

2012/2013



Shropshire
Patient Quality
Respect Partnership
Community
Telford & Wrekin
Privacy
Care Dignity
Safe

Quality Account

About Us

Community Health Services — for Shropshire, Telford and Wrekin

The Trust provides a wide range of inpatient, outpatient and home-based health services, covering general care for adults, children and young people such as district nursing, school nursing and health visiting, alongside more specialist services. Although these services are diverse in nature, they share a common theme in that they play a vital role in the way we work effectively with other partners.

Our services are provided either on a locality basis—where it makes sense due to the large geographical area we cover—or on a Trust-wide basis where the services are so specialised or targeted to a specific population group. Below are just some of the services we provide.

Community Services – including:	Community Hospitals and Outpatients – including:	Children’s and Families Services – including:
<ul style="list-style-type: none"> Community Nursing service (incl. specialist nursing teams) Tissue viability Diabetes specialist nursing Continence Services Shropshire Enablement Team 	<ul style="list-style-type: none"> Minor Injury Units Advanced Primary Care Services (MSK; ENT; dermatology: respiratory; gynaecology; rheumatology) Urgent assessment services (DAART) and diagnostics Physiotherapy Prison healthcare 	<ul style="list-style-type: none"> Health visiting School nursing Child and Adolescent Mental Health Services (CAMHS) Community dentistry Safeguarding Health promotion Community paediatricians

We provide quality healthcare services mainly to a population of around 450,000 people who live in Shropshire and Telford & Wrekin in the West Midlands region of England.



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SECTION ONE

Introduction to the Quality Account

Welcome to the second Quality Account prepared by Shropshire Community Health NHS Trust in which we look back over 2012/2013 - our first full year of activity since the Trust was formed in July 2011 – as well as forward to the coming year. The past year has been one of achievement and advances as well as challenges for all within the Trust. What has remained constant throughout is the commitment and dedication to providing quality care to patients and service users by our staff.

Since the last Quality Account was published in June 2012, the Trust has produced a five year Quality Strategy which underpins care for our patients and demonstrates that quality is at the heart of all we do. We are confident that this Quality Account provides assurance that our patients and service users are our highest priority at all times and reflects the aim of the Trust to exceed expectation in the quality of care delivered.

The Quality Account that the Trust produced last year was reviewed and commented upon by the Local Involvement Networks (LINKs) as well as our commissioners and Local Authorities and we have taken their helpful comments into account when producing this year's account. In addition, the Quality Account was reviewed by a team from NHS Midlands and East Strategic Health Authority (SHA) and was given an overall score of "satisfactory". We have also

taken feedback from that review into account.

The NHS Constitution (Department of Health, 2012) specifies the seven key principles that guide the NHS in all it does. These are:

- The NHS provides a comprehensive service, available to all.
- Access to NHS services is based on clinical need, not an individual's ability to pay.
- The NHS aspires to the highest standards of excellence and professionalism.
- NHS services must reflect the needs and preferences of patients, their families and their carers.
- The NHS works across boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
- The NHS is committed to providing best value for taxpayer's money and the most effective, fair and sustainable use of finite resources.
- The NHS is accountable to the public, communities and patients that it serves.

We believe that this Quality Account shows how Shropshire Community Health NHS Trust has embedded these principles within our Quality agenda.

Commitment to Quality

From the Chief Executive

Welcome to the Trusts second quality account which has been developed to look back at the last year and focus on the quality agenda going forward. It forms part of our commitment to quality which is captured in our strategic objectives:

1. To exceed expectations in the quality of care delivered;
2. To transform our services to offer more care closer to home more productively, especially services for older people, those with long term conditions, children and specialist services;
3. To deliver well-coordinated effective care by working in partnership with others;
4. To provide the best services for patients by becoming a more flexible and sustainable organisation.

As the new Chief Executive of the Trust I am really pleased to note the focus the Trust has had on quality and the insight I have gained into the really good care that staff right across the Trust provide, the invaluable roles that the corporate services and managers play, and quite simply the passion and dedication I have seen from staff. It's been a real pleasure.

It is clear that all staff believe that they are here for our patients and service users, whether roles are patient-facing or not. And I am so pleased to see that there has been much work undertaken to help protect patients and make sure they get the best possible quality services they can. This includes the work to reduce pressure ulcers, to prevent falls, to

prevent infections and to improve patient experience.

During the last year the Trust has undergone many changes in terms of how it is structured into its three operational divisions – Children and Families, Community and Community Hospitals and through changes on the Board. However, its commitment to quality has remained constant with scrutiny provided by the Non-Executive Directors both at the Board and specifically through the quality and safety committee. Where robust challenge is maintained to ensure services delivered are of a standard we would all want for our family and friends.

It is also pleasing to note that as part of a routine Care Quality Commission unannounced Visit, the Trust met all the standards inspected at Ludlow Hospital. These included: consent to care and treatment; care and welfare of people who use services; meeting nutritional needs; safeguarding people who use services from abuse and supporting workers.

I'm sure the next 12 months will continue to be challenging for the NHS and for the Trust, but I hope we can all work together and with our partners in Shropshire to make sure our patients/ service users continue to get the best possible NHS services from us.

Julia Bridgewater

Chief Executive



From the Director of Nursing, Allied Health Professionals, Quality, Human Resources, Workforce & Organisational Development

Dear Patients, Carers & Service Users, Partner's & Staff

I am delighted to welcome you to the Trusts second Quality Account which has been developed in collaboration and partnership with so many.

I was hugely encouraged by the attendance of patients/service users, carers, staff and partners at our Quality Account workshops this year and that you agree that we have made significant progress to deliver the priorities agreed with you last year in what was our first Quality Account.

Thank you for your continued support to develop this work and supporting us in our efforts to be rooted in the needs of our community. Over the next few pages you can read about some of these achievements and also the priorities and areas for improvement for the year ahead.

We want our local population to receive the best quality of life through their individual health and wellbeing and will continue to work with partners to deliver high quality care that is central to keeping people in their own homes or where needed care for you in our community hospitals or Oswestry Primary Care Centre.

Our targets for quality are all about keeping you safe and working with you to ensure that you not only have good clinical outcomes, as it is important the

experience of the actual care that is delivered is caring, patient centred compassionate and delivered by staff who are committed to ensuring your experience is positive.



We are very proud of all our staff and volunteers for their achievements, which are the basis for this organisation's success and for the excellent quality of care provided to patients & service users. We are also very grateful for the support of our local community through our Patient Representatives who continue to make a positive impact on services.

The Trust welcomes the feedback it has from partners and has made additions where appropriate to this final version in line with the comments received.

Over the next 12 months we will be working hard to achieve the priorities identified in this Quality Account so that we can continue to provide the very best for those people who choose us for their care, our staff and our local communities.

Maggie Bayley

Deputy CEO / Director of Nursing, Allied Health Professionals, Quality, Human Resources, Workforce & Organisational Development

Section Two

Our Priorities for Care in 2013-2014



Our Priorities for Care in 2013-2014

Shropshire Community Health Trust is required to identify priorities for improvement for the coming year as part of this Quality Account which are part of the constant quality improvement agenda that exists within the Trust. Our staff are always seeking to develop services to ensure that care that is provided is of the highest standard and so that is one of the factors that we take into account when we are considering the priorities that we wish to highlight in this document.

It is also very important to us that these priorities reflect those of our partners in care – for example our commissioners, other NHS Trusts, the local authorities who oversee the care we provide, the voluntary and independent sectors with whom we work in the provision of care - and those for whom we care – our patients, service users, their families and their carers. To this end, the priorities in this section have been identified through a variety of activities including:

- Two lively and productive sessions held in January and March in Shrewsbury and Telford respectively. These discussions were well attended from all across the sectors mentioned above. We are delighted that so many people came along to the sessions to help us identify these priorities and would like to thank them for their valuable input.
- Looking at the data that we gather through patient surveys, incident reporting, complaints we receive and contacts that are made

through our Patient Advice and Liaison Service (PALS).

Additionally some patients chose to leave feedback on electronic sites such as Patient Opinion and NHS Choices and we take these comments into account.

