

Annual Report



Shropshire Community
Health NHS Trust 2011/12

Chairman's and Chief Executive's Foreword

New organisation, new challenges

CONTENTS:

Pages 1-2
Chairman's &
Chief Executive's
foreword

Pages 3-6
About us &
what we do

Pages 7-16
About our services

Pages 17-20
Quality & Safety

Page 21
Our Staff

Page 22
Future Plans

Pages 23-25
The Trust Board

Pages 26-38
Management
Commentary
& Financial
Statements



Mike Ridley
Chairman



Jo Chambers
Chief Executive

Shropshire Community Health NHS Trust came into existence on 1 July 2011 and brings together community health services formerly managed by the Shropshire County and Telford and Wrekin Primary Care Trusts. This Annual Report covers our first nine months from July 2011 to March 2012.

Healthcare in Shropshire is largely managed by four types of organisation. First, Clinical Commissioning Groups (which are largely made up of local GPs) decide what health services the local population needs.

Second, community health services across the county are managed by our own Shropshire Community Health NHS Trust which

provides services at the county's community hospitals in Bridgnorth, Whitchurch, Ludlow and Bishops Castle, together with District Nursing, Health Visiting and a wide range of other services provided outside the main hospitals, in people's homes and close to them.

Third, the three major hospitals in Shropshire provide acute in-patient, out-patient and emergency services, and are managed by The Shrewsbury and Telford Hospital NHS Trust (SaTH) and the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust.

Fourth, mental health services are provided by the South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

While NHS community services may not always be as visible to the public as the main hospitals, they play a vital role in supporting very many people who live with ongoing health problems, enabling them in many cases to continue to live at home. This is especially important in a large area such as ours, with increasing numbers of elderly people and others, including children and young people, with long term health conditions.

As a Community Trust, we have a unique role as an

essential 'connector' in the local health system, working directly alongside the many organisations that also provide care and support to people.

We are proud to be a Trust dedicated to providing services in local communities, working closely with GPs and the main hospitals, and with health staff experienced in community-working.

Within the relatively short time since we formed, we have brought staff together from two Primary Care Trusts, merging services, and establishing new systems. In doing so, we believe that significant progress has been achieved in laying the foundations for our main priorities - improving patient care, and working closely with our partner organisations to make sure patients receive well-coordinated care.

Against this backdrop we would like to express our thanks and great appreciation to everyone in the Trust for their hard work in making the transition as smooth and as seamless as possible. Without their dedication to providing high quality services, and enthusiasm for creating a dedicated community Trust, we could never have achieved so much in such a concentrated time scale.

Chairman's and Chief Executive's Foreword

We are conscious, too, of the fact that we work in partnership with many other organisations for the benefit of the population we serve. They include the two local Clinical Commissioning Groups in Shropshire County and Telford and Wrekin which lead on the development of health strategies across our local area. They include GPs, who are central to the delivery of front line primary care services. We also work closely with the two local authorities – Shropshire Council and Telford and Wrekin Council – that provide or commission social care services. We also work with the extensive network of voluntary and independent sector organisations across our area. We would like to thank our partners for their support to us as a new organisation, and to confirm our commitment to strong partnership working. By working closely together, we can

make a real difference to the health and well-being of our diverse communities.

Our immediate intention is to build on the good start that we have made as a new organisation.

We intend to develop the contribution that we make to the local health services through more integrated working with partners, to support the new Clinical Commissioning Groups as they fully take on new responsibilities for commissioning services and we will commence our major new capital development to build a new hospital/ health facility in Ludlow.

Additionally, we hope to be putting forward our application to be an NHS Foundation Trust, in line with national policy for all Trusts. Foundation Trust status brings increased independence (while remaining within the NHS) and also brings greater

influence for local people over local services through a membership process and a Council of Governors. We see this as a further way we can strengthen our partnership working with local people and communities.

Necessarily, this Annual Report provides only a snapshot of the achievements of our 1,400 staff. Highlights include our work in health promotion (such as smoking cessation, immunisation and weight management); improving access to vital pain-relieving services such as podiatry and physiotherapy; helping individuals to live with and maintain control of complex conditions such as diabetes; and extending the range of services available at our community hospitals.

We hope that you find this information interesting and helpful in building a

picture of how the NHS is changing and developing in your community. If you have any comments or would like to know more, please write to us at the address at the end of this foreword.

At the heart of what we want to do is the delivery of consistently high quality health services to adults and children in the community, whether in their own homes or in other settings. Wherever possible, we will seek to find opportunities for reducing the need for people to go to hospital and for helping them to stay healthy or preventing a long-term condition from getting worse. Local services for local people is very much our goal.

We aspire to be a listening organisation that takes full account of patients' experiences of the care we provide to them. We also aspire to deliver services that are safe and effective.

Alternative Formats

If you would like this report in a different format, such as large print, or need it in a different language, please contact our Patient Advice and Liaison Service who can arrange that : Tel: 0800 032 1107 Email: Soma.Moulik@shropcom.nhs.uk

Obtaining a copy of the Trust's full accounts

This annual report contains a summary of the Trust's financial accounts for 2011/12. Copies of the full accounts are available from the Trust Chief Executive's office on 01743 277688.

To comment on this report or ask for further information

Please write to the Chief Executive, Shropshire Community Health NHS Trust, William Farr House, Mytton Oak Road, Shrewsbury, Shropshire SY3 8XL

About us and what we do



Focusing on four strategic objectives

We will work to achieve our vision by focusing our efforts on the following four strategic objectives:

- 1. High quality care** - To exceed expectations in the quality of care we deliver
- 2. Transformed, locally accessible services** - To redesign services to provide more high quality care closer to home
- 3. Partnerships** - To deliver well-co-ordinated, effective care by working in partnership with others including local authorities, GPs, acute and other health providers, third sector organisations and staff
- 4. Organised for success** - To provide the best services for patients by becoming a more flexible and sustainable organisation

Providing care in your home, at local clinics and in our four community hospitals.

We were formed as a Trust on 1 July 2011, in line with a national policy called 'Transforming Community Health Services'. Under this policy, all Primary Care Trusts (PCTs) identified alternative organisations to run their community health services, so that the PCTs could focus purely on their role as commissioners of health services rather than also providing them.

As one of 18 specialist NHS Community Health Trusts in the country, we provide community health services to people in their own homes, local clinics, health centres and GP surgeries, and at four community hospitals in Bishops Castle, Bridgnorth, Ludlow and Whitchurch.

These services include, for example, community nursing; health visiting; school nursing; podiatry; physiotherapy, occupational

therapy and support to patients with diabetes, respiratory conditions and other long-term health problems. In addition, we provide a range of children's services, including specialist child and adolescent mental health services.

Around 1,400 whole time equivalent NHS staff who work for our Trust deliver these services to a population of 456,000 people at an annual cost of about £76 million.

Working together on a vision for the future.

Since we came into being, we have worked with a range of local organisations to formulate our vision for the future and our key strategic objectives. Essentially, the vision we have agreed on is to be *"the best local provider of high quality innovative services near people's homes, working closely with partners, so people receive well co-ordinated effective care."*

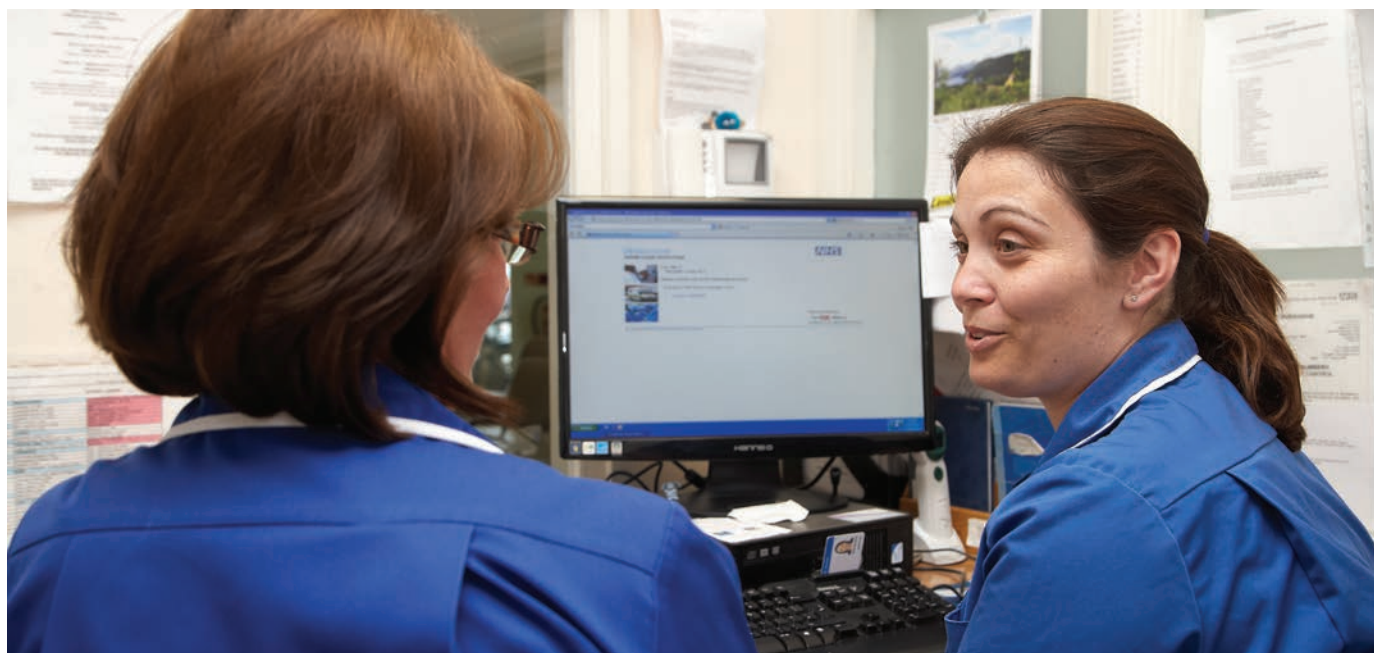
How we are run

The Trust is managed by a Board, which consists of Executive Directors (who are senior managers within the Trust) and independently appointed lay Non Executive Directors, who bring experience from a variety of sectors to help the Trust's work – for example from the voluntary, commercial and social care sectors.

