient Experience is gathered and collated have been increased

Shropshire Community Health Trust is now a registered member of Patient Opinion, the UK's leading independent non-profit feedback platform for health services. The Trust is geared towards improving patient experience and is now signed up to using different methods for capturing patient feedback.

The Trust is committed to having meaningful conversations with patients and service-users both through our internal systems which are already in place (e.g. PALS/Complaints/CQUIN surveys and other internal patient feed-back) together with listening to patient

stories on Patient Opinion and trying to improve services.

A Trust-wide workshop on Patient Opinion was organised on 28 February 2012 which had a very good attendance from all services. We are now planning to pilot this in specific services and services have already registered interest to be early adopters. Work on marketing and raising awareness with members of the public will commence shortly. There will be an official launch and an article in our internal newsletter, INFORM.

Patient Advice and Liaison Service (PALS)

There is a service in place to ensure the Trust listens to patient's/service users and carers experiences/concerns/feedback to resolve issues that are raised and provide advice and information.

Our PALS acts as a catalyst for change and recommends any learning outcome with teams as a direct result of patient feedback. We have a free-phone number for patients/public to access the PALS service and a visible office in the Trust. The service is available Monday to Friday (working hours) and an out-of-hours answer phone for messages which is picked up on the next available working day

We have plans for the PALS to be visibly present within the Community hospitals. A PALS leaflet is currently accessible on the Trust's website and will shortly be available in different locations across the Trust and outside the Trust (in libraries, community

centres, charity groups) together with posters which will be displayed across all sites. 'Credit card' style information is also being developed for community staff to hand to patients and carers providing contact details of PALS and complaints manager.

There is an established reporting mechanism in the Trust and quarterly reports on PALS are submitted to the Trust's Quality & Safety Committee and to the Service Delivery Manager's meetings. Any trends and performance are highlighted in the reports and discussed. PALS recorded a total of 178 contacts to date ranging from concerns to request for advice and information on a vast range of areas, for example, how to access personal information, difference between FOI and DPA and others.

All PALS enquiries are recorded in Datix, the same software package used for recording incidents, claims, FOI and complaints.

Advocacy

NHS Midlands and East have an ambition (Ambition Five) to deliver a “Patient Revolution” part of which involves the use of a question that should be included in all patient surveys entitled the net promoter. The question to be asked is “how likely is it that you would recommend this service to friends and family”? The SHA consider the use of the net promoter to be a proxy of patient and customer experience and from April 2012 it will form a regional CQUIN requirement.

Whilst asking this question is a requirement for acute trusts only at present, we are

embracing this for the community hospitals and asking all patients the question when they are discharged. We will also include the question in surveys where it is thought to be appropriate within our community services. A patient experience framework is being developed that will include key aspects of best practice including the use of the newly released patient experience essential guide from the NHS Institute. We will work collaboratively with the locality board with an aim of developing wider training for staff to improve patients’ experience.



To improve and standardise the care of patients who have, or are at risk of developing, a pressure ulcer in the community.

Quality Domain: Effectiveness

Key Point: The number of patients who develop a pressure ulcer in the community is a concern for the Trust.

The numbers of pressure ulcers reported on in the Community settings (patient's own homes or care homes) are of concern to the trust and a lot of work is on-going to reduce these. An issue is considered to be the number of highly dependent patients being

cared for in the community and so all patients are risk assessed within six hours of admission or upon first contact with community services. Individualised care plans are available as is more equipment. A wound care audit has been carried out in the community.

Summary

This is the first quality account that Shropshire Community Health NHS Trust has completed following the authorisation of the Trust on 1st July 2011.

We believe that it portrays an open and honest review of the progress of the Trust since then and the aspirational and ambitious plans that we have for 2012-2013 working with our partners.

We have based these plans on feedback from patients/service users, their families, carers and commissioners at the strategy event in November 2011 and the Quality Account event in March 2012, as well as on clinically identified needs.

We have also noted the written feedback received from our partners which varies in opinion as to the content of our quality account and have therefore adapted our final

document to reflect these opinions where possible. We note the diverse views and will continue to work with partners throughout the year as we deliver against our agreed priorities.

We want confidence for patients that their local services in the community for children and adults across Shropshire, Telford & Wrekin are among the best – safe, effective and responsive to their needs, every time and all of the time. We accept that there are areas in which we need to improve and these areas have been identified and are being addressed.