- The requirements that are set by the organisations to whom we are accountable – these include the Clinical Commissioning Groups (CCG) of whom there are two locally and who have taken over the role previously undertaken by the Primary Care Trusts, the NHS Trust Development Authority (NTDA) who have responsibility for performance and supporting Trusts working to achieve Foundation status and NHS England and the Department of Health who are responsible for ensuring that national priorities are met. Additionally the requirements of our regulator, the Care Quality Commission (CQC) are also taken into account.
- We also aim to reflect the strategic goals of the local authorities in Shropshire and Telford and Wrekin set out in documents such as their Health and Wellbeing Strategies. Local Authorities also commission some services that we provide such as School Nursing and Substance Misuse as well as local Health Promotion services. Public Health services are provided by the Local Authorities.

- How well we have done with the priorities that we identified in the last Quality Account and whether we should continue with these (or aspects of them) going forward. More detail about our progress against our previously identified priorities is in the “Looking Back” section of this report.

At the engagement events there were several themes that were clearly identified. These were:

- The Trust should work on improving communication before, during and after the provision of care with all partners in care provision as well as patients, service users and carers.
- Discharge from services should be inclusive, complete and safe.

- Service users and other stakeholders would like to be more involved in service redesign, delivery and review.
- Keep everyone in our care safe. Continue to work to reduce the number of falls in Community Hospitals, and to reduce the development of pressure ulcers in patients either in their own homes, residential care or in Community Hospitals.
- Support staff to do their jobs well.
- Develop partnership working across all sectors.
- The Trust must be transparent and accountable.

These themes have been considered when deciding upon priorities upon which we can concentrate in the year ahead.

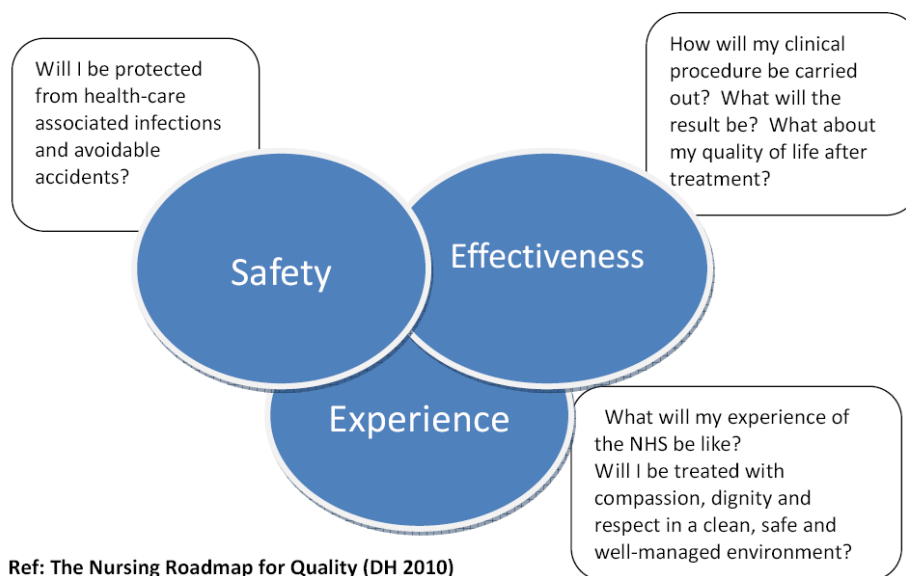


Priority One: Implementation of the Quality Strategy
Quality Domains: *Effectiveness, Experience* and *Safety*.

Rationale: As already mentioned above, the Trust has developed a five year Quality Strategy which provides the basis for all staff to focus our combined efforts on what is required to address current and future challenges working in a transformational way to ensure high quality healthcare. The Quality Strategy consists of an overarching strategic document with several appendices to support its implementation. The Strategy

shows that the Trust has embraced the three part definition of quality which is reflected in documents such as the monthly quality and performance report that is presented to the Quality and Safety Committee and also throughout this document.

The following diagram shows how the domains of quality work together from a patient’s perspective:



Where we are now: Implementing the Quality Strategy will build upon an integrated approach to service planning and delivery being established across the Trust. Whilst embedding the strategy involves the routine monitoring of effectiveness, safety and experience, a crucial part of this is to ensure that the Quality Strategy is an integral part of the business plans of the three clinical divisions within the Trust:

- Children and Families Division
- Community Services Division

- Community Hospitals and Outpatients Division.

By ensuring that the objectives and numerical targets within the Quality Strategy are included in the business plans means that they are fully integrated into the way that each division will approach quality in their day to day work.

As part of the planning process within Children and Families Division, the plan for work to improve quality include patient experience surveys across a range of services including community children’s

nursing; School Nursing enuresis service and the Children and Adolescent Mental Health Services (CAMHS) Reaching Out Service.

Within the Community Hospitals and Outpatient Services one of the issues that has been highlighted is to increase the number of patients that feedback to the trust via patient opinion; to review the potential implementation of real time patient feedback; continued emphasis on the awareness of the Patient Advice & Liaisons Service (PALS).

Finally, the Community Services division has identified the need to maximise use of patient opinion, to gain feedback and respond. Individual service will be undertaking patient experience work throughout the year as detailed in the patient experience framework as part of the quality strategy. .

This Quality Account and the priorities that have been identified within it reflect the business cases of the three divisions and will work as part of the overall Trust commitment to ensure that the priorities are met.

Additionally, the Trust assesses how we manage and improve quality by assessing our progress against the Quality Governance Framework – a document produced by Monitor in 2010 in response to the lessons learned from the failings at Mid Staffordshire NHS Foundation Trust and the tighter public finances. By self-assessing against this framework, the Trust is able to continuously monitor and improve the quality of care that we provide and highlighting areas that require further work.



What we will do:

- Ensure that all staff are aware of the strategy and their important role in ensuring its implementation and success. Pocket sized handouts have been produced for all staff signposting them to the main document on the Staff Zone of the Trust website.
- Ensure that the specific objectives that reflect all three domains of quality within the Quality Strategy are embedded within the three Divisional Business plans each year for the five years of the Quality Strategy.
- Appoint a Patient Engagement and Experience Lead on a short term basis to concentrate on the work of implementing the Patient Experience Strategy and to ensure its delivery.
- Ensure that the existing action plan for the implementation of the Patient Experience Framework is delivered.
- Ensure that when negotiating the annual Commissioning for Quality and Innovation (CQUIN) scheme with the commissioners, that the scheme reflects the Quality

Strategy and the needs of the people that use each of the clinical divisions.

How we will measure our success:

- Monthly review of the quality sections of the Trust dashboard (a table containing all key performance indicators that the

Trust is required to deliver as part of its contract with commissioners).

- Carry out a programme of staff and patient/service user experience surveys to monitor the progress of implementation of the Strategy.
- Review and report upon the Divisional Business Plans to ensure implementation.

Priority Two: Improve communication every step of the way.

Quality domains: *Experience, Effectiveness* and *Safety*

Rationale: We care for increasing numbers of people with complex health needs of all ages in the community setting. These people – adults, children and young people alike – may come into contact with several different health and social care teams who provide different aspects of care and support provision and getting communication right in these sometimes complex circumstances is vital. In the last Quality Account we stated that the provision of Seamless Care was one of our priorities and we believe that it is important to continue this work as a priority going forward.

Nursing and allied health professional teams either in the community setting or in a community hospital are at the centre of the provision of seamless care as they have a holistic understanding of the patient/service user's needs and are often at the point where services meet such as the discharge or transfer from an acute hospital or visiting people in residential homes to provide care. Therefore communication by our services is vital if we are to provide care for a patient/service user to ensure they are unaware of where one service starts and another ends.

Another area where we are aware of the need for effective communication is when a young person attains the age when the responsibility for their care is transferred from specific services for children and young people to adult services.

This transition can be a time of upheaval and anxiety for the young person and their family and the need to ensure that it is carried out as seamlessly as possible is crucial.

Finally, there is potential for improving the partnership working and communication between midwives and Health Visitors to identify the circumstances in which specific provision and planning is needed before a baby is born. This will ensure that the mother is properly enabled to care for her child.