The Trust Board meets in public every month and members of the public are welcome to attend. Board papers are available on our web site, www.shropscommunityhealth.nhs.uk.

In 2013, we shall be putting forward our application to be an NHS Foundation Trust, which if successful, will bring about some changes to our management arrangements. As a Foundation Trust, we would still very much be within the NHS, but with public members who in turn elect a Council of Governors that works alongside the Board of Directors.

About us and what we do



Measuring our progress

As a new organisation, we have a performance dashboard of indicators which assesses our compliance with things that affect the safety, effectiveness and experience of our service users. The Trust Board reviews progress on these at each of its meetings and agrees any actions needed. The performance measures we use can be national, regional or local, and continue to be developed to ensure they cover all the areas needed to monitor the progress we achieve. The indicators include, for example:

- Healthcare acquired infection rates (MRSA bacteraemia cases)
- Number of patients developing pressure ulcers
- Staff sickness absence

Complaints

• Patient falls

Currently, we are developing additional outcome measures against which to assess our progress, including the redesign of clinical pathways that patients follow for their care and treatment and the way in which we engage with other organisations to ensure that patients receive the best possible combinations of care and support. Key areas to focus on are outlined in our Quality Account which was developed in conjunction with service users, staff and partners.

Strategic alliances

We work with a number of other partners to provide services in an integrated way. For example, Trust staff and local authority social care staff work alongside each other in combined teams to deliver certain children's services.

At a strategic level, we work collaboratively with local health commissioners and other health providers to develop plans for new clinical service models and patient pathways – for example in providing urgent unplanned care and making the best possible use of all available resources in Shropshire and Telford and Wrekin.

Performance in meeting key indicators

In this section we set out how the Trust has performed against some of our key indicators.

% of patients seen and treated within 18 weeks of being referred (where they did not need to be referred to hospital)

The target is for at least 95% of patients in this category to be treated in this timescale. Our services exceeded this, and our percentage over the period was 97.2%

% of patients seen within 4 hours in minor injury units

The target is for at least 95% of patients to be seen within 4 hours. Our services saw 99.9% of such patients within 4 hours.

Single sex accommodation breaches

We had no single sex breaches in the period. This relates to the national standard to ensure we maintain patients' dignity in hospital by ensuring that men and women do not have to share accommodation.

% of patients whose NHS number was recorded

This is important for patient safety, because it ensures we are using the NHS number as a unique identifier to make sure the right patient is getting the right treatment every time. Against a target of our systems ensuring that at least 95% of our patients have their number, we achieved 99.9%

% of target group receiving HPV immunisation (3 doses)

This indicator is about teenage girls receiving the HPV vaccination from our school nursing teams

which protects them against cervical cancer. As a new Trust we have not yet reached the point of having given 3 doses, but so far have achieved just above the national target of 90%.

Preventing Falls

We have a goal to prevent falls of patients in our care, and against a target number of no more than 372 falls we had 368 in the period. With more confused elderly patients using our community hospitals, there is a trend to more falls, and we are taking steps to help prevent them, including carrying out risk assessments and making sure we have equipment such as special beds to reduce risk.

There are some performance indicators where we are making particular efforts to improve, and these include:

The number of patients who have a pressure ulcer of grade 3 or 4 while they are in the care of our services

Preventing pressure ulcers is a major priority for us, as we recognise the harm and distress they cause patients. Against a local target of no more than 24 patients with more serious grade 3 and 4 pressure ulcers in the period to 31 March, we have had 52 patients. We take reducing this very seriously and have an action plan aiming to have no avoidable pressure ulcers by December 2012. Our action plans include training for staff, awareness raising for patients and carers, and ensuring pressure relieving equipment is readily available and used.

Staff sickness absence rate for nurses

Against a national guideline of 3% sickness absence rate for nursing staff, our rate has been 4.9% for the period ending 31 March. We have a range of actions to address this, including work by our Occupational Health department to support staff with illness, help them be fit for work, and promote healthy lifestyles.

Financial duties

The Trust has four statutory financial duties. All these were met, with the exception of achieving a capital absorption rate of 3.5%, which does not apply to the Trust because in line with national policy, it does not hold land or building assets. The Trust achieved its breakeven duty in 2011/12 by delivering a surplus of £1.6m. More details on the financial duties are shown on page 29. An important element of securing the Trust's surplus was the Cost Improvement Plan (CIP). The annual savings target was £2,688,000 and the Trust delivered in excess of this amount at £3,001,000.

Providing High Quality Services

The Trust provides services in or near peoples' homes and workplaces at every stage of life – for children and young people, for adults, and for elderly people. The table below indicates just some of the range of services we provide. Many of the services are provided in close partnership with others – for example, adult learning disability services are delivered jointly with the local authority, and health visitor teams work closely with Sure Start centres and schools.

Community services	Community hospitals and treatment centres	Children's and specialist services
Interdisciplinary teams including community nurses and therapists	Community hospital inpatient, outpatient and diagnostic services: -Whitchurch -Ludlow -Bridgnorth -Bishops Castle	Child and Adolescent Mental Health Services
Diabetes specialist nursing	Specialist GP-led outpatient services	Health visiting
Falls prevention	Urgent assessment centres at Shrewsbury, Bridgnorth and Oswestry	School nursing
End of life care	Minor Injury Units	Nurse- led home visiting for young mums (Telford and Wrekin)
Community equipment/home delivery	Day surgery	Looked after children's health
Continence service		Safeguarding
Physiotherapy		Children's Medical and Therapy service
Podiatry		Community dentistry
Wheelchair service		Prison health
Adult learning disability service		Substance misuse service
		Sexual health
		Health improvement services

Improvement initiatives for children & families

From Rubberband to HENRY

Several successful health improvement initiatives were introduced or expanded during the year to help children and families.

Health Champions

A total of 30 people have now graduated from our 15-week Health Champions course, which



trains volunteers to raise awareness of healthy living in their own communities, identify key health issues affecting local people and develop new ideas on effective ways of improving health.

Rubberband

In addition, around 3,700 people attended one of the Trust's Rubberband workshops designed to train volunteer students aged 16 to 19 to become 'peer educators' in their schools and colleges.

Emphasis is placed on equipping them with the knowledge, techniques and confidence to talk to their fellow students on topics ranging from drugs, alcohol and sexual health to emotional well-being, healthy eating and the importance of engaging in regular physical activity.

Community Food

Over 5,000 people – 2,000 more than our target at the start of the year – attended Community Food activities including practical cookery sessions, healthy eating advice, basic nutrition training and weaning toddlers on to solid foods.

Why Weight? Mums

Weight management has also featured prominently in our health promotion work. For example, over 100 pregnant women taking part in the Why Weight? Mums programme received regular 'one to one' advice to help them minimise their weight gain. Around 70% of those who

started the course achieved their goal of not putting on more than 7 kilos during pregnancy.

HENRY

Other health improvement programmes have focused on the needs of children, such as HENRY (Health, Exercise and Nutrition for the Really Young). Over eight weeks, the course engages parents of youngsters aged generally between 2 and 4 in looking at what makes a healthy meal, how best to control portion sizes, and ways of encouraging their children to choose healthy options for play.

YW8 programme

Likewise, the YW8 junior programme for families with children aged 5 to 7 has been piloted and successfully rolled out across the Trust. The aim is to help parents ensure that their children maintain a healthy weight for their height and, if necessary, make long-term lifestyle changes to achieve this. Our local YW8 programme for 8 to 13 year olds attracted 67 participants in 2011/12, with a 72% retention rate at 12 weeks.

Alcohol awareness

Nearly 7,800 young people, parents and school staff attended 326 alcohol awareness sessions during the year.

Improvement initiatives for adults & older people

From Women in Motion to Fit for Men

Volunteer input

Over 200 volunteers have been actively engaged during the past year in supporting our health improvement work in Telford and Wrekin. Altogether, around 23,000 people have benefited by attending education and awareness sessions on physical activity, mental health, alcohol and other key topics affecting their well-being.

Single point of access

A single point of access for health improvement support was established during the year. Based at First Point Civic Offices in Telford, it serves as a gateway into a wide range of information and advice on health improvement activities available in the area, making it easier and simpler for local people to access the support they need.

In partnership with NHS Health Check

The Trust has also now entered into partnership with the NHS Health Check programme, which invites everyone between the ages of 40 and 74 to attend once every five years for an assessment of their personal risk of heart disease, stroke, kidney disease and diabetes, followed by advice on how best to reduce or manage that risk. Since the partnership started, our health trainer service has seen a 53% increase in referrals.

Make Every Contact Count training

Staff working in our health improvement service have all undergone Make Every Contact Count training to ensure that they are fully equipped with the skills and techniques they need to advise

the patients they see on a one to one basis. The thinking behind this is that a single conversation with a patient attending a routine appointment may lead to someone taking the first important step towards better health.

Women in Motion and Exercise for All

Significantly, uptake of our Women in Motion, Exercise for All and Green Gym initiatives has exceeded expectations in 2011/12, thanks to effective use of social marketing tools and excellent partnership working in the local community.

The Women in Motion scheme delivers weekly low cost gym sessions, netball, badminton and circuit training, plus free access to running and walking groups across Telford and Wrekin. Exercise for All offers numerous exercise classes for people of all levels of fitness. Both programmes were runners up in the Shropshire, Telford and Wrekin Sports Partnership Energize awards for 2011.

NHS Fit for Men

Uptake of places on our NHS Fit for Men programme were slightly below the target for the year. Targeted at overweight and inactive men, it provides regular health checks and instructor-led gym sessions.

To increase participation over the next twelve months the length of the course has been reduced from 24 to 12 weeks and a concerted attempt is being made to promote the benefits in areas from which referrals have previously been low.

Falls prevention funding

Additional funding has been secured by the Trust to support its new Falls Prevention exercise programme for older people assessed as being at high risk.

Help 2 Quit success rates now at their highest for five years

The past year has seen the highest success rates since 2007 for Shropshire and Telford and Wrekin residents who have quit smoking at 4 weeks and 12 weeks in our free Help 2 Quit programme.

Intensive support

The scheme offers intensive support to smokers wishing to conquer their nicotine habit once and for all and is available in most GP surgeries as well as in pharmacies, schools and hospitals across the area.