We look forward to sharing our progress with you over the months to come.

A summary of the services provided by the Trust can be found on our website.

Acknowledgements

The content of this report has been put together with contributions from a range of staff across the organisation. Thanks go to all patients, staff and other stakeholders who have given their time to contribute to this document through their input and feedback.

Authors:

Maggie Bayley, Director of Nursing, Allied Health Professions, Quality, Workforce & Organisational Development

Martine Tune, Deputy Director of Nursing and Quality

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Comments from other Organisations



West Mercia Cluster statement on the Draft Quality Account 2011/12 for Shropshire Community Health Trust

West Mercia Cluster monitors the quality and performance of the services delivered by the Trust reviewing all data through the monthly Clinical Quality Review meetings which are attended by members of the CCGs, Senior Managers and members of the Quality Team.

We believe that the Quality Account is reflective of the achievements within the year and demonstrate the Trust's commitment to strive for excellence across all clinical services.

We continue to recognise the improvements to quality and innovation within the Trust as a result of the contractually agreed 'Commissioning for Quality and Innovation (CQUIN) Scheme for 2011/12'. The agreed CQUIN scheme for 2012/13 reflects the continued ethos of partnership working to improve patient safety, clinical effectiveness and patient experience as a key priority of the organisation and commissioners. Whilst we are assured that the Quality Account clearly identifies key priorities for 2012/13, we do note that these also reflect certain elements contained within the CQUIN Scheme. The document also makes reference to the NHS Midlands and East SHA Ambitions 2012/13 including the elimination of avoidable grade 2, 3, 4 pressure ulcers and increasing the quality of patient experience and customer care.

We continue to welcome the opportunity to have involvement at an early stage in the development of the Quality Account for 2012/13 in line with the planned changes outlined by the Department of Health.

Accuracy of information

West Mercia Cluster in conjunction with local NHS Commissioners has taken the opportunity to check the accuracy of information provided within the Quality Account in relation to the services commissioned from the Trust and believes it is a true reflection.

A handwritten signature in black ink, appearing to read 'Sue Doheny'.

Sue Doheny
NHS West Mercia Cluster Director of Nursing

SHROPSHIRE COUNCIL'S HEALTH OVERVIEW AND SCRUTINY COMMITTEE'S RESPONSE TO THE SHROPSHIRE COMMUNITY HEALTH NHS TRUST QUALITY ACCOUNT

The Panel was satisfied with the general content of the Quality Account document, and felt that it was user friendly, and would like to acknowledge the work of the team behind its development, and the collaboration and engagement undertaken with members of the public, patients and carers.

Members stressed that the workshops being undertaken are key to continued positive public engagement, and expanding on this work by setting up a discussion group to include LINKs and Patient Groups was a positive move.

The Panel considered that the 'Homes from Hospital' approach is a positive initiative, but felt that this information should be expanded to indicate how it is being achieved.

The HOSC request that the Trust provide them with a quarterly report to enable the Committee to monitor the key priorities, and investigate any areas of concern if they arise.

Members are assured that all falls are reported, and note that there was only one serious incident during a 10 month period. The HOSC welcome the opportunity to monitor this trend through the quarterly report update.

The Panel considers that sickness absence is an important area for the Trust, as staff absences have a direct impact on patient treatment and wellbeing, and these figures should be included within the Quality Account. If the figures are available the Panel would like to request that they be included within the quarterly update report to the HOSC. Staff surveys have been undertaken since the formation of the Community Health NHS Trust, and it would be beneficial to include all 14 low scoring results to provide an overview of staff attitudes and identify areas that need improving.

It was pleasing to see that the Trust has achieved satisfactory CQUINs performance, particularly in respect of nutrition, and requested clarification on the following points:-

- Is there a protected mealtime;
- Is it observed;
- Are vulnerable patients given assistance in eating and drinking; and
- Are there any nutritional checks in place for patients at home.

Since the move of responsibility from Shropshire Primary Care Trust, the Trust has proven itself to be a true community operation, which has public engagement at the forefront of its development plans. The Panel thought that as the Trust moved towards Foundation Trust Status they may be able to increase public engagement of prospective members who may wish to join the Trust during the recruitment process, by promoting the move within GP surgeries across the County.