Where we are now: We know from complaints that there are instances where communication may be improved between services and we know that there are many examples of how we have already made progress. For example, there is a transfer of care document that has been developed by the Shrewsbury and Telford NHS Trust (SaTH) which is used when transferring patients between the acute and community hospitals and will be used

when transferring into the independent care sector as well. We know that the use of the SBAR (Situation, Background, Assessment and Recommendation) tool is important in ensuring that the appropriate information is given when requesting advice from a GP or Shropdoc and we have implemented the use of nationally validated integrated Pressure Ulcer documentation across all areas where we provide care (see below) and provided training to care agencies, residential homes and patients and their families in its use.

Within our services for Children and Families, the Trust website is updated with all new developments across all service areas. An Early Years Pathway has been developed so that Midwives notify Health Visitors of all antenatal contacts through our Child Health department.



What we will do:

- We will improve the experience of patients being transferred home from a Community Hospital by ensuring that they know who they need to contact if they are worried and have the information they need. This will be in the form of written information which we will endeavour to ensure is in the patient's first language.
- We also aim to carry out a pilot of telephoning patients within 48 hours of discharge to ensure that all is well and to address any issues which they may have. If it proves successful this will be rolled out across all Community Hospitals.
- We will aim to discharge patients from Community Hospitals by 11am where at all possible.
- We will continue the close collaborative arrangement we have with the Acute Trust and social care and other community organisations, to ensure that the transfer of patients to our care is carried out in an appropriate and timely way and not when it is not in the best interests of the patient.
- We will continue to provide training and advice to care agencies and other partners in specific issues such as pressure ulcer prevention to ensure that there is consistency in the way that we care for patients.
- We will continue and extend our real time feedback patient surveys to find out what patients think about the transfer of their care and will act on the suggestions that they make where we can.
- We will monitor contacts through our PALS and complaints teams to ensure that any problems are identified and acted upon. Reducing complaints linked to communication by 50%.
- Services for children and young people who move on to adult services will ensure that appropriate referral and transitional processes are in place and are monitored for effectiveness.

How we will know how we are doing:

- We will monitor and report on patient feedback.
- We will monitor contacts with our PAL service and also any complaints that refer to communication breakdown between services.
- We will also monitor whether patients are readmitted unexpectedly to hospital to ensure that this is not due to a breakdown in communication between services.
- Monitoring of incidents reported within the Trust.

Priority Three: Keeping everyone safe in our care and be transparent and accountable at all times.**Quality Domains: *Safety, Experience* and *Effectiveness***

Rationale: We know that it is vital to ensure that patients/service users in our care are kept safe whilst in our care. In the last Quality Account we specified the reduction of pressure ulcers and falls as a priority and we believe that we need to continue to prioritise all aspects of safety in this Quality Account.

Where we are now: There is a lot of detail later in this Quality Account of our progress made against the priorities identified last year. Going forward it is important that we continue to build on the work that has already taken place to ensure that the momentum is not lost and that patients in our care are kept safe at all times.

What we will do:

- We will continue with the work of the Safe Care Harm Free Project Board ensuring that this local health economy wide forum learns from each other and promotes partnership working, specifically around the four identified harms of pressure ulcers, falls, venous thromboembolism (VTE) and catheter associated urinary tract infections.
- We will continue to monitor and investigate serious incidents when

they occur and most importantly act on those findings to ensure that as much as possible is done to prevent a similar incident occurring.

- We will continue to report, through our governance processes all such incidents to the Trust Board who provide robust challenge to the Director of Nursing and Quality to ensure that appropriate actions have been put into place.
- We will continue to carry out activities such as the Safer Surgery Checklist in appropriate areas to ensure that all processes are carried out safely.
- The Government expects the NHS to admit to patient safety incidents, apologise to those affected, and ensure that lessons are learned to prevent them from being repeated. This is referred to as the Duty of Candour. We will follow the requirements of the Duty of Candour at all times to ensure complete transparency and accountability when incidents occur.

How we will measure our success:

- We will monitor the number of events such as pressure ulcers

and falls as well as other serious incidents on a monthly basis.

- The Trust has a zero tolerance to avoidable pressure ulcers and will continue to work towards the aim of no avoidable pressure ulcers by March 2014.
- In 2012-2013 two patients suffered serious harm having fallen whilst in the care of a community hospital and the aim in 2013 – 2014 is to ensure that no patient suffers serious harm from a fall whilst an inpatient.
- As part of the quality monitoring process required by our contractual obligations we will provide information to our

commissioners and the NTDA through our Trust dashboard.

- We will review complaints and PALS contacts in relation to patient safety and address these should they occur.
- We will continue to carry out monthly Safety Thermometer surveys (see page 19 for more detail about the Safety Thermometer) on the patients/service users cared for in Community Hospitals and by Community Teams and review this on a regular basis along with those of our partner organisations through the Safe Care Harm Free Project Board.

Priority Four: Supporting Staff

Quality Domains: *Effectiveness, Experience* and *Safety*.

Rationale: We know that it has been a challenging time for the staff in our organisation in recent months. We also know that in order to ensure that patients receive the best possible care, staff should receive the best possible support. There has been much in the media about helping staff to provide the highest standards of care and the Trust is committed to ensuring that we do all we can to support staff to carry out their roles to the highest standards.

Where we are now: Since the formation of the Trust in July 2011 the Human Resources and the Organisational Development teams have carried out a lot of work in relation to developing appraisal documentation and creating training matrices to enable staff identify their own developmental needs and are able to access appropriate training. At the end of March 2013, 62% of appraisals had been

carried out, which is a significant improvement from the previous year where the percentage was 39%.

In the last few months, the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis Inquiry) has been published. The report highlighted a number of recommendations for NHS Trusts to implement, some of which referred to supporting staff.



What we will do:

- Using the implementation plans developed by NHS England, we will develop and embed across all staff groups the principles of Compassion in Practice, the three year vision and strategy for nursing, midwifery and care staff which will help them provide care that reflects the “six C’s” - Care, Compassion, Competence, Communication, Courage and Commitment in all that they do.
- Ensure that 100% of staff in work receive annual appraisals and agree their own personal development plans.
- Give staff the opportunity to access appropriate training for their roles.
- Ensure all staff complete mandatory training as required.
- Develop actions following the last NHS Staff Survey to address areas where staff have identified lower satisfaction.
- Develop and implement actions from the Francis Inquiry to ensure that staffing levels in all areas are appropriate and enable high quality care to be provided.
- Ensure that when services may be subject to change that a full Quality Impact Assessment is carried out to ensure that staff will be able to continue to provide high quality care should changes need to be carried out.

How we will measure our success:

- On a monthly basis we monitor the number of staff appraisals that are carried out and the number of mandatory training courses accessed.
- Improved staff satisfaction as a result of the work following the staff survey.
- The task and finish group that identifies and carries out actions to address issues raised in the staff survey will report through the governance process on a regular basis.



Priority Five: Greater Involvement of Service Users in development of CAMHS **Quality Domain: *Experience* and *Effectiveness***

Rationale: We know that many of the patients/service users we care for are the experts in their conditions as are their

families. This is particularly true of our Child and Adolescent Mental Health Service (CAMHS) who care for many

children and young people with Autistic Spectrum Disorders (ASD) often for their entire childhood and adolescence. This service is a good example of one that could be contributed to by parents and carers to ensure that the care provision is what is needed not only for the child or young person but for the family as a whole, especially where there are siblings.

Where we are now: CAMHS is about to go through a process of service redesign and so it is particularly apt that parent groups get involved in the planning and implementation of the service going forward.

What we will do: Over the next year, appropriate parent and carer groups will be invited to take part in discussions about the redesign of services within CAMHS. From these discussions a “fit for purpose” CAMHS will be developed and implemented to ensure that this group of children and young people receive the best possible care.

How we will know how we are doing:

- Monitoring of contacts with our PAL service.
- Service user feedback

Section Three

A Listening Organisation



SECTION THREE

A Listening Organisation

Quality Domain: *Experience*

Gathering information about the experiences that our patients have whilst in our care is vital to the Trust in order to understand how well the care that we provide is being received. It is not just a matter of receiving and acting on complaints – we aim to ensure that by routinely gathering information we are able to change services to ensure that patients do not feel the need to formally complain.