Specially trained Help 2 Quit advisers, including practice nurses, midwives, pharmacists and school nurses, spend up to 30 minutes talking to their clients about their motivation for quitting and identifying what are potentially the best ways of rising to the challenge. Ongoing help and support are then provided for the following 12 weeks.

More courses are now being delivered over longer hours, with participants recording over 90% satisfaction levels.

Working to improve

Vaccination uptake

Priority was given throughout the year to meeting national targets for immunisation against a range of diseases.

Joint effort on hepatitis B and flu

Our specialist team has worked closely with the Health Protection Agency, as well as the microbiology unit in The Shrewsbury and Telford Hospital NHS Trust, in ensuring that individuals at high risk of hepatitis B infection are protected through vaccination.

Similarly, our team has collaborated effectively with local GPs, public health specialists and midwives to increase the uptake of seasonal flu vaccine by pregnant women.

Childhood vaccinations

In an effort to improve childhood vaccination rates, particularly where no one has turned up for a scheduled appointment at the clinic, domiciliary visits have been introduced for 'hard to reach' families in the Telford and Wrekin area.

It is hoped that this initiative will result in more children receiving the full range of early vaccinations in households where the importance of protecting children against diseases such as polio and whooping cough may not be fully appreciated.

HPV vaccine

Figures for 2010/11 show that we did not achieve the national target of at least 90% coverage among 12 and 13 year old girls for all three doses of the HPV (human papilloma virus) vaccine. HPV is responsible for an estimated 70% of cervical cancer cases. Early steps to reduce the risk of infection in later years is therefore extremely important.

To achieve the target, this year we have changed the timetable so that the vaccines are offered during the autumn, rather than summer school term. There is also a shorter turn around time between consent being obtained and the vaccines being administered than before. The signs are encouraging, with a higher response rate having been recorded in the most recent immunisation round.

Sexual health services

Patient experience audit - Sexual health services provided in community clinics across Shropshire and Telford and Wrekin were scored as 'excellent' or 'good' by 97% of patients who took part in a patient experience audit conducted during the year.

Other developments included:

- successful introduction of a walk-in GUM (genito-urinary medicine) clinic
- reorganisation of service to better target the needs of vulnerable individuals from hard to reach groups
- target met for screening young people for chlamydia, a sexually transmitted infection that is estimated to affect one in 14 of those aged under 25 and, in many cases, does not present with symptoms

Fall in healthcare associated infections

Audit demonstrates compliance

A comprehensive audit by our infection prevention and control team demonstrated compliance across the Trust with the Care Quality Commission's requirements under the Health and Social Care Act 2008.

Whilst national targets for reducing healthcare associated infections are set for Primary Care Trusts on a population basis, we recognise as a provider of a wide range of community health services that we have an obligation to help both

Shropshire County and Telford and Wrekin PCTs achieve their targets.

MRSA and C.difficile

Significantly, over the past year there have been reductions in both MRSA and C.difficile infections recorded across Shropshire and Telford and Wrekin.

In 2011/12, a total of 5 MRSA cases were identified, of which 2 were known to the Trust's community nursing service prior to diagnosis. This represents a 50% reduction over

2010/11 figures, when a total of 10 cases were recorded of which 4 were known to our community nursing service.

In the same year there were 147 C.difficile cases in Shropshire and Telford and Wrekin, representing a 23% reduction over the previous year. Of the total, only 1 case was diagnosed after admission to one of our community hospitals, a reduction of 75% compared with 2010/11.

Working to improve

Moving forward in diabetes care, with increased emphasis on education for patients and professionals

We give a high priority to helping diabetes patients understand the key factors that influence their condition and how best to keep their blood glucose levels within the target range for good health. Problems arise from having either too much or too little glucose in the blood.

Expanding STILE course on Type 1 diabetes

During the past year our specialist diabetes nursing team has expanded its education programme aimed specifically at people with Type 1 diabetes, whose bodies are producing no insulin naturally and who, without injecting themselves with the right amounts of synthetic insulin at the right time, would be unable to keep their blood glucose under control.

The STILE education programme, which takes place one day a week for four weeks, is designed to help patients with Type 1 diabetes to work out as accurately as possible the amount of carbohydrate in the food they eat and, by doing this, to calculate the amount of insulin they need to inject.

In 2011/12, a total of 111 people attended STILE courses. Patient feedback indicates that the lessons learned are proving invaluable to them in effectively managing their condition.

X-PERT programme for Type 2 diabetes

Specialist diabetes nurses working in Shropshire and Telford and Wrekin



have also continued to run courses for people with Type 2 diabetes, whose bodies

are not producing enough insulin or whose naturally produced insulin is not working properly.

The X-PERT programme is targeted at patients with this form of diabetes. Run over six weeks, it gives participants information about the types of medication they may be prescribed, the carbohydrate content of different foods, how to maintain a healthy weight, and the care and support available to them.

During the year 294 patients took part in X-PERT diabetes courses, with update conferences held in June and July 2011 for all those who had previously completed the programme.

Other developments

Other key developments in diabetes care have included:

- increased support for children with diabetes who are using insulin pumps;
- expansion of the paediatric diabetes nursing service to Powys;
- a conference for children with diabetes and their parents;
- introduction of continuous sensory glucose monitoring for adults with diabetes to help identify the patterns of high and low blood glucose levels and work out potential solutions;
- initiation of an advice line available in the morning for patients and health care practitioners;
- appointment of a diabetes specialist dietician for patients in the Telford and Wrekin area;
- further certificate in diabetes courses held for health care professionals.

Working to improve

Physiotherapy and podiatry services



Waiting time target achieved

During the year we consistently achieved our target waiting times for musculoskeletal physiotherapy. Patients with clinically urgent needs for the service were seen within one week, with routine referrals generally seen within four weeks.

This form of physiotherapy involves a range of treatments including therapeutic exercise, soft tissue massage, electrotherapy and hydrotherapy, as well as advice on posture and pain management. It may be prescribed for patients with conditions affecting the muscles, bones, joints, nerves, ligaments, cartilage and spinal discs.

Musculoskeletal podiatry

A musculoskeletal podiatry service has also been launched in the Bridgnorth area for patients with foot pains which, in some cases, co-exist with other lower limb and back pains.

Podiatrists trained in musculoskeletal practice are able to identify the causes of lower limb problems in order to resolve a multitude of problems that can make walking, running and even standing an unpleasant experience. Treatment may involve manipulation of joints, muscle and tissue stretching and changes to footwear.

Access through NHS Choose and Book

Podiatry in Shropshire and Telford and Wrekin is now available through the NHS Choose and Book system operated in GP practices throughout the area. It means that patients with foot problems can be seen more quickly than if they had waited for a 'secondary care' appointment in hospital and, by being seen more quickly, are likely to start treatment sooner than they would otherwise have done.

Satellite foot clinics for diabetes patients

Another important development in 2011/12 was the establishment of satellite foot clinics in a range of community locations for patients with diabetes who, because of the risk of circulatory problems arising from their condition, have to be especially mindful of foot health. Looking ahead, our podiatry service will seek to improve information to patients about what it does and



does not provide. For example, access to our specialist staff depends on an assessment of medical need. They do not offer services such as nail-cutting.

Shropshire enablement team moves to a single base

In May 2011 the Shropshire Enablement Team (SET), which provides a specialist rehabilitation service to people of working age who have been disabled by accident or illness, moved to a single base at Lancaster Road in Shrewsbury after having previously worked from two separate buildings with limited clinical space.

Staff have worked hard to maintain continuity of care for their patients while construction and refurbishment work was carried out in their new premises.

Better environment and more integrated working

The improved environment and more integrated working across the whole team will allow staff to provide better support to their patients, a large proportion of whom have been affected by one of the following:

- head injury due to trauma;
- brain injury due to stroke, encephalitis, meningitis or tumour;
- progressive neurological conditions, such as multiple sclerosis, Huntington's disease or Parkinson's disease;
- chronic fatigue syndrome (ME).

The team works with patients to help them manage routine daily activities, improve their mobility,

Working to improve

effectively with family members and friends, eat well, control their weight and deal with medical problems arising from their condition.

Improving access for stroke patients

Over the past year the team has worked very closely with Shropshire and Staffordshire Heart and Stroke Network to improve stroke patients' access to care and produce a new directory of stroke services.

Community equipment service met waiting targets

Our community equipment service achieved its target of delivering requested items within seven working days in 99% of all cases, with an average delivery time of three working days.

The types of equipment provided to patients range from wheelchairs and postural support chairs to pressure relieving mattresses, ramps, grab rails and communications aids.

Aid to rehabilitation and enhanced mobility

All these items are intended to assist patients in their rehabilitation from illness and maintaining their independence and mobility to the greatest possible extent. Overall, the aim is to avoid the need for them to go into hospital by ensuring that they can cope with day to day living in their own home.

Wider range of powered wheelchairs

The team has extended its range of powered wheelchairs, giving patients a wider choice of options. The number of special seating clinics has also been expanded.

Krys Jarvis, the manager of our wheelchair and posture service, was appointed during the year as chair of the National Wheelchair Managers' Forum.

Expanding advanced primary care services as a faster and reliable alternative to hospital

'Advanced primary care services' are those which treat patients who require specialist care but do not need to go to hospital to receive it.

By providing an alternative that is closer to home, the NHS is able to deal more efficiently with many cases and the patient benefits by not having to travel to and stay in a major hospital. In this sense, everyone benefits.

Our Trust offers a wide range of advanced primary care services for skin problems; conditions affecting the bones, joints and muscles; chronic lung disease; ear, nose and throat disorders; and gynaecological problems.

In 2011/12 a number of steps were taken to expand and enhance advanced primary care services across Shropshire and Telford and Wrekin.

GPs with a special interest

Two additional GPs with a special interest in dermatology were appointed to allow more patients to have their skin problems assessed and treated outside hospital.

Paediatric clinics introduced

Specific paediatric clinics have been introduced to ensure that children are seen in a timely manner.

New equipment for ENT

ENT services provided at Oswestry Primary Care Centre are about to benefit from the installation of nasendoscopes that enable doctors to examine the cavities in the nose and upper airways. This will assist, for example, in the diagnosis of recurrent bleeding from the nose or the investigation of persistent sore throats and difficulties in speaking and swallowing.

Accreditation

The Trust was also successful during the year in achieving independent accreditation of all its advanced primary care services and the GPs with a special interest who work in them.