The Panel would request that the Trust include the prevention, and reduction of obesity in its patients, as a future priority, as this is a national problem that has an impact, and will continue to have an impact on patient recovery, and long term patient health.

Members would like to compliment the Trust on the glossary of terms included in the Quality Account, and felt that it was an essential addition to ensure a full understanding of the document.

The Panel are satisfied with content of the Quality Account, and look forward to receiving quarterly updates and working with the Trust in the Future.

Councillor Gerald Dakin
Chairman
Healthy Communities Scrutiny Committee
Shropshire Council

Telford & Wrekin Health Scrutiny Committee
Response to Shropshire Community Health NHS Trust
Quality Account 2011-2012

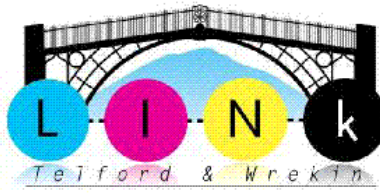
1. Having received a presentation and answers to questions from the Chief Executive and Director of Nursing, AHPs, Quality and Workforce on the Quality Account, the Committee has been assured that after an initial period of upheaval, the Community Trust is moving in the right direction although recognises that there is a long way to go.
2. The Committee was assured that the Trust has listened to people – patients, carers, staff and other organisations – to help set the priorities.
3. It was felt that the Quality Account did not make it clear that services are commissioned separately and differently for Shropshire and Telford & Wrekin, and that it should be made clearer what is happening in Telford & Wrekin.
4. Members felt that the Quality Account should make mention of the number of missed appointments (the “did not attend” rate) and measures being taken to resolve this, both for patient safety, and to reduce costs.
5. Due to the tight deadline for the submission of responses and limited resources, Members had only a limited opportunity to review and comment on the Quality Account.

Statement from Shropshire LINK:

"Shropshire LINK welcomes the involvement of patients and carers in the development workshops held this year, and looks forward to this engagement with service users continuing in the future.

We welcome the Trust's aspirations for the coming year to create a "revolution in patient experience" and to "significantly improve quality and safety in primary care".

"Seamless care" for patients is essential, to ensure that patients are not lost or forgotten in the care pathways. Patients need to be provided with full, understandable information about their care, medication and the availability of help or support at any time. We are very pleased that this is an area in which the Trust plans to make significant progress."



Response to the QUALITY ACCOUNT 2011/12 published by the Shropshire Community Health NHS Trust

In considering the three aspects of quality – patient experience, safety and clinical effectiveness that providers are required to cover in their annual Quality Account, Telford & Wrekin Local Involvement Network has a specific responsibility to comment on how well

- The Quality Account is clearly presented for patients and the public
- The priorities identified for improvement reflect the priorities of the local population
- There any important issues missed
- Patients and the public have been involved in the production of the Quality Account

Although written in a style that is easy to read and understand, the Quality Account appears to have been written in a hurry; a little more thought about the needs of the audience would improve the document. The lack of sharpness means it isn't as clear as it might be regarding the range of services it provides or its current performance. Providing some benchmarks for comparison with historic performance or setting clearer targets about the future would be helpful.

Without this our overall assessment is that this Quality Account is neither particularly enlightening nor informative, so fails to raise awareness of the new Trusts emerging track record or to articulate its ambitions and aspirations.

Several of the priorities for 2012/13 appear to be being largely about provision in community hospital settings. However, as there are no details regarding the name or location of community hospitals to be confusing, we would ask that they be identified with a map showing where they are within the county. An appendix with a list of other services provided by the Trust would also be very a useful way of raising awareness about the functions of the new organisation.

An overview of the wide range of services provided in community settings across the county as a whole would help the Trust to raise awareness of what it does. Without this the Trust's Quality Account may be perceived to lack relevance and meaning for people in Telford where there are no community hospitals. And by omitting to refer to the wide range of much valued essential services provided, in schools, clinics and in peoples own homes, the contribution made by the Trust's staff to improving the quality of healthcare for some of the most vulnerable members of the community could appear to be overlooked.