To this end, over the past year the Trust has further developed the ways in which we gather the views of our patients, their families and other people who care for them. Some of these have been locally developed surveys for example in some of

the services we provide for Children and Young People and others have been mandated for us.

We do not just measure the numbers of responses but also take into account the comments that people make as well. This work has involved over 2000 patients or their carers (several are parent surveys for children and young people's services). In addition to the surveys in table one below there are several that are ongoing into 2013-2014. These surveys are usually reported upon on a quarterly basis to the appropriate teams to enable them to identify themes and actions that need to be taken.

Table one: Examples of Patient Engagement during 2012-2013

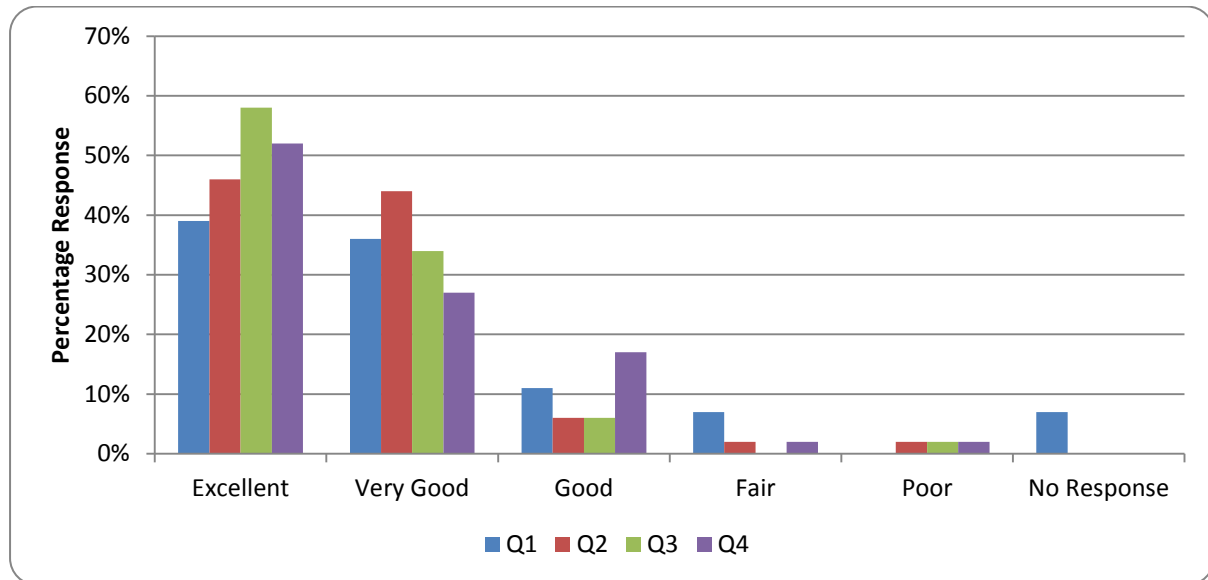
Project Title	Service Area	Main Findings	General Satisfaction	Recommendations and actions
Child Development leaflets parent survey	Community Paediatrics	Majority of parents happy with the content of the leaflets. Some felt the leaflets were a poor substitute for health visitor checks	87%	Leaflets discontinued in September 2012 and replaced by a universal invitation for all two year olds to attend for a developmental review with a Health Visitor (the 5 th core contact).
Autistic Spectrum Disorder (ASD) post-diagnostic support survey	Child and Adolescent Mental Health Services (CAMHS)	The aim of the survey was to obtain feedback from parents about the support provided following diagnosis. Parents expressed satisfaction with the content of the information pack routinely sent out although some were not happy with the timing. Parents felt that a regular news bulletin advising would be useful.	63%	'Opt in' letters to be sent to parents enabling them to request the information pack at a time to suit them. Regular email and postal bulletin system set up.
A survey aimed at young people in relation to accessing their school nurse	School Nursing	This survey was aimed at evaluating the response of students to a Queen's Nursing Institute funded pilot project which introduced a school nurse text service. 91% of students were aware of the service compared with an earlier British Youth Council report. The vast majority felt it was a good way of seeking help and advice.	High level of satisfaction	A business plan is being drawn up for rolling the service out across all state-run secondary schools in Shropshire
Doctors' parental survey	Community Paediatrics CAMHS	This survey was carried out as part of a 360° feedback project for doctors. High levels (90%+) of parental satisfaction were identified on the majority of measures.	92%	Any issues relating to individual doctors will be taken up as part of the appraisal process. Recommendations for the project as a whole will be considered by Divisional Quality & Safety Group.
Help 2 Quit survey	Health Improvement	Feedback is obtained from clients (pregnancy and generic) of the Help 2 Quit service on an ongoing basis. Satisfaction levels on the majority of measures very high. Some issues with convenience of appointment times/venues, availability and expense of medication, usefulness of leaflets, between-appointment support.	Generic: 95% Pregnancy: 100%	Nicotine replacement therapy now supplied directly by Help 2 Quit staff. Additional staff recruitment (permanent and bank) to address issues of inconvenient appointment times, locations and to increase between-appointment support, new range of written information material produced included posters, and flyers, local

Project Title	Service Area	Main Findings	General Satisfaction	Recommendations and actions
				protocol for the delivery of free nicotine replacement therapy developed. An option of completing the questionnaire online has been offered in an attempt to improve response rates.
Parent satisfaction survey with Multidisciplinary Team (MDT) meetings at Telford Child Development Centre (TCDC)	Community Paediatrics	The aim of this survey was to obtain feedback from parents about this complex process. 100% of parents found the sessions helpful and the majority were satisfied with a range of measures including the number and length of sessions offered, the recommendations and action plans developed and the content of the post-assessment report. Some parents felt it would have been useful to receive written information pre-assessment.	81%	Pre-assessment information is to be provided to parents.
Experience of service questionnaire	Family Nurse Partnership	All respondents expressed high levels of satisfaction with the service and all said they would definitely recommend the service to others	100%	Recommendations are being drawn up
Shropshire Prisons Questionnaire	Healthcare Service	Generally satisfaction appears to be high with care provision by nursing staff, involvement in care decisions and privacy and dignity. There is also a generally high level of satisfaction with care provision by medical staff.	61.3% overall satisfaction	Action plan in place to address specific issues which will be re audited in 2013-2014.
Experience of Service Questionnaire	Admiral Nursing Service	The aim of the questionnaire is to capture the views of the family carers who have received interventions from the Admiral nurse in relation to the assessment of need framework.	High level of satisfaction with the contact and service.	Survey to be repeated again in 2013-14
Experience of Service Questionnaire	Community Rheumatology Service	To have overall view of patients satisfaction from both clinical, staff and logistic point of view to try to improve the services to best standard possible	Majority rated overall satisfaction as excellent and 19 as very good	Action Plan being drawn up.

In addition to all the surveys in table one which refer to outpatient services, our commissioners asked us to gather

information relating to the quality of care provision in our hospitals. The results are shown below.

Chart One: Inpatient Experience 2012-2013 (N= 194) How would you rate the care you received in the Community Hospital?



The chart shows that the majority of respondents (98/194) over the year rated the care they received in the community hospitals as excellent and 68/194 said the care was very good.

Patient Opinion and NHS Choices. Neither has been widely used by our patients and we aim to promote these more widely over the coming year as well as looking at other ways of obtaining “real time feedback”.

Other methods of gathering feedback have already been mentioned above –

Examples of comments on Patient Opinion or NHS Choices during 2012-2013

This is the first time I have been referred to this hospital. First impressions were very pleasing. The hospital inside & out was really clean & spacious. The whole visit went very well from start to finish. All staff I came into contact with were friendly & efficient. (Bridgnorth Hospital, NHS Choices)

The staff and doctors were exceptionally kind and considerate and went out of their way to be helpful and accommodating. I cannot thank them enough for looking after my mother, my father, my sister and myself during a very distressing weekend. Special thanks to the efficient and kind sister for her care. (Bridgnorth Hospital, NHS Choices).