Awareness-raising

Looking ahead, the Trust will seek to raise awareness of the existence of these services, which are currently available in Oswestry, Shrewsbury, Bishop's Castle, Church Stretton, Ludlow, Bridgnorth, Market Drayton and Whitchurch. The aim is to ensure that all patients know they have an alternative to attending an acute general hospital for investigations and treatment.



Partnership is vital



The new Oswestry Health Centre



Partnership working is vital between community hospitals and locality services

Effective partnerships between the Community Health Trust, The Shrewsbury and Telford Hospital NHS Trust, the two local Primary Care Trusts and Clinical Commissioning Groups and social care providers enabled better use to be made of the available beds and other services during the winter months.

Short-term rehabilitation in Whitchurch

A good example of this approach took place in Whitchurch, with Greenfields nursing home providing short-term rehabilitation beds to enable Whitchurch Community Hospital beds to be used for transfers of patients from the acute sector.

Reduction in delayed discharges

The number of delayed discharges from our Community Hospitals has fallen again in 2011/12, with the target for the year having been easily met.

Waiting times met

Outpatient clinics across our Community Hospitals also achieved their target that over 97% of patients should be seen within a maximum of 18 weeks after being referred. This resulted from additional clinics being provided where necessary and close monitoring of patient waiting times.

Our minor injuries units (MIUs) in Oswestry, Bridgnorth, Ludlow and Whitchurch were successful in meeting national waiting time targets. MIUs treat patients for conditions such as cuts, lacerations, sprains, bruises, bites, wound infections, foreign bodies in the eyes, ears and nose, simple fractures, minor head injuries (with no loss of consciousness), and minor burns and scalds.

Oswestry Health Centre

During the year, staff in our dental, diabetes, podiatry, health visiting and school nursing teams working in the north of Shropshire moved into the newly completed Oswestry Health Centre building in Thomas Savin Road. This is an impressive new building, offering new and very spacious accommodation for patients.

Bridgnorth Hospital

The Trust continues to work with partners ensuring maximum use is made of the new Day Surgery Unit at Bridgnorth Hospital.

New Ludlow Health Facility



New Ludlow Health Facility Planning permission for new facilities at Eco Park site

The planning application for an exciting new £27 million health facility at Ludlow, including a Community Hospital and new premises for the two current Ludlow GP practices, was approved by Shropshire Council during March 2012, opening the way for construction to start later in the year. It is hoped the new facilities, to be located at the Ludlow Eco Park site, will open in 2014. A full range of services will continue to be provided at the existing Ludlow Hospital until they are able to move to the Eco Park site in around two years' time. The Business case for the scheme has now been approved.

Opening of new renal dialysis unit

After a refurbishment programme funded jointly by the Trust and the League of Friends of Ludlow Hospital, a new renal dialysis unit

was opened during the year on Clee ward. The service, run by The Shrewsbury and Telford Hospital NHS Trust treats up to eight patients a week. Previously, patients had to travel to Shrewsbury for treatment. The project represents a highly successful example of local partnership working.



Award for benign prostate cancer clinic

The benign prostate cancer clinic at

Ludlow Hospital won the Dr Steve Hugh Award for Quality in Primary Care for 2011. The award recognised

the efforts made by the clinical team to provide rapid access to diagnosis and treatment for men in the south west of Shropshire whose quality of life is impaired by non-malignant prostate problems. Use of the internet, electronic communication techniques and telecare plays a significant part in the success of the scheme.

Capturing patient feedback

Patient feedback on their experiences of care at Ludlow Hospital has been captured on a 'you said, we did' board located in the outpatients department, which records not only the issues raised by individuals but also the action taken to respond to their ideas and concerns.

Children's nursing service

Specialist constipation service

Our children's nursing service was short-listed as a finalist in the National General Practice awards 2011 for its innovative work in setting up a specialist constipation service for children.

The service provides nurse-led assessment, education and treatment for children aged 6 months to 18 years in a variety of community settings within Telford and Wrekin. A paediatric clinical psychologist is also a member of the team.

The severity of constipation is often under-rated, despite having a huge impact on the children and their families in all aspects of their lives. This service provides them with the necessary support and advice to help them manage their condition and live as normal a life as possible.

Funding for enteral feeding initiative

In addition, during the year our children's nursing service secured funding through a Queen's Nursing Institute award to ensure prompt and appropriate treatment for

children whose nutritional needs can be met only by protein, carbohydrate, fat, water, minerals and vitamins being fed directly through a tube into the stomach or duodenum.

Hospital at home service

The team is working to develop the 'hospital at home' service, which provide short-term acute medical care to patients in their own homes and thus avoids the need for them to be admitted to a major hospital for treatment.



Accolades for school nursing team

Funding was awarded during the year by the Queen's Nursing Institute to help our school nursing team develop a mobile phone texting service targeted at young people. This, it is hoped, will deliver key messages to pupils and students about their health and well-being.

Short-listed for National General Practice award

The school nursing team was also short-listed in the long-term conditions category of the National General Practice awards for its work in supporting schools and families with children who have asthma.

The team has put a strong emphasis on ensuring that teachers have the information, training and help they

need to keep children safe during the school day.

Other developments in 2011/12 included:

- introduction of a nurse-led service for children with enuresis (bed-wetting and lack of urination control);
- completion of Fit4families (weight management) pilot project.

Children's nursing service



Developments in specialist children's services

Our Trust provides a wide range of specialist children's services, with clinics held at a large number of community locations across Shropshire and Telford and Wrekin.

Tackling clinic non-attendances

During 2011/12 our paediatric staff have worked hard to reduce the number of non-attendances at clinics and ensure that children with health problems receive timely and appropriate medical support.

Improvements in booking systems, more flexible use of available staff and systematic following up of non-attendances have combined to achieve a drop in the number of missed appointments compared with the previous year.

Positive feedback from families

Children's occupational therapy and physiotherapy services have continued to receive positive feedback from the children and families who use them.

Waiting times for occupational therapy appointments fell during the year. Efforts to achieve further reductions are being maintained, with priority given to better use of clinic space and the routing of referrals to the most appropriate service.

Physiotherapy waiting times have remained consistently low.

Child development centre review

A review of the Telford Child Development Centre was completed in the autumn of 2011, with an action plan agreed to follow up on its findings.

Support for looked after children

Steps have also been taken to improve support provided to families with adopted or fostered children (collectively referred to as 'looked after children'). During the year we achieved our target of conducting health reviews for at least 90% of this group.

Child and adolescent mental health services

We provide child and adolescent mental health services for Shropshire and Telford and Wrekin. Our specialist team comprises psychiatrists, clinical psychologists, mental health nurses and social workers.

Highest national rating for the range of services offered

For the past three years the team has been rated at the highest level in a national test for the range of services it offers, including:

- 24 hour/seven days a week cover to meet the urgent mental health needs of children and young people
- the mental health care provided for children and young people who also have a learning disability
- services targeted at 16 and 17 year olds that are appropriate for their age and level of maturity
- early intervention support services

In line with best practice, we provide a learning disability service in the community that is specifically geared to meeting the needs of children who also have mental health needs.

To plug what has previously been recognised nationally as a gap in services, members of our team also assess and support able autistic children.

Quality and safety

Our record on quality and safety

As an NHS organisation we are required each year to publish a Quality Account that describes the standards of the services we have provided and sets out our plans for further improving their quality over the following 12 months. Here, we summarise key points from our Quality Account for 2011/12.

OUR PRIORITIES FOR 2011/12

Reducing avoidable hospital admissions

One of the agreed priorities for the year was the reduction of avoidable hospital admissions. To this end the Trust introduced case managers in Telford and Wrekin and community matrons in Shropshire to manage patients with long-term conditions in their own homes and other community settings.

Other developments during the year included a new unscheduled care service, investment in tele-healthcare and expansion of the virtual ward – all designed to move care out of acute hospital settings and into the community wherever possible.

Reducing health care acquired infections

A second priority for 2011/12 was the reduction of infections caused by 'superbugs'. No breaches of MRSA targets in Shropshire or Telford and Wrekin were recorded. Support was also provided to GP practices in their efforts to reduce antibiotic prescribing and, in so doing, to combat the growth of bacterial resistance to this group of drugs.

Preventing falls

Preventing falls, along with the fractures associated with them, was a further priority for the Trust. Initiatives taken during the year

included education and training for clinical staff, patients, volunteers and carers, as well as linking up falls prevention activities with the work of staff involved in medicines management and the promotion of nutrition and hydration in older people.

Preventing pressure sores

We have also been striving to improve the care of patients who have, or are at risk of developing, a pressure sore. This is important for patients being cared for in their own homes, in our community hospitals and in care homes across Shropshire and Telford and Wrekin. As a matter of routine all patients are assessed for pressure sore risk within six hours of admission or on first contact with community health services. We are very keen to work closely with

other health and care agencies, to reflect the complex needs of people now supported to remain in the community and their complex care plans. By working together with other agencies, and with service users themselves and their carers, we stand a much better chance of reducing the incidence of pressure sores and the distress they cause.

Learning from patient feedback

Our fifth priority was to enhance and learn from patient feedback. As a sign of our commitment, we have signed up to the independently run Patient Opinion initiative, which invites patients to tell their stories based on their experience of NHS care. A Trust-wide workshop was held in February 2012 to promote awareness of the scheme across all the services we provide.

Prison healthcare targets met

We provide healthcare support to HMP Stoke Heath in Market Drayton which, over the past year, has switched from being a prison for young offenders to a prison for adults.

Despite the significant adjustments needed in catering for the specific needs of a different age group, our nursing team's targets for clinic numbers and patient contacts have been exceeded.

In March 2012 Her Majesty's Inspector of Prisons (HIMP)

visited HMYOI Stoke Heath. The inspectors' report highlighted the good practice within the health care provision and the positive links with other agencies.

The HIMP report published in December on the inspection of HMP Shrewsbury also highlighted good health service provision, and CQC compliance. Both prisons have also just reviewed their annual Prison Health Performance quality Indicators (PHPQI), and early indications show that we have improved on last year.

A LISTENING ORGANISATION

We aspire to be a listening organisation, both as a provider of health care to patients and as an employer of staff.

Patient surveys

In July 2011 – just after our Trust was formed – we carried out a survey

of patients to find out what they thought about the care they had received. The survey was repeated in March 2012.