We would suggest that in future priorities for improvements are identified which span inpatient, outpatient, community and domiciliary health care services. We would also like to suggest that more detail is provided in the account (or reference made to where the detail can be found) regarding how improvements will be achieved – and not simply the goal and how they will be monitored. The potential role patients and patient groups can contribute to the collection of data would also be useful. For example, all inpatients could be asked to provide feedback about their experience of discharge as a means to identifying what works well and what needs to be reviewed. The two LINKs, Healthwatch or other organisations may be prepared to analyse the data and work with the trust to

identify cost-effective service improvements. Patients and patient groups could also contribute data and experience to the Equality Delivery System.

Publishing information in the Quality Account about how many people have benefitted from the range of services provided and the difference it has made to their lives would also help to develop awareness of why community services are so vital to wellbeing.

Many of the issues regarding hospital care such as poor communication and concerns about medicines management, especially information about side effects echo what patients tell us about their experience of the acute trust. For this reason we would like the Trust to make a commitment to ensuring that 100% of patients on high risk medication and those taking more than 4 prescribed medications are discharged with a medicines care plan, rather than simply achieving the 50% target set by the CQUIN. Monitoring this ambitious target in a way that measures whether it has been achieved, would also be necessary to demonstrate whether aiming higher than required has improved patient care but also been a catalyst for change that has assisted the Trust to achieve its aspiration to be part of the 'Patient Revolution'.

Feedback about the impact of other activities referred to on page 19 including the introduction of a training programme for Dementia Care Champions is also necessary if the Quality Account is going to be a meaningful document. Information about the way the CQUIN goals have been addressed would be helpful e.g. on the Trust's website.

Another priority that should be considered for inclusion in the Quality Account for 2012/13 is the role of the PALS service as we are concerned that only 178 contacts have been made in the last year. Finding out whether patients know about the service and how to access it, whether the out of hours follow up is timely and whether the service meets the needs of patients and their carers would be very useful, both in relation to inpatient, outpatient and community care.

Improving awareness about the role of the Trust with regard to community mental health provision is another priority that is a consequence of service reconfiguration. Our research indicates that little is known about what is available from this service so more information is required; a review of its effectiveness in providing alternatives to acute care or in reducing A&E referrals would be useful. Counselling and psychological assessments and therapies for very young children, and adolescents would be helpful as feedback from families and health professionals indicates that this is not widely available.

The Community Champions for Health programme that was developed by the Primary Care Trust and which has continued to be supported by the Community Health Trust and co-delivered by the Telford College of Arts and Technology is an example of an excellent service that is developing the capacity and confidence of local community by enabling ordinary people to make a difference to the health and wellbeing of their community of place or interest. It is a pity that this innovative initiative hasn't been acknowledged as it also promotes partnership activity and a focus on sustainable solutions including self help.

In regard to public and patient involvement and partnership working, we were surprised that little reference is made to the excellent stakeholder conference held in November 2011. This is disappointing as the illustration on the front cover of the report is based on that event which involved a wide range of stakeholders in planning the trusts strategic direction. This seemed to reinforce the Trust's commitment to partnership working with other NHS providers, the local authority, independent and voluntary sector providers and advocacy organisations so not building on that in the Quality Account is concerning.

Similarly, we are disappointed at the lack of reference to local involvement networks and their contribution to helping the trust during its transition period and throughout the year. We welcome the proposal to establish a Patient Experience and Engagement Group and would appreciate being consulted on the arrangements regarding meeting arrangements and agenda setting. We would also suggest that consideration be given to working with other providers regarding their patient involvement mechanisms on training and capacity building and also recruitment of representatives from diverse backgrounds.

A specific example of a pressing need that was identified at the conference was access to out of hours services. On that basis it would be helpful for the Quality Account to report on whether any progress has been made in relation to addressing this issue, and if not why it appears not to have been identified as a priority for 2012/13. Details of how service improvements and particularly gaps in provision have been identified and how they are then pursued with commissioners and/or other providers would also be a very helpful way of demonstrating accountability and the 'golden thread' of quality.

The information provided about clinical audit activity on pages 16 and 17 is very interesting but does not tell us anything about how many people receive these services or the outcomes or benefits for patients, service users and carers. If it is to be included it needs more detail and/or signposting to how many people have benefitted as well as what specific quality improvements are needed and how they will be achieved.