Dinham Ward. Our mother has received great care whilst in this ward. The ward is clean and quiet bays. All staff are kind and considerate. We need many, many more cottage hospital beds, to ensure our elderly have the care they deserve in old age. Thank you Ludlow Hospital. (Ludlow Hospital, NHS Choices)

Had to attend physio for neck and shoulder problem. The staff were quick and efficient and the physio very pleasant. In 3 or 4 visits my problems appear to have been solved. (Community Physiotherapy Service, Patient Opinion)

We do not just gather patient feedback through surveys but also through our PALS and Complaints Service. Our PALS Manager has ensured that the service has become very visible over the past year by regular visits to Community Hospitals in order to enable patients and visitors to chat to her to clarify issues they may have. In addition, we have developed posters and leaflets that are widely available throughout the places we provide care including outpatients areas and finally, the Community Teams (community nurses and therapists) have cards that they give to patients with the contact information for the PALS and Complaints team.

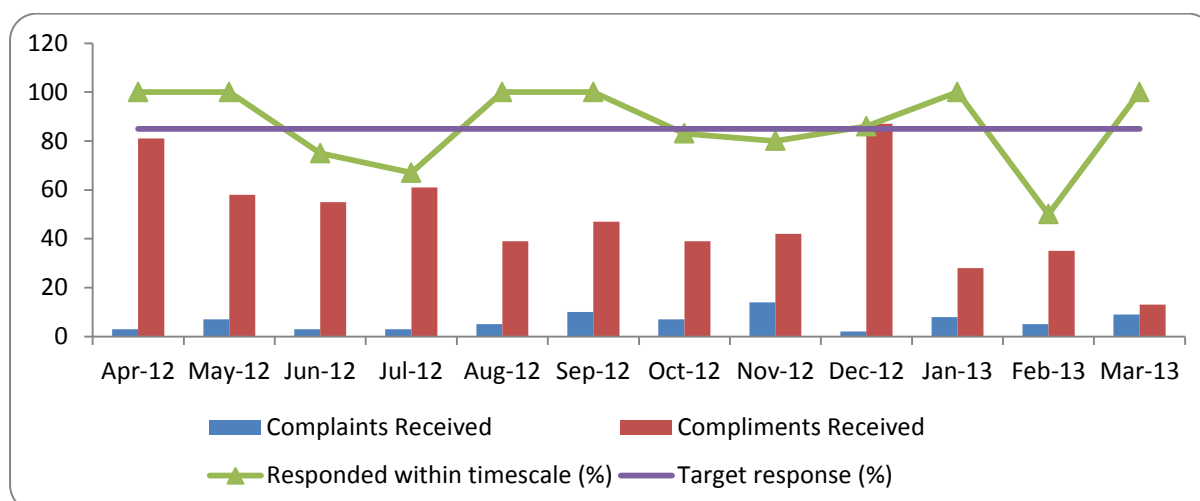
Complaints to the Trust are managed according to their complexity. We have set ourselves an internal target to meet with reference to the time taken to respond to complaints and our success against this target is monitored by the

Quality and Safety Committee (a sub board group) every month. Additionally, the Complaints and PALS managers produce a six monthly report that gives the Committee a very clear picture of how these methods of patient feedback are measured. Additionally the Complaints manager keeps a record of how many compliments we receive which are a much higher number than the number of complaints.

The chart below shows how many complaints we received over the year, what percentage were responded to within the timeframes we set ourselves and what the top categories of complaints were.

There is a drop in response times in February where two complaints were responded to one and two days late respectively, due to investigations not being completed with the Trust target deadlines.

Chart Two: Complaints and Compliments 2012-2013.



The other group of people whose opinion is vital to the success of the Trust is, of course, the staff. Every year the NHS carries out a national survey which tells the Trust how well we are managing against specific indicators related to managing staff and resources. Last year, 57% of staff completed the survey and submitted it, this year the percentage was 56%.

As mentioned in the introduction, this has been a year of massive change for the organisation – both as a new Trust developing its services and one that has undergone a major restructure exercise within this year. Add to this changes that have been implemented within our Human Resources and Training teams including the introduction of the Electronic Staff Record (ESR) and the training required for

all staff in relation to that, the development of a new appraisal process and the streamlining of the booking system for training, the results of the staff survey are very important to indicate how well the Trust is adjusting to change.

Following on from last year’s survey the Trust put together a group of staff from different areas and roles with the aim to **“find out how to best change and develop things within the Trust to make it a more rewarding and exciting place to work”**. This group identified three themes:

- **Understanding the Organisation**
- **Staff feeling valued and engaged**
- **Working to your potential**

Some of the actions that have been taken over the last year include:

Corporate Induction dates were reviewed to enable new starters an earlier introduction to the Trust and learn about the Trust values and vision.
The Trust ran a series of staff engagement road shows across the whole county to listen to what staff had to say about working for the organisation and what could be done to make it better.
A series of “What Stress in Healthcare” has been developed for staff. The innovative approach has already been a big hit with the 120 staff that have attended and more sessions are planned.
A new staff appraisal toolkit has been developed and introduced.

Section Four

Quality at the Heart of the Organisation



Photo courtesy of Shropshire County PCT

SECTION FOUR

‘Quality at the Heart of the Organisation’

Statement of Assurance from the Board.

Quality Domains: *Effectiveness* and *Safety*

The Trust Board has oversight of quality and it is a key strategic objective to exceed the expectation in the quality of care we provide. Assurance to the Board is received through scrutiny and monitoring via the committee structure, which includes a Quality and Safety Committee chaired by a Non-Executive Director. Regular reports are provided on a monthly basis to the Board of the detailed scrutiny that include a review of achievement of the quality account as part of the overall delivery of the quality strategy.

Additionally, the Board sets internal measures to challenge practice aiming to be the ‘best in class’. The Trust also has to meet external and regulatory requirements – for example, through the contract we have with the Clinical Commissioning Groups (CCG) who commission services from us – and regulatory requirements that are monitored by the NHS Trust Development Authority and Care Quality Commission (CQC) at a national level.

This section of the Quality Account will show how we measure our day to day work in order to meet the requirements and standards set for us and how we evaluate that the care we provide is of the highest standard. We do this by measuring the care that we provide against national or agreed best practice standards in the form of clinical audit. Many of the statements in this section of the Quality Account are mandated by the NHS (Quality Accounts) Regulations which are part of sections 8, 9(5) and 10(3) of the Health Act 2009.

Between 01 April 2012 and 31 March 2013 Shropshire Community Health NHS

Trust provided and/or subcontracted 59 NHS services.

Shropshire Community Health has reviewed all the data available to them on the quality of care in 100% of these NHS services

The income generated by the NHS services reviewed between 01 April 2012 and 31 March 2013 represents 100% of the total income generated from the provision of NHS services by Shropshire Community Health NHS Trust during that reporting period.

National Audit and National Confidential Enquiries.

Quality Domain: *Effectiveness*

During 2012-2013 there were potentially two National Clinical Audits that were reflected in the Trust's work – one related to Children with Epilepsy and the other was the Falls and Bone Health Audit. During 2012-2013 neither audit gathered

data that required input from the Trust during the year.

There were no National Confidential Enquiries that the Trust was eligible to take part in during 2012-2013.

Research

Quality Domain: *Effectiveness*

The number of patients receiving NHS services provided or sub-contracted by Shropshire Community Trust in 2012-2013 that were recruited during that period to

participate in research approved by a research ethics committee was 48.

The outcomes of the research will be used in the delivery of services.

Clinical Audit

Quality Domains: *Experience, Effectiveness* and *Safety*

The Trust has managed a large and wide ranging Clinical Audit programme over 2012-2013. As in the previous year, audits are prioritised as recommended by the Healthcare Quality Improvement Partnership (HQIP) who manages Clinical Audit nationally on behalf of the Department of Health. The priorities are:

- National Priorities (such as national audits, National Institute of Health and Clinical Excellence)
- Trust Priorities (such as audits to support contractual requirements).

- Service Priorities (such as patient experience, measuring the impact of service redesign, measuring compliance with guidelines and policies, record keeping)
- Clinician Interest (specific to clinicians relating to their practice).