Patients who had been admitted to one of our community hospitals were asked about their reception on the ward; the amount of time they

Quality and safety

were given to discuss their condition and concerns; how well the purpose of their medication was explained to them; whether discharge arrangements took full account of their home situation; and whether they were told who to contact after discharge with any worries they had.

Patients who had received specialist community health care for diabetes, continence, chest disease or problems affecting the joints and muscles were asked about the extent to which they were involved in decisions about their treatment; their medication; out of hours support; and their overall level of satisfaction.

How we have responded

It was clear from the surveys that, whilst a majority of patients were satisfied, there was still room for improvement. We have listened and, wherever possible, we are taking action.

For example, patients told us that the new health centre in Oswestry was difficult to find. So we have improved the road signage. Patients also told us that they 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.

A SAFE ORGANISATION

Clinical audits

As well as being a listening organisation, we aim to be a safe organisation. We undertake a wide range of clinical audits to evaluate the standards of our services. In 2011/12, for example, these included reviews of health visitors' and community nurses' record keeping;

the booking of appointments with our community paediatricians; the way we assess children and young people with depression; and speech and language therapy outcomes.

Safety thermometer

During the year we have piloted the NHS 'safety thermometer', a tool that allows clinical teams to measure on one day each month the proportion of their patients who are 'harm free' and the degree to which any of them may have been harmed by the care and treatment they have received. This information is used alongside other measures such as adverse incidents reported, staffing levels and patients' level of need, to plan any actions needed to make improvements.

Piloting CQC assessment tool

We have also taken part in the piloting of the Care Quality Commission's Nursing Practice Assurance Framework, with other Trusts in the NHS Midlands and East Strategic Health Authority, which is designed to enable clinical teams to assess how far they are compliant with the CQC's 16 essential standards for patient quality and safety.

OUR PRIORITIES FOR 2012/13

Learning from our experience in implementing last year's plan, we are now focusing on our agreed priorities for 2012/13. These have been developed with involvement from patients' representatives and staff. This year our priorities are:

Eliminating avoidable grade 2, 3 and 4 pressure sores by December 2012

We have continued with our focus on reducing pressure sores – this time with a very specific target of eliminating all grade 2, 3 and 4

sores occurring in patients we care for in their own homes or in other settings. We are seeking to achieve this by:

- creating a culture of zero tolerance to pressure sores
- mandatory training for clinical staff on preventing pressure sores
- training for patients, carers, volunteers and local authority staff
- ensuring that pressure-relieving equipment is delivered at the earliest possible opportunity to those who need it

Reducing the number of patient falls occurring in our community hospitals

We want to reduce the number of patient falls in our community hospitals compared with figures for 2011/12. We are seeking to achieve this by:

- training for clinical staff in falls prevention techniques
- robustly investigating and challenging clinical practice where a fall occurs, especially if it has resulted in significant harm to the patient
- falls prevention classes for patients, carers, volunteers and local authority staff
- closely monitoring the prevalence of falls in our community hospitals

Quality and safety

Delivering better patient experience for those who use our services

We recognise that we provide a wide range of services to patients in a wide range of different settings, including their own homes, GP surgeries, clinics, health centres and community hospitals.

This in itself poses a particular challenge to the Trust in ensuring that the quality of care provided is consistently maintained. We are seeking to achieve this by:

- establishing a group to oversee and co-ordinate patient experience work across all parts of the Trust

- ensuring that in all future patient experience surveys we ask the question: how likely is it that you would recommend the service to friends and family?

- increasing the visibility of our PALS service throughout the Trust and disseminating information about it to libraries, community centres and charity groups

Delivering integrated care

We are committed to providing 'joined up' services with our partners in social care and the voluntary sector. Patients have told us that the information provided

to patients discharged from our community hospitals could be improved, and that they would like to see better co-ordination between our community health services and those provided by other organisations. We are aiming to achieve this by:

- involving patients and their families more fully in discharge arrangements;
- liaising more effectively with our partners to provide a seamless package of care in the community.

Patient Advice and Liaison service (PALS)

In the period from 1 July 2011 to 31 March 2012 our patient and liaison service (PALS) dealt with a total of 179 enquiries. Some of the most frequently raised subjects included:

- quality of clinical care and treatment provided
- access to services
- patient satisfaction surveys
- patient records
- information for patients
- appointments
- communication

Learning from patients' experiences

One of the key aims of PALS is to ensure that lessons are learned from patients' experiences, so that small changes are made to the way things are done with, it is hoped, a big difference made to the quality of care provided in the future.

Changes and improvements made

Changes and improvements have been made over the past year as a



result of suggestions received by our PALS. For example:

Notices are displayed in immunisation clinics explaining that health visitors need to focus their attention on preparing the vaccines and delivering them safely to the children they see, and that parents wishing to talk about other aspects of their child's health should arrange this on a separate occasion.

Podiatrists have established a rota system to ensure that patients' emails are picked up daily and responded to as necessary.

A whiteboard has been installed in the waiting area of Whitchurch Hospital to keep patients informed about waiting times and delays.

Access to records

Under the Trust's data protection policy it is possible for patients to request sight of the information we hold about them, their condition and their treatment.

No charge is made for viewing paper or computer records or for copying computer records. However, to cover the costs involved a charge is made for copying paper records or a mix of paper and computer records.

The charge is £10+30 pence per copy, with a maximum charge of £50.

For copies of X-rays, the charge is £10 + £10 per CD and £5 per film, with a maximum charge of £50.

In cases of hardship, the Trust may waive the charge.

Quality and safety

Complaints

We recognise that sometimes we don't meet patients' expectations or things don't go as planned – we value complaints and view them as a positive opportunity to learn lessons to ensure that similar problems are prevented from reoccurring and that our services continue to improve.

From the formation of the Trust on 1 July 2011 through to the year end on 31 March 2012, we received a total of 58 complaints spread across the following service areas:

- Integrated Community Services (including Community Hospitals, District Nursing, Podiatry, Shropshire Wheelchair & Posture Service, Advanced Primary Care Service, Community Rheumatology, Physiotherapy, and Falls Prevention) – 30 complaints.
- Children's and Specialist Services (including Child & Adolescent Mental Health Service, Health Visiting, Prison health/dentistry, Community Dentistry, School Nursing, Paediatrics and Sexual Health) – 26 complaints.
- Nursing, Allied Health Professionals, Quality and Workforce (Occupational Health) – 2 complaints.

Throughout the year complaints reports were provided to our Quality and Safety Committee and to Service Delivery Managers' meetings detailing the complaints received and action taken where appropriate. The top 3 categories

into which complaints fell are:

- Communication – 18 complaints.
- Quality of care/treatment – 17 complaints.
- Staff manner and attitude – 13 complaints.

In respect of the complaints investigations completed at the time of this report we have upheld 6 complaints and partly upheld 16 complaints. Some of the actions taken as a consequence included:

- Documentation and communication processes were reviewed in Community Hospitals.
- Apologies were given for distress caused and, where appropriate, reimbursement of costs incurred were offered.
- Staff were reminded of the process for supporting patients and relatives to make a complaint.
- Signage was updated at a location.
- Steps were taken to introduce automated letter addressing in a service area.
- Plans for the development of patient information leaflets were explained.
- An undertaking was given that the dress code would be reviewed to ensure appropriate standard of dress is adhered to by staff.

Parliamentary and Health Service Ombudsman (PHSO) communications

In the case of 1 complaint we were asked by the Ombudsman's Office to provide a copy of the complaint investigation case papers following a request by the complainant to the Ombudsman to investigate their complaint. A decision is awaited from the Ombudsman's Office at the time of this report.

Advice, assistance and information

People who wish to complain about NHS services are able to access free support and advice from the Independent Complaints Advocacy Service (ICAS). ICAS can be contacted on 0300 456 2370 and information is available on their website at www.pohwer.net.

Further information about our complaints procedure is available on our website at www.shropscommunityhealth.nhs.uk, or by contacting the Complaints Manager, Mr Mark Crisp, on 01743 277616, via e-mail to complaints@shropcom.nhs.uk, or by writing to Mr Crisp at Shropshire Community Health NHS Trust, William Farr House, Mytton Oak Road, Shrewsbury, SY3 8XL.

The Trust's complaints policy reflects the guidance contained in the 'Parliamentary and Health Service Ombudsman's Principles of Good Complaints Handling' and 'Principles for Remedy'.

The Trust employs around 1400 whole time equivalent staff, who have helped to bring together the services of the two previous PCTs into the new Trust, and to adopt new unified systems and processes.

Staff have been involved and engaged in the Trust's early development through means such as 'roadshows' by the Chief Executive, held at sites throughout the Trust, a new staff newsletter and the Trust-wide team briefing system. Trust staff representatives (unions and professional organisations) and management work together in a Joint Negotiating Partnership. Clinical professionals work together with the Director of Nursing, Allied Health Professionals, Workforce and Quality, and the Medical Director, in a Clinical Advisory Panel.

The Trust carried out a staff survey in late 2011, in line with the national NHS staff survey. This showed that the Trust performed well in certain respects, for example, in staff reporting incidents, but there was room for improvement in other areas, such as take up of certain training and of appraisal. Particular plans are now being progressed for the areas which needed improvement.

Equality and diversity statement

Our Trust is committed to eliminating all forms of discrimination and to the equal treatment of all employees and job applicants, and requires all staff to abide by this principle.

We believe that people should be valued as individuals and are committed to all employees being able to achieve their full potential in an environment characterised by dignity and mutual respect and where individual differences and contributions of staff are recognised and valued.

We have adopted the Department of Health's Equality Delivery System, a tool which will help us to deliver against our statutory requirements in promoting equality and the value of diversity of our staff and service users.

During 2011 the Trust was awarded the 'Two Ticks Disability Symbol' after demonstrating that the Trust has a positive attitude towards employing individuals with disabilities. There are five commitments that the Trust must meet including:

- interviewing all disabled applicants who meet the minimum criteria for a vacancy
- making every effort when an employee becomes disabled to make sure they can stay in employment, and
- reviewing what has been achieved and planning ways to improve year on year

We require all staff to undertake an interactive, thought-provoking Equality and Diversity training session which is regularly reviewed

to ensure it remains relevant, fresh and incorporates our key message that 'diversity is about valuing difference'.