The glossary of terms on pages 26 and 27 is helpful and could perhaps be highlighted in the text by using a symbol next to terms included when they are first referred to the report. Before the Quality Account is published we would suggest that

- unfamiliar terms/concepts referred to in the Quality Account (e.g. page 21 refers to 'tele-healthcare' and the 'virtual ward' may need some explanation
- abbreviations aren't used in the text unless they have been explained e.g. the reference to CDI on page 21 is a reference to *Clostridium difficile*
- more use of the colloquial terms where appropriate e.g. but we did like the reference to 'superbugs'

Telford & Wrekin Local Involvement Network accepts that establishing the new organisation in 2011 was challenging for the staff and board of the Community Health Trust, particularly as this coincided with so many other changes and service reconfigurations across the local health economy. Staff need to be as involved in service planning and improvement so greater emphasis on structured staff appraisals is encouraged as appraisals will acknowledge the role played by staff in delivering high quality care and in raising standards and morale; patients also need to be reassured that staff are receiving appropriate training and support to ensure that staff operating in all settings are equipped to deliver essential community healthcare.

Glossary of Terms

Term	Description
Care Quality Commission	The organisation that regulates the care provided by the NHS, local authorities, private companies and voluntary organisations.
Clinical Audit	The systematic review of clinical care given by healthcare professionals. Clinical audit can assist in identifying where decisions should be made to make changes in practice to improve clinical effectiveness.
Commissioning for Quality and Innovation (CQUIN)	The CQUIN payment framework enables the commissioners to reward excellence by linking a proportion of healthcare providers income to the achievement of local quality improvement goals.
Evidence-based care	Entails making decisions about how to promote health or provide care by integrating the best available evidence with practitioner expertise and other resources, and with the characteristics, state, needs, values and preferences of those who will be affected.
Governance	The framework through which all the elements of quality are brought together.
In Reach Services	An individual or a team who actively case manage a patient out of hospital or the service they are receiving. In reach may be used to provide specialist advice prior to decisions to transfer or discharge of patients.
NHS Constitution	The NHS Constitution establishes the principles and values of the NHS in England. It sets out patient and staff rights and responsibilities. It protects the NHS and helps ensure we receive high-quality healthcare that is free for everyone.
NHS Operating Framework	The operating framework for the NHS in England sets out the business and planning arrangements for the NHS
National Safety Alerts	Through analysis of reports of patient safety incidents, and safety information from other sources, the National Reporting and Learning Service (NRLS) develops advice for the NHS that can help to ensure the safety of patients. Alerts cover a wide range of topics, from vaccines to patient identification
Patient Advice and Liaison Service (PALS)	<p>The Patient Advice and Liaison Service (PALS) is a confidential service for patients, their carers and family members who are receiving treatment or accessing any NHS service from Shropshire Community Health NHS Trust.</p> <p>Where possible, PALS will help resolve problems and concerns quickly before they become more serious.</p>
Payment by Results	The aim of Payment by Results (PbR) is to provide a transparent, rules-based system for

	paying trusts.
PCT	<p>Primary Care Trust – the organisations that commission the services that the Trust provide. In Shropshire this refers to:</p> <p>Shropshire County PCT and NHS Telford and Wrekin</p>
Research	The aim of research is to gain new knowledge – to find out what you should be doing.
Strategic Health Authority (SHA)	<p>SHAs are responsible for:</p> <ul style="list-style-type: none"> • Developing plans for improving health services in their local area • Making sure local health services are of a high quality and are performing well • Increasing the capacity of local health services so they can provide more services • Making sure national priorities (for example, programmes for improving cancer services) are integrated into local health service plans <p>SHAs manage the NHS locally and provide an important link between the Department of Health and the NHS. For Shropshire, the responsible SHA is NHS Midlands and East</p>
Stakeholder	A person, group, organization, member or system who affects or can be affected by an organisation's actions
Tele-Healthcare	The use of electronic information and telecommunications technologies to support long-distance clinical health care, professional health-related education, public health, and health administration.
Virtual Ward	Virtual wards basically apply the function of a traditional hospital ward over a community based setting....meaning they have (variously configured) lead nurse, a ward clerk and ward rounds involving a multidisciplinary team, configured and meeting in a way that reflects the needs of each 'patient' admitted to the Virtual Ward.

For further information about the Trust please visit our website:
www.shropshire.nhs.uk/shropscommunityhealth

If you have any comments or queries about this Quality Account please contact our Patient Advice and Liaison Service on 0800 032 1107 or 01743 277689.