The reports of 23 local clinical audits were reviewed by the provider in 2012-2013 and Shropshire Community Health intends to take the following actions to improve the quality of healthcare provided (see table below).



Table: Clinical Audits completed in 2012-2013.

Project Title	Service Area	Main Findings	Recommendations
Audit of NICE guidance on nocturnal enuresis	Community Paediatrics	Where NICE criteria were included in the local assessment tool, compliance was high across a range of measures. 22% of eligible children were not given an alarm as first line treatment as recommended by NICE and response to the alarm was only assessed after 4 weeks in 25% of cases.	The local assessment tool was updated to include all questions in the NICE guidance document. The local policy was updated to ensure that clinicians record the reasons why an alarm is not given as first line treatment and that children are re-assessed 4 weeks after receiving the alarm. A re-audit is planned during 2013/14.
Management of children with sensorineural hearing loss identified through the newborn hearing screening programme in Shropshire	Community Paediatrics	In the majority of cases investigations were carried out in accordance with local and national guidelines. However, none of the children had a TORCH screen (a screen for newborn infections) and six were not referred for investigations.	Maternal notes are now checked routinely for any evidence of TORCH markers. If not, then TORCH titres are arranged as routine for children identified with hearing loss under 1 year of age. The referral process has been streamlined – the SIS team now emails Dr Ganesh on the day diagnosis is confirmed by the ENT surgeon in the HAC clinic. Re-audit planned 2014/15.
Listen with Lucy audit	Speech & Language Therapy Service	Attention skills of children improved during the period of intervention. All of the nursery staff involved in the programme were positive about its impact	Explore the use of Listen with Nursery in other early years settings
Depression CQUIN audit	Child and Adolescent Mental Health Services	The aim of the audit was to ascertain the proportion of children/young people who received formal screening for depression at assessment. A low compliance rate was identified as the assessment tool had not been formally launched.	The assessment tool has been re-launched and a re-audit is now underway
Alcohol CQUIN audit	Child and Adolescent Mental Health Services	The aim was to ascertain whether young people aged 14-18 years received screening for the prevention of alcohol abuse. The audit showed low compliance rates for the reason given above.	As above.
Speech & Language Therapist (SLT) activity with non-referred children	Speech & Language Therapy Service	The aim was to capture non-referred activity and outcomes as this information is not recorded on Lorenzo. Referral to other services was prevented in 38% of cases indicating a saving to the service.	Continue with ongoing data collection but introduce improvements to the reporting format for commissioners.
Speech & Language Therapy clinical outcomes audit	Speech & Language Therapy Service	This audit entailed a review of therapy outcomes for children against objectives set out in care plans. Overall compliance against audit measures was 83%.	No recommendations were made. This audit is repeated annually.

Project Title	Service Area	Main Findings	Recommendations
Clinical record keeping audit	Paediatric Psychology	Compliance with measures was generally good and the files were described as large but exemplary and easy to navigate.	Checks made to ensure follow-up outcome measures have been returned by families and that patient information is included on continuation sheets.
Growth guidelines audit	School Nursing Community Paediatrics	This audit looked at the extent to which school nurses were compliant with locally developed growth guidelines. Results showed that compliance was good but that only 15% of parents responded to the letter advising referral to a community paediatrician or re-measurement and of these only 50% agreed to the course of action suggested.	Recommendations are currently being discussed
Referral for Tier 4 admissions	Child and Adolescent Mental Health Services	The aim of this audit was to assess the process of arranging Tier 4 admissions and to evaluate the impact of centralised Tier 4 commissioning services on that process. The majority of clinicians felt that the referral had caused some disruption to their normal work routine and over half that that it some impact on other services e.g. Tier 3. Most were positive about the timing and appropriateness of the response from Tier 4. Half of the referrals required same day admission.	The audit report is to be sent to Tier 3 and 4 Commissioners and the project presented to child & adolescent psychiatrists across the West Midlands region for discussion.
Clinical record keeping audit	Child and Adolescent Mental Health Services	Compliance with audit standards was generally high.	Recommendations being drawn up to address any shortcomings identified
Enteral feeding audit	Community Children's Nursing	This was a pilot audit of the care pathway developed with the support of Queen's Nursing Institute funding aimed at moving children off enteral and onto oral feeding where appropriate to do so. Compliance with the protocol was shown to be good; in 4/8 cases children were now totally orally fed and in 1 enteral feeding had reduced significantly.	A full audit of the protocol will now take place
Management of children needing rescue medication for convulsion at the Bridge School – assessment of practice against NICE Epilepsy guideline	Community Paediatrics	Compliance with all measures of the NICE guidance was generally good although not all cases were known to the epilepsy nurse.	Process for the annual review of epilepsy patients instigated and for ensuring epilepsy nurse involvement in all cases. Summary sheet used at SaTH to be adopted locally.
Follow-ups in consultant clinics	Community Paediatrics	The aim of this audit was to find out whether paediatric patients are being referred appropriately to community	Recommendations drawn up for referral and discharge criteria – to be incorporated into the paediatric service

Project Title	Service Area	Main Findings	Recommendations
		paediatricians for follow-up and whether they are being discharged at the right time. Referrals for patients with abdominal migraine (a childhood condition), behaviour and growth issues were accepted and should not have been. The majority of discharges from Community Paediatrics were considered to be appropriate.	review.
Looked After Children out of area audit	Community Paediatrics	This audit looked at whether national and local protocols for the care of Shropshire LAC placed out of country were being followed. Compliance was good on the majority of measures although none of the health assessments were carried out within 20 days of the child coming into care and birth and medical history sections on the assessment form were only completed in 44% of cases.	A framework for minimum standards of assessment is to be created, education of multi-agency team will take place to ensure that good and timely information is collected, Child Health to improve the information they send to the out-of-area authority, the out-of-area care pathway will be modified.
Stammering survey	Speech & Language Therapy Services	The survey obtained feedback from school staff about their experience of Stammering Information Programme (SIP) sessions. The sessions were found to be very useful to school staff although attendance was mainly from primary schools and not secondary. Respondents also requested more time for questions/discussions during the sessions.	SIP will continue to be offered on a termly basis. Secondary school staff will be invited to attend sessions and session plans to be adjusted to allow more time for questions/discussion.
Pregnancy, birth and beyond clinical audit	Health Visiting	This audit aimed to assess the effectiveness of the programme. The audit showed that service provision met the standards and recommendations available and provided assurance that the staff training package developed locally was appropriate for the needs of the service. The feedback received from clients was very positive. The service only sees 16% of eligible referrals although anecdotal evidence suggests that women offered a referral often refuse. There is also not the capacity within the service to see all potential referrals. A small number of women said they preferred to be seen in a group. The database used to collect client data was identified as not fit for purpose. Midwives felt the name of the service should be changed.	New, improved database designed and up and running. Audit results presented to midwives' monthly team meeting in order to raise the profile of the service and to encourage midwives to make more referrals. Service now renamed to 'Why Weight/ Mums'. Training video to be produced to demonstrate to midwives how the topic can be raised during clinical visit.
Patient Group Directions (PGD) – Cervarix audit	Immunisation Service	This project is part of an ongoing programme of PGD audits. Compliance on the majority of measures was good except for completion of mandatory training/CPD, recording of allergy	All staff who have not completed required training will do so, a tick box will be provided on consent forms for the recording of allergy status, label from vaccine will

Project Title	Service Area	Main Findings	Recommendations
		status and drug expiry date in the notes.	be used to record drug expiry date.
Staff knowledge breastfeeding survey	Health Visiting Health Improvement	This audit is an assessment of staff knowledge and skills in order to demonstrate compliance with Stage 2 of the UNICEF UK Baby Friendly Initiative. On all measures performance exceeded the minimum level of compliance required.	None made
Pressure Ulcer Prevention Audit	Tissue Viability Nursing Team	The purpose of the audit is to support the Trust in demonstrating compliance with this CQUIN.	The audit is being repeated in March 2013.
Community Nursing Dependency Audit	Community Nursing Teams	To ensure that the dependency scores are developed to reflect the audit findings in order to ensure that they are used to plan evidence based care, ensure equity in delegation of face to face contact times throughout the skill mixed team and are changed to reflect changing patient needs. To ensure Band six nurses and band 7 practitioners utilised there higher level skills to need caseload need.	An action plan was developed following the audit which is in progress now
Clinical Record Keeping Audits	Shropshire Enablement Team Minor Injuries Unit Advanced Primary Care Services Orthopaedic Service	The key reason for carrying out this audit is to comply with the requirements of the Clinical Record Keeping Policy (and related policies and procedures) in relation to auditing of patient records.	Action plans developed to address any shortfalls in record keeping highlighted in services.