Staff recruitment

A central recruitment team was established by the new Trust to streamline the process and help reduce costs.

Use of electronic Criminal Records Bureau (CRB) checks has successfully reduced the average clearance time for job applicants from up to four weeks to less than one week.

In May 2012 the team took delivery of an identity card (ID) printer which will ensure that all newly appointed staff have an ID card issued to them before they start work.

Managing sickness absence

Absence from work caused by musculo-skeletal problems has fallen over the year in response to a new system of in-house referral to the Trust's own physiotherapy service. Staff awareness-raising sessions on healthy lifestyle issues were also well attended.

Despite these successes, overall rates of sickness absence across the Trust have not fallen as much as we would have liked. As a result, our 4.4% sickness absence target was narrowly missed.

To make further progress in the current year, our human resources staff have worked with managers across the Trust to redesign sickness absence reports so that areas of concern are more easily and quickly identified.

Our new Health and Well-being Strategy is focusing on stress awareness training, management of

Future Plans

sickness absence and initiatives to promote communication and staff engagement.

Major incident planning and business continuity arrangements

During 2011/12 our directors and senior managers have undergone extensive training to ensure that they feel well equipped to deal with the consequences of a

major incident and maintain the continuity of patient services at all times.

The Trust's plans are compliant with the requirements of the Civil Contingencies Act 2004, and national and NHS guidance.

Business continuity arrangements are being reviewed and revised to ensure they are fit for purpose for

the new structure of the Community Health Trust.

Whilst no major incidents were declared by the Trust in 2011/2012, business continuity plans were tested on several occasions during the year in response to a protest march, industrial action and severe weather.

Sustainable use of energy

We are committed to sustainability in the way we use energy.

We are on target to achieve our forecast 10% carbon footprint reduction by 2015, with one of our community hospitals providing heat from a biomass boiler and low energy lighting and high efficiency boilers having been installed in other premises across the Trust.

All our electricity contracts are from 25% renewable energy sources.

We shall continue to investigate and promote energy savings wherever they can be achieved.

Looking ahead to 2012/13

A key piece of work for the Trust is to continue to work with commissioners and other local health providers on the health strategy for the overall local health and care system. This looks especially at managing unscheduled (urgent, unplanned) care well, and other developments and new patient pathways aimed to deliver care closer to home wherever appropriate, and make the best use of acute (main) hospital services. The Trust is committed to working with partners on this.

The Trust will work with commissioners on a range of other strategies and plans for particular services.

In line with all NHS providers, the Trust will be required to make efficiencies through additional productivity and savings in 2012/13.

Now that the full business case for the new Ludlow health facility has

been approved by the PCT and SHA, building work will start so that the new development can open in 2014. The Trust will be working on detailed plans for staffing and other operational arrangements to bring the new hospital into use for the benefit of people across South West Shropshire and Ludlow.

Our quality improvement priorities will be a major focus in 2012/13, especially achieving the objectives from our Quality Account described on page 18.

Meanwhile, our preparations to apply to be an NHS Foundation Trust will continue, with a public consultation anticipated in 2012, and our final submission to the Strategic Health Authority due in early 2013. If that is successful, then our application will go forward to the Department of Health and then to Monitor, the regulator of Foundation Trusts and the final decision-maker on our proposals.

The Trust Board

The Trust Board

Chairman



Mike Ridley

Non-executive directors



Chris Bird



Angela Saganowska



Mike Sommers, MBE



Rolf Levesley

Executive directors



Jo Chambers,
Chief Executive



Maggie Bayley,
Director of Nursing,
AHPs, Quality and
Workforce



Dr Alastair Neale,
Medical Director



Stuart Rees,
Director of Finance,
Contracting and
Performance



Julie Thornby,
Director
of Governance
and Strategy
(non voting)



Ted Wilson,
Director of
Service Delivery
(non voting)

Declarations of Board Members' interests

Non-Executive Members

Mr Mike Ridley	Trust Chairman	<ul style="list-style-type: none"> Chairman, Frontis Housing Association Board Member, Harvest Housing Group Board Member, Crewe YMCA
Mr Chris Bird	Non-Executive Director	<ul style="list-style-type: none"> Treasurer, Isabel Hospice (until 25.7.11) Chair, Isabel Hospice trading (until 25.7.11) Treasurer, Telford Mind Vice Chair, Southall School Volunteer for Age Concern and the MS Society
Mr Rolf Levesley (from 01.08.11)	Non-Executive Director	<ul style="list-style-type: none"> Non-Executive Chair of South Staffordshire Housing Association
Ms Angela Saganowska	Non-Executive Director	<ul style="list-style-type: none"> Sole Director of a consultancy company (Ratunek) that seeks business in primarily local government and potentially the NHS Hospital Manager under the Mental Health Act, South Staffordshire and Shropshire NHS Mental Health Trust. Role is solely to review individual patients rights within the Mental Health Act. Role has no strategic or operational responsibilities.
Mr Michael Sommers (OBE)	Non-Executive Director	<ul style="list-style-type: none"> Nil

The Trust Board

Executive Directors

Mrs Jo Chambers	Chief Executive	• Nil
Dr Alastair Neale	Medical Director	<ul style="list-style-type: none"> • Trustee in Sebakwe Black Rhino Trust (charity supporting children in Zimbabwe) • Visiting psychiatrist (Private) for Cruckton Hall School, a school for boys with ADHD and Autism in Shropshire
Mr Stuart Rees	Director of Finance, Contracting & Performance	• Nil
Miss Maggie Bayley	Director of Nursing, Allied Health Professionals, Quality and Workforce	• Nil

Co-opted Board Members (non-voting)

Ms Julie Thornby	Director of Governance & Strategy	• Nil
Mr Edward Wilson (from 05.09.11)	Director of Service Delivery	• Nil
Mr Paul Draycott (until 30.04.12)	Director of OD/Associate Director of Nursing	• Wife is a Practice Nurse at Marysville Medical Practice, Shrewsbury

Role and membership of Board committees

Audit Committee

Role and Purpose

The Audit Committee provides an overarching governance perspective and reviews the work of other governance committees within the Trust, whose work can provide relevant assurance to the Audit Committee's own scope of work. This will particularly include any risk management and / or governance committees that are established.

Membership

- Mr Chris Bird (Chair) – Non-Executive Director
- Ms Angela Saganowska – Non-Executive Director
- Mr Mike Sommers – Non-Executive Director

Other Executive Directors and Senior Managers of the Trust are regularly invited to attend meetings of the Audit Committee, (Director of Governance and Strategy, Ms Julie Thornby is Executive Lead) and other Non Executive Directors (excluding the Chairman) are invited to attend.

Quality and Safety Committee

Role and Purpose

The Quality and Safety Committee oversees, co-ordinates, reviews and assesses the clinical governance arrangements in place and issues relating to quality, safety, effectiveness and patient experience throughout the Trust. The primary aim is to ensure the robustness of systems and processes and

behaviours that stand up to scrutiny and thus provide assurance to the Trust Board.

Membership

- Ms Angela Saganowska (Chair) – Non Executive Director
- Mr Mike Ridley – Chairman
- Mr Rolf Levesley – Non Executive Director
- Director of Nursing, AHP's, Quality and Workforce – Miss Maggie Bayley (Executive Lead)
- Medical Director – Dr Alastair Neale
- Chief Executive – Mrs Jo Chambers
- Director of Service Delivery – Mr Ted Wilson

The Trust Board

- Director of Governance & Strategy – Ms Julie Thornby
- Other Trust managers and health professional staff attend for specific items.

Resource and Performance Committee

Role and Purpose

The Resource and Performance Committee has delegated authority from the Board to oversee, co-ordinate, review and assess the financial and performance management arrangements within the Trust. The Committee assists in ensuring that Board members have a sufficiently robust understanding of key performance and financial issues to enable sound decision-making.

Membership

- Mr Mike Sommers (Chair) – Non Executive Director
- Mr Rolf Levesley – Non Executive Director
- Mr Chris Bird – Non Executive Director
- Director of Finance, Contracting & Performance – Stuart Rees (Executive Lead)
- Chief Executive – Jo Chambers
- Director of Nursing, AHP's, Quality and Workforce – Miss Maggie Bayley or Medical Director – Dr Alastair Neale

In attendance

- Mr Mike Ridley – Chairman
- Ms Angela Saganowska – Non Executive Director
- Director of Service Delivery – Mr Ted Wilson
- Other Trust managers and health professional staff attend for specific items.

Information Governance Committee

Role and Purpose

The IG Committee oversees the development of the Trust's Information Governance strategy to provide assurance to the Board of arrangements for handling and using information, including personal information, safely and securely, consistent with all legal requirements and national standards.

Membership

- Mr Rolf Levesley (Chair) – Non Executive Director
- Director of Finance, Contracting and Performance – Mr Stuart Rees – (Executive Lead)
- Medical Director (Caldicott Guardian) – Dr Alastair Neale
- Director of Governance and Strategy – Ms Julie Thornby
- Head of Informatics
- Senior Information Service Manager
- Deputy Director of Service Delivery

In addition, the Chair may invite other senior managers as routine or occasional members.

Foundation Trust Programme Board

Role and purpose

The FT Programme Board (FTPb) provides oversight and assurance to the Trust Board regarding the overall programme to achieve foundation trust status. Specifically this includes

- Strategic decision making
- Agreeing programme plan
- Receiving progress reports from programme team
- Overseeing identification and management of risks
- Agreeing key documentation

- Ensuring engagement by relevant staff, particularly clinicians
- Ensuring staff and other stakeholders receive appropriate communication

Membership

All members of the Trust Board plus the FT Programme Manager. The Executive Lead is Director of Governance and Strategy, Ms Julie Thornby.

Appointments, Nominations and Remuneration Committee

The Appointments, Nominations and Remuneration Committee is a Committee of the Trust Board, comprised of the Chair and Non Executive Directors and accountable to the Trust Board through the Chair of the Committee. The Chief Executive attends (except where his/her own interests are being discussed) and the Head of Corporate Affairs in a support capacity.

The role of the Committee is to:

- lead the process for identifying and making recommendations to the Board on appointments as Executive Directors of the Trust Board
- decide and report to the Board on appropriate remuneration, allowances and terms of service for the Chief Executive and Executive Directors employed by the Trust and other relevant senior employees.

The Committee's policy on remuneration is to take account of guidance from the Department of Health and to apply the national framework for the remuneration of Very Senior Managers in the NHS, including the proportions of remuneration subject to performance conditions.

Management Commentary

Achievement of Executive Directors' objectives is monitored regularly, and is assessed by the Chief Executive with each Director at least annually. Those objectives are set in line with overall Trust objectives. The performance of the Chief Executive and Executive Directors

is monitored and evaluated by the Appointments, Nominations and Remuneration Committee.

Senior Managers are usually on on-going contracts of employment, unless there are specific other circumstances, for example a

Director is seconded from another Trust for a time-limited period. Notice periods are as defined in national arrangements or guidance.

No significant awards have been made to past managers since the Trust was established on 1 July 2011.

Operating and Financial Review

End of year position

The Trust achieved an end of year surplus of £1,600,000 in 2011/12, before adjusting for the impact of donated assets and government grants. The surplus after adjusting for these items was £1,397,000; therefore the Trust successfully met the control total agreed with NHS Midlands and East. This demonstrates both the Trust's determination to strengthen its finances, which is a requirement of

all aspirant Foundation Trusts, and its sound governance of financial resources.

Financial Performance for 2011/12:

Retained surplus for the year	£1,600,000
Adjustments in respect of government grants and donated assets	(£203,000)
Adjusted retained surplus for the year	£ 1,397,000

An important element of securing the Trust's surplus was the Cost Improvement Plan (CIP). The annual savings target was £2,688,000 and the Trust delivered in excess of this amount at £3,001,000.

The Trust received £80,802,000 income during 2011/12, of which £76,350,000 related to healthcare activities. Most of the Trust's healthcare income is received from two main commissioners: Shropshire County Primary Care Trust (SCPCT) and NHS Telford and Wrekin. The Trust's non healthcare income largely relates to provision of non-clinical 'shared services' such as Informatics and Financial Services and also the Occupational Health Service.

The Trust received investment funding from its two main

commissioners during 2011/12. NHS Telford and Wrekin invested funding in Health Trainers and SCPCT commissioned additional Health Visitors and increased community hospital staffing.

The Trust invested £407,000 in capital equipment during the year and achieved a small surplus of £26,000 against the Capital Resource Limit of £432,000. The Trust also gratefully received donations totalling £259,000; the majority of this was a legacy which contributed to the Haemodialysis Unit at Ludlow community hospital and further capital equipment was also purchased.

The Trust is developing its approach to cashflow management. Its ability to manage cash is demonstrated by



the achievement of the 'External Financing Limit' set by the

Department of Health, meaning that the Trust spent less cash than it generated internally during the year.

Main trends and factors underlying development and performance and position of the business entity during the year

The key issues faced by the Trust in 2011/12 were reflected in the Trust

Management Commentary

objectives described at the beginning of this annual report on page 3. The key factors that will continue to impact in the short to medium term are identified in the following paragraphs.

- Provision of high quality and timely healthcare, delivered in a way which focuses on positive patient experiences, and ensures that care is delivered closer to home wherever possible.
- Development and maintenance of strong governance and management arrangements which are fit for purpose and react to the changing NHS environment.
- A strong underpinning financial framework which ensures that the Trust is financially viable in both the short and medium term, and is prepared for the financial challenge facing the NHS.

The Trust has worked alongside its commissioners through the year, as their strategies and plans are key factors for the development of the Trust's strategy in turn.

Achievement against main performance targets appears earlier in this report on page 5.

Main trends and factors affecting future performance

The Trust has worked actively with partners in developing the local Shropshire, Telford and Wrekin health economy system strategy for 2012-17. The system strategy is a key and on-going piece of work to identify: significant areas where change is required; the local requirements for capital; and requirements for the FT pipeline. The report is expected

during 2012/13 and a shift to more community delivery of services is expected to be a major feature.

The Trust will work with partners to respond to this work once it is fully developed.

The Trust confirmed its commitment to the achievement of Foundation Trust status before April 2014 with the signature of the Tripartite Formal Agreement (TFA) in May 2011. If approved as a Foundation Trust, the organisation will gain additional financial freedoms including the ability to retain surpluses to invest in services and to borrow from commercial sources, e.g., for new buildings.

Development and performance of business/current performance and policy targets.

Trends and factors likely to impact on performance (new services, capital investment)

No significant capital investments or disinvestments are expected



during 2012/13 and planned capital budgets are currently broadly in line with depreciation. The Trust made a small capital investment in tele-healthcare during 2011/12 and has set aside £350,000 to both expand on this investment and fund other areas of IT during 2012/13. It is anticipated that this will allow the

Trust to work in more innovative ways and to increase efficiencies.

The proposed new health facility in Ludlow is anticipated to open in 2014/15 and the full business case has now been approved by the Strategic Health Authority (SHA).

Current levels of investment, expenditure, planned future expenditure, and how it will help the Trust achieve its objectives

The Trust's current level of revenue spend is £77m annually. Planned expenditure and future investments are at the time of writing dependent on ongoing discussions with commissioners about their service strategies and intentions, and this will be clarified as the new year 12/13 progresses. We anticipate an increase in resources for the new Ludlow Hospital. We also anticipate an increase in resources

for the expansion of our Health Visitor teams over the next five

years, in line with national policy to develop this service.

Resources, principal risks, uncertainties and relationships that may affect the Trust's long-term value. Directors' policy for managing risk

The Board approved a policy for

Management Commentary

the management of risk at its inaugural meeting in July 2011. This policy details how the Trust will identify risk and how it will mitigate these risks. This includes the Board responsibility for identifying the risks to achievement of the Trust strategic objectives. The Board has an assurance framework for these risks which it reviews at each meeting. The Audit Committee reviews these risks in detail at each meeting, reporting its findings to the Board.



Information Governance SIs

The Trust has reported two data security significant incidents (SIs)

- Within the School Nursing services a list of childrens' names and dates of birth due for health screening was lost. The information sheet did not have any health information and did not pose a significant risk. Parents were informed and measures put into place to reduce the likelihood of re-occurrence.
- A laptop belonging to a community nurse containing patient information was stolen from a locked cupboard in an office following a break in. The laptop

was fully encrypted and access by an unauthorised person would not be possible.

Annual Governance Statement

The Trust has produced a Governance Statement which details the governance framework of the Trust including the governance responsibilities of committees, how the Trust identifies and assesses risk, the principal risks to the organisational objectives, and serious incidents occurring in the last year. The statement details how the organisation ensures the effectiveness of its systems of internal control and any issues that have occurred during the year. One issue has been identified as part of the Internal Audit programme, related to the administration of patients' monies, and an action plan is in place to address this.

The full governance statement is available with the full Annual Accounts as described on page 02.

Strategic, commercial, operational and financial risks

The financial challenge for the NHS, equating to some £20 billion over four years, is significant. This is in the context of commitments to improve quality and outcomes and maintain existing standards and targets. The future commissioning landscape is changing, following the passing of the Health and Social Care Bill, and all of these factors inevitably increase the potential level of financial risk to the organisation. In light of this, 2012/13 will undoubtedly be a challenging financial year, with all NHS Trusts facing efficiency requirements of approximately 4%.

The Trust's own Cost Improvement Programme (CIP) for 2012/13 totals £3,477,000, which is equivalent to 4.5% of turnover. Savings plans have been developed, including a quality impact review by the Medical Director and Director of Nursing, AHPs, Quality and Workforce, but possible non-delivery of these savings plans remains the Trust's key financial risk. Continued robust monitoring of both the CIP and the Trust's overall financial position are expected to mitigate against this risk and financial plans will be modified and adjusted to further mitigate risks faced if required.

Principles for remedy

The Trust takes into account the Principles for Remedy established by the Parliamentary and Health Service Ombudsman for every complaint it deals with. The Trust is committed to:

- providing an explanation;
- offering an apology where it is required; and
- taking action to avoid similar incidents occurring in the future.

The Parliamentary and Health Service Ombudsman has issued six Principles for Remedy when handling complaints. These principles set out, for complainants and bodies within the Parliamentary and Health Service Ombudsman's jurisdiction, how it thinks public bodies should put things right when they have gone wrong.

Financial Statements



Commentary on the Financial Statements 2011/12

1. Introduction

The attached Summary Financial Statements are those required by the Department of Health. They are intended to convey to the public the financial performance and state of affairs of the Trust. The main points and statements are listed below.

Because the Trust was established on 1 July 2011 from the provider arms of the two local PCTs, merger accounting has been applied. This means that the Trust accounts show 12 months' transactions, i.e., as if the Trust had been in existence for the whole year. In line with Department

of Health guidance, prior year comparators are not required under these circumstances.

2. Financial Duties

The Trust has four statutory financial duties:-

2.1 Breakeven duty – the Trust achieved a surplus of £1.6m and therefore met this duty.

2.2 To achieve a capital cost absorption rate of 3.5% - this is paid to the Department of Health as a dividend on the average relevant net assets held. Due to having no land and building assets, this calculation

results in a dividend of nil. The duty therefore cannot be met.

2.3 To remain within the External Financing Limit (EFL) which controls the level of external finance the Trust can access. The Trust was well within its limit and therefore met this duty.

2.4 To remain within the Capital Resource Limit (CRL) which controls the level of capital expenditure the Trust can incur. The Trust was within this by £26,000 and therefore met this duty.

Financial Statements

3. The Statement of Comprehensive Income

The Statement of Comprehensive Income shows the retained surplus for the year of £1.6m. The majority of income is healthcare income received from the two local PCTs. The majority of pay expenditure is employee benefits, i.e. pay costs.

4. Statement of Financial Position

The Statement of Financial Position summarises the assets and liabilities of the Trust.

The Non-Current Assets section mainly shows the value of equipment assets (£2.6m) – the Trust does not yet have any land and buildings assets. The value has remained constant as capital expenditure is funded by depreciation.

The main item in the Current Assets section is the Trade and Other Receivables (i.e., amounts owed to the Trust), which have increased by £1.5m. This is due to a number of invoices raised to local NHS organisations late in March.

Trade and Other Payables (i.e. amounts owed by the Trust) have increased by £1.8m. This is due to a number of invoices raised by local NHS organisations late in March.

Provisions (i.e., estimated costs of settling future claims against the

Trust) have increased by £1m. This is due to a provision for restructuring costs.