Our Commitment to Data Quality

Quality Domain: *Effectiveness*



Shropshire Community Health NHS Trust operates various Patient Administration Systems including Lorenzo, Health Solutions Wales, Graphnet, SEMA and Lille. The Trust has built on the existing work carried out to improve the quality of data that is collected.

The percentages of records in the published data which included the patient's valid NHS number was:

99.9% for admitted care
99.9% for outpatient care
99.5% for accident and emergency care (Minor Injuries Units)

The percentages of records in the published data which included the patients valid General Medical Practice Code was:

100% for admitted care
100% for outpatient care
100% for accident and emergency care (Minor Injuries Units)

Information Governance.

Quality Domain: *Effectiveness*

Shropshire Community Health NHS Trust's score for 2012-2013 for Information Quality and Records Management assessed using the Information Governance Toolkit was 65%. This means that the Trust was 1% below the "satisfactory" rating. The only element that the Trust did not achieve compliance on was Information Governance training

The Trust takes its responsibility in relation to data quality seriously and will continue to work to improve performance in this area over the coming year.

Every month this performance data is presented to the Quality and Safety Committee to show the trends in relation to data quality.

Shropshire Community Health Trust submitted records during 2012-2013 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

and an action plan has been put into place to address this in 2013-2014.

Incident Reporting

The Trust takes its responsibilities to keep our patients safe very seriously. In order to monitor and take action when something goes wrong either as a result of an error or an incident such as a patient

fall, all incidents are monitored on an electronic system called Datix. This system enables the Trust to monitor trends in incidents at the highest level and reports based on serious incident reporting are presented at committees including the Trust Board every month. Copies of the reports that are presented to the Board are available via the Trust website.

Safety Alerts

In addition to incident reporting Datix enables the Trust to monitor and distribute National Safety Alerts which are managed appropriately by the Risk Manager. Any actions that we take on alerts are monitored in the same way as serious incidents. Between 01 April 2012 and 31 March 2013 a total of 95 safety alerts have been received by the Trust, all of which have either been actioned or are in progress and if the latter, are still within the timescale set.

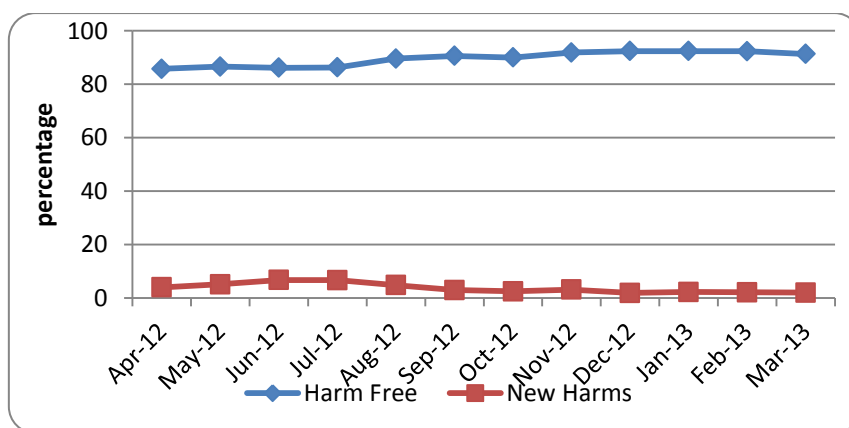
Safety Thermometer

The Trust has contributed to the national data collection via the NHS Safety Thermometer throughout the last year. The Safety Thermometer is a “point prevalence” tool which allows teams to measure specific “harms” and the

proportion of their patients that are “harm free” during their working day. It effectively works as a “temperature check” and can be used alongside other measures (such as incidents being reported, staffing levels and the degree of need of patients that the nursing team are caring for on that day) to identify where there may be problems and how these could be addressed in order to eliminate harm as far as possible. The Safety Thermometer is part of a project called Safe Care: Harm Free which aims to prevent four main harms – Patient Falls, Pressure Ulcers, Urinary Infections related to catheters and blood clots that may form in a patients leg or lungs.

Over the past year the data that the teams have collected has been merged and submitted to the Health and Social Care Information Centre (HSCIC) in order to provide a national snapshot of care across many different types of organisations. However, its greatest use is at local level to show the Trust position (the merged data) and also the data for each team. The chart below shows an overview of the Trust performance as measured on the Safety Thermometer over the year and is pleased to report that over 90% of patients have no harm.

Chart Three: Safety Thermometer Data 2012-2013



The Safety Thermometer has been developed over the year and going forward will be used to identify improvement targets and whether the Trust achieves them. This will be done in partnership with our commissioners.

Commissioning for Quality and Innovation (CQUINS)

A proportion of the Trust's income from 01 April 2012 to 31 March 2013 was conditional on achieving quality improvement and innovation goals that had been agreed between the Trust and the commissioning bodies of Shropshire County PCT (now Shropshire County CCG) and NHS Telford and Wrekin (now Telford and Wrekin CCG). These goals are agreed every year as is the method by which success will be measured. Further details of the agreed goals for 2012-2013 and for the following 12 month period are available on request from Shropshire Community Health NHS Trust.

Registration with the Care Quality Commission (CQC)

The Trust is required to register with the CQC as set out in two pieces of legislation – the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. The Trust's current registration status is "Registered without restrictions". The CQC has not taken any enforcement action against the Trust during 2012-2013 and nor is it subject to periodic reviews by the CQC. This means that the CQC has no issues with the services that the Trust provides.

The Trust also undertakes proactive internal assurance activities to self-assess its compliance against the CQC Outcomes, identifying areas for

improvement and ensuring follow-up remedial actions are completed. This includes the collation of a library of evidence that is maintained electronically.

The Trust received an unannounced visit from the CQC on the 16 January 2013 to Ludlow Community Hospital. The inspection report shows that the Trust was compliant with the standards that the CQC checked on the day which were:

- Consent to care and treatment
- Care and welfare of people who use services
- Meeting nutritional needs
- Safeguarding people who use services from abuse
- Supporting workers
- Complaints

The inspection report is available on the CQC website and showed a high level of patient satisfaction with the services with many positive comments both from patients and the CQC inspectors about what they saw at Ludlow Community Hospital.

Patient Led Inspections of the Care Environment (PLACE).

The ending of Patient Environment Action Teams (PEAT) inspections and their replacement by new patient led inspections, to be known as Patient-Led Assessments of the Care Environment or PLACE was announced by the Prime Minister on the 6th January 2012. The focus of the revised process will continue to be cleanliness, buildings/facilities, privacy and dignity and food of inpatient facilities but there are a number of changes to the detail of the assessment, the scoring and assessment process and,



crucially, the number and responsibilities of the patient

inspections, a direct comparison to previous results is not possible.

NHS Litigation Authority (NHSLA)

The NHSLA handles negligence claims made against NHS organisations and works to improve risk management practices in the NHS. All NHS organisations can apply to be members of the scheme and pay an annual contribution into the scheme which is similar to insurance. The Trust was assessed against the risk management standards of the NHSLA in July 2012 and was successful in achieving compliance at level one of three. The Trust was pleased with this achievement after such a short time of being formed as a new organisation.

representatives. The Trust has invited members of the local Healthwatch to take part in the assessment. As the scoring is different to the previous PEAT

Looking Back at 2012-2013 Priorities

Quality Domains: *Experience, Effectiveness* and *Safety*

In the 2011-2012 Quality Account for the Trust we identified four priorities for improvement for 2012-2013. Two of these were continued from the previous year (when the Quality Accounts were written by the then NHS Telford and Wrekin and Shropshire County PCT). This section of the Quality Account is where we look back at the progress we have made against

those priorities and where there is still work to do. We acknowledge that there are some areas in which we have been less successful than others but there is no doubt that there has been an enormous amount of work and commitment put in by teams to ensure that the priorities will be met, as identified in the new priorities.