Taxpayers' equity shows the distribution of the financing of the Trust's net assets.

5. Statement of Changes in Taxpayers' Equity

The Statement of Changes in Taxpayers' Equity shows the movement of Retained Earnings (which basically is a balancing entry on the Statement) and other reserves. There are no significant values.

6. Statement of Cash Flows

The Statement of Cash Flows shows where the Trust's cash has come from, how it has been used and the net increase/decrease in cash during the year. The Trust began with no cash and has now built up a balance of £2.9m, mainly as a result of the surplus achieved in-year.

7. Better Payment Practice Code

As required by the Department of Health, the creditor payment policy of the Trust is to comply with both the CBI Better Payment Practice Code and Government Accounting Rules. This requires that all invoices are paid within 30 days of the receipt of goods or a valid invoice, whichever is later, unless other payment terms have been agreed with the supplier.

There are two measures of performance – numbers of invoices

and value of invoices. 95% of the total number of invoices were paid within the 30 day target and 94% of the total value of invoices. The Department of Health expects 95% as a minimum.

The Trust has signed up to the Prompt Payments Code. Suppliers can have confidence that signatories to the Code will pay them promptly.

8. Audit

The Trust's external auditors are the Audit Commission. Fees for audit services during the year were £82,000, which relate entirely to the audit of the annual accounts.

Financial Statements

Shropshire Community Health NHS Trust

These statements are a summary of the Annual Accounts produced by the Trust for the year ended 31st March 2012

Statement of Comprehensive Income For Year Ended 31st March 2012

£'000

Employee benefits	(54,769)
Other costs	(24,439)
Revenue from patient care activities	76,350
Other operating revenue	4,452
Operating surplus/(deficit)	1,594
Investment revenue	6
Surplus/(deficit) for the financial year	1,600
Retained surplus/(deficit) for the year	1,600

Other Comprehensive Income

Net gain/(loss) on revaluation of property, plant & equipment	6
Total comprehensive net expenditure for the year	1,606

Financial performance for the year

Retained surplus/(deficit) for the year	1,600
Adjustment in respect of donated asset/gov't grant reserve elimination	-203
Adjusted retained surplus (deficit)	1,397

The adjustment to arrive at reported financial performance relates to the benefit to the Trust of the change in accounting policy for assets funded by donations or government grants.

Financial Statements

Statement of Financial Position As At 31st March 2012

	31 Mar 2012	31 Mar 2011
	£'000	After Merger Adj £'000
Non-current assets		
Property, plant & equipment	2,600	2,609
Trade & other receivables	26	36
Total non-current assets	2,626	2,645

Current assets

Inventories	130	88
Trade & other receivables	3,908	2,363
Cash & cash equivalents	2,915	19
Total current assets	6,953	2,470
Total assets	9,579	5,115

Current liabilities

Trade & other payables	-6,538	-4,663
Provisions	-1,003	
Borrowings		-20
Total current liabilities	-7,541	-4,683
Non-current assets plus/less net current assets/liabilities	2,038	432

Non-current liabilities

Total non-current liabilities	0	0
Total assets employed	2,038	432

Financed by:

Taxpayers' equity

	31 Mar 2012	31 Mar 2011
	£'000	After Merger Adj £'000
Retained earnings	1,951	350
Revaluation reserve	87	82
Total taxpayers' equity	2,038	432

Financial Statements

Statement of Changes in Taxpayers' Equity For the Year Ended 31st March 2012

Non-current assets	Retained Earnings £'000	Revaluation Reserve £'000	Total Reserves £'000
Balance at 1 April 2011	0	0	0
Merger adjustments	350	82	432
Re-stated balance at 1 April 2011	350	82	432

Changes in taxpayers' equity for 2011/12

Retained surplus/(deficit) for the year	1,600		1,600
Net gain/(loss) on revaluation of property, plant, equipment		6	6
Transfers between reserves	1	-1	0
Total recognised revenue/(expense) for the year	1,601	5	1,606
Balance at 31 March 2012	1,951	87	2,038

Statement of Cashflows For The Year Ended 31st March 2012

Cash flows from operating activities	2011/12 £'000
Operating surplus/(deficit)	1,594
Depreciation and amortisation	680
Donated assets received credited to revenue but non-cash	-259
Dividend paid	-530
(Increase)/decrease in inventories	-42
(Increase)/decrease in trade and other receivables	-1,005
Increase/(decrease) in trade and other payables	1,869
Increase/(decrease) in provisions	1,003
Net cash inflow/(outflow) from operating activities	3,310

Cash flows from investing activities

Interest received	6
(Payments) for property, plant & equipment	-659
Net cash inflow/(outflow) from investing activities	-653
Net cash inflow/(outflow) before financing	2,657

Financial Statements

Cash flows from financing activities	2011/12 £'000
Capital grants & other capital receipts	259
Net cash inflow/(outflow) from financing activities	259
Net increase/(decrease) in cash & cash equivalents	2,916
Opening balance adjustments - TCS transactions	-1
Re-stated cash & cash equivalents (& bank overdrafts) at start of period	-1
Cash & cash equivalents (& bank overdrafts) at year end	2,915

Better Payment Practice Code

Non-NHS invoices	2011/12 Number	2011/12 £'000
Total invoices paid	24,412	18,148
Total invoices paid within the target	23,323	17,303
Percentage of invoices paid within target	95.5%	95.3%

NHS invoices

Total invoices paid	1,826	20,267
Total invoices paid within the target	1,559	18,798
Percentage of invoices paid within target	85.4%	92.8%

Staff Sickness Absence

(Information provided by Dept of Health for calendar years, ie figures below are for July to December 2012)

	2011/12 Number
Total days lost	8099
Total staff years	688
Average working days lost	11.8

Financial Statements

Salary & Pension Entitlement of Senior Managers 2011/2012

Remuneration	Salary (bands of £5,000) £000	Other remuneration (bands of £5,000) £000	Bonus payments (bands of £5,000) £000	Benefits in kind (rounded to nearest £100) £000
Jo Chambers (Chief Executive)	125-130			
Stuart Rees (Director of Finance, Contracting & Performance)	90-95			
Alastair Neale (Medical Director) - From Jul 11 only	30-35	145-150		
Ted Wilson (Director of Service Delivery) - From Sep 11 only	50-55			
Maggie Bayley (Director of Nursing & Quality) - From Jul 11 only	70-75			
Julie Thornby (Director of Governance & Strategy)	80-85			
Paul Draycott (Director of Organisation Development & Workforce)	75-80			22
Mike Ridley (Chairman)	20-25			
Chris Bird (Non-Executive)	5-10			
Angela Saganowska (Non-Executive)	5-10			
Mike Sommers (Non-Executive)	5-10			
Rolf Levesley (Non-Executive) from August 11 only	0-5			

Notes

1. Benefits in kind relate to the provision of lease cars.
2. There was no remuneration waived by directors or allowances paid in lieu to directors in 2011/12.

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in Shropshire Community Health NHS Trust in the financial year 2011-12 was £125,000 - £130,000. This was 4.7 times the median remuneration of the workforce, which was £27,625.

In 2011-12, 3 employees received remuneration in excess of the highest-paid director. Remuneration ranged from £11,491 to £151,899.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

As Shropshire Community Health NHS Trust was formed in July 2011, an analysis of changes from the 2010-11 position is not available and this section has accordingly been omitted from the report.

Financial Statements

Pension entitlements

	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2012 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2012 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2012)	Cash Equivalent Transfer Value at 31 March 2011	Real increase in Cash Equivalent Transfer Value
	£000	£000	£000	£000	£000	£000	£000
Jo Chambers (Chief Executive)	0-2.5	2.5-5	35-40	115-120	672	562	92
Stuart Rees (Director of Finance, Contracting & Performance)	0-2.5	5-7.5	15-20	55-60	302	219	76
Alastair Neale (Medical Director) From Jul 11 only	2.5-5	10-12.5	40-45	120-125	688	534	137
Ted Wilson (Director of Service Delivery) - From Sep 11 only	0-2.5	0-2.5	30-35	100-105	630	589	23
Maggie Bayley (Director of Nursing & Quality) - From Jul 11 only	N/A	N/A	35-40	105-110	615	N/A	N/A
Julie Thornby (Director of Governance & Strategy)	0-2.5	5-7.5	25-30	85-90	478	372	94
Paul Draycott (Director of Organisation Develop & Workforce)	0-2.5	2.5-5	25-30	75-80	401	314	78

Notes

1. As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for these members.


Statement of the Chief Executive

Statement of the Chief Executive's responsibilities as the accountable officer of the Trust.

The Chief Executive of the NHS has designated that the Chief Executive should be the Accountable Officer to the trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed..........Chief Executive

Date.....21 August 2012

Annual Governance Statement

The Trust has produced a Governance Statement as part of its annual reports. The statement details the governance framework of the Trust including the governance responsibilities of committees, how the Trust identifies and assesses risk, the principal risks to the organisational objectives, and serious incidents occurring in the last year. The statement details how the organisation ensures its systems of internal control are effective and any issues that have occurred during the year. No Significant issues are identified. One issue has been identified as part of the Internal Audit program. This was related to the administration of patient's monies. An action plan is in place to address the issues identified.

The full governance statement is available with the annual accounts by ringing 01743 277661.

Statement of the Independent Auditor

Independent Auditor's report to the directors of Shropshire Community Health NHS Trust

I have examined the summary financial statement for the year ended 31 March 2012 which comprises:

- Statement of Comprehensive Income For Year Ended 31st March 2012
- Statement of Financial Position As At 31st March 2012
- Statement of Changes in Taxpayers Equity For the Year Ended 31st March 2012
- Statement of Cashflows For The Year Ended 31st March 2012
- Better Payment Practice Code
- Staff Sickness Absence
- Salary & Pension Entitlement of Senior Managers
- Pension entitlements

This report is made solely to the Board of Directors of Shropshire Community Health NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

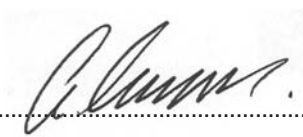
My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Shropshire Community Health NHS Trust for the year ended 31 March 2012. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements 7 June 2012 and the date of this statement

Signed..........Tony Corcoran, CPFA. District Auditor

Date.....21 August 2012

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Shropshire Community Health 
NHS Trust