Priority: To deliver seamless care with our partners

Quality Domains: *Experience, Effectiveness* and *Safety*

As the number of older and more frail people increases, more people will have complex health needs that will require input from health and social care teams. Getting services working together to provide seamless care is a challenge that is increasingly more complex for the NHS and local authorities. Seamless care is about putting the patient first so that they

are not aware of where one service stops and another starts.

What we said we would do:

The goal that was identified for this priority was simply to provide a more joined up service for our patients, in schools, homes (either people's own homes or care and residential homes) and our Community

Hospitals. To achieve this, the Trust said that we would:

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

How have we done?

In addition to the actions that have already been mentioned in this document such as the increased awareness of the PAL service and the monitoring of complaints, we have asked patients what they thought when discharged from hospital about some of these aspects.

- 91% of patients that answered this question said they were involved

as much as they wanted in decisions about their care and treatment.

- 99.5% of patients that answered this question said that they were treated with dignity and respect whilst they were in a Community Hospital.
- 87% of patients that answered this question said that they felt involved in decisions about their discharge from hospital.
- 77% of patients that answered this question said that they were told who to contact if they were concerned about their condition or treatment after they left hospital. However, many patients did comment that they felt that this question was not applicable to them, for example those that were moving to residential care or those who had formal carers.

We have developed a new strategic relationship between the Trust and the Shrewsbury and Telford Hospital NHS Trust (SaTH) which is helping to transform healthcare for patients and communities in the county. We have agreed to put in place a new way of working in order to provide more joined up care, at home or closer to home wherever possible. This builds upon the work from last years and raises its status. Patients will feel that they are receiving seamless care no matter which Trust is providing it.

Additionally, this will help staff in our two Trusts to work together to meet the needs of our patients and will enable us to break down barriers so that staff can work more

closely together, with new freedoms to transform care for patients and to share best practice and learning. It will create new opportunities for us to strengthen how we work with partners and commissioners. Clinical commissioners, local authorities, partner NHS Trusts, the community and voluntary sector and the independent sector will find it easier to work in partnership with us. Both Trusts are still dedicated to working with other NHS trusts where we can help local people.

We have worked closely with partner organisations on specific projects – for

example the Safe Care: Harm Free Project which has members from NHS organisations but also representatives from the independent care sector, voluntary organisations and patient groups. In order to support this challenging agenda it is essential to have a clear understanding of the needs of the whole population and the wider determinants of health, from both the perspective of the NHS and Local Authority. Therefore, we will continue to develop our strategic collaborative partnerships over the coming year.

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

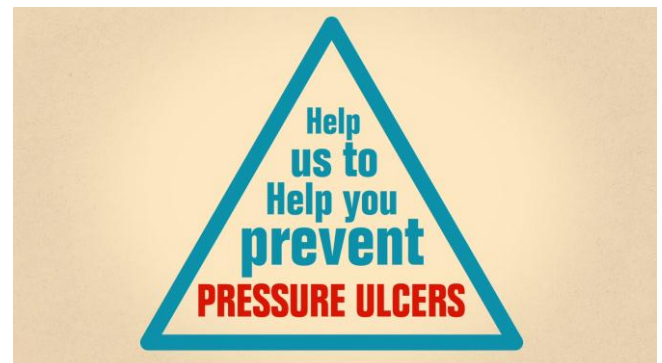
Quality Domain: *Experience, Effectiveness* and *Safety*

The Trust identified several goals as part of this priority. It should be noted that this is a national issue and one that was embraced by our Strategic Health Authority (SHA), NHS Midlands and East. The above priority reflected one of their five ambitions for quality that they launched in April 2012.

What we said we would do:

The Trust identified several goals in the Quality Account for 2011-2012 including:

- Creating a culture of zero tolerance to pressure ulcers across all care environments.
- Implementation of mandatory training for clinical staff to include prevention of pressure ulcers developing.
- Implementation of Safe Care (a national programme) across the whole health economy in Shropshire.



- Programme of training for patients, carers and voluntary and local authority staff to assist in the aim of reduction in acquired pressure ulcers.
- Review of access to pressure relieving equipment and ensure timeliness of delivery to those that need it.
- Cross reference work around this subject to other work looking at improving nutrition and hydration as all are linked.

- Implementation of the Help us to Help You campaign across the county which is an information leaflet for patients and carers.

How have we done?

The Trust has implemented a number of wide ranging strategies over the past year which include:

- Clinical teams are reporting all pressure ulcers that develop under our care either in patients' homes, residential homes or in community hospitals. Once the report has been submitted, the team have 21 days to complete a root cause analysis on the incident to identify why the pressure ulcer occurred. This document is reviewed by our Tissue Viability Specialist Nurse who using criteria provided by NHS Midlands and East decides whether the pressure ulcer is avoidable or not. If it is considered to be avoidable, the team leader is responsible for putting an action plan into place to ensure that the contributory factors do not reoccur.
- The recruitment of four more members of staff to our Tissue Viability Team who support clinical staff in dealing with all tissue viability problems but specifically pressure ulcers. The team started work at the beginning of September 2012 and have already put into place additional services for health care staff, carers and patients. This includes the introduction of a dedicated helpline which may be accessed by anyone wanting advice, to refer a patient or to discuss concerns and for

which the team were awarded a "First Highly Commended" award at a national event in March 2013.



- An increase in the number of tissue viability training sessions for clinical staff. Attendance at these is mandatory for nursing staff within the Trust but the sessions are also provided for staff in our partner organisations such as care homes and now the new members of staff are in post, this provision will be increased to ensure that as many agencies as possible have access to this training. During the year, 261 members of staff have attended pressure ulcer prevention training and the Pressure Ulcer Prevention team have provided more than 140 numbers of training sessions for other agencies involving 900 people.
- The Safe Care: Harm Free Project Board which was set up in December 2011 has gone from strength to strength during the last year. There are now five sub groups of the board that concentrate on the four harms as defined by the national Safe Care

work stream and also one that concentrates on nutrition and hydration which links with all the other sub groups as inadequate food and drink are major contributors to the development of all of the four identified harms. One of the groups concentrates on the elimination of pressure ulcers. The sub group is well attended from across the local health economy and has developed several strategies to help the trust achieve the priority which are reflected in the Trust Pressure Ulcer Prevention Action Plan which has been reviewed and updated regularly.

- The Safe Care: Harm Free Board has secured additional funding following a successful bid to the commissioners to progress the ambition. The strategies that have been put into place include:
 - The short term employment of a dietician to provide advice and education to patients, their carers and other staff in the community.
 - The provision of a pressure relieving mattress, cushion and boots for all community nursing staff to carry in their cars at all times to enable immediate action if a patient is assessed at risk of pressure ulcers.
 - A Pressure Ulcer Prevention conference is to be held in April for Trusts and partner agencies (LAs, Care Homes, GP practices, voluntary sector)

- Community Nurses now have greater access to pressure relieving equipment via the “satellite” equipment stores.
- The trust has recently completed a self-assessment in relation to nutrition and hydration provision which has enabled an action plan to be developed. This action plan will drive forward the work of the nutrition and hydration group which will contribute to the prevention of pressure ulcers.
- The “Help Us to Help You” campaign is in progress which is the distribution of an information leaflet for patients and their carers about how to prevent a pressure ulcer developing.
- The Trust has adopted the SSKIN bundle – a five step model for pressure ulcer prevention:
 - Surface: make sure your patients have the right support
 - Skin inspection: early inspection means early detection. Show patients & carers what to look for
 - Keep your patients moving
 - Incontinence/moisture: your patients need to be clean and dry
 - Nutrition/hydration: help patients have the right diet and plenty of fluids

We have not achieved our ambition of eliminating avoidable pressure ulcers by December 2012 but we remain totally committed to doing so in the future. When compared with the numbers of pressure

ulcers reported in 2011-2012, the Trust has seen a slight increase in the number of grade two pressure ulcers – 251 compared to 242 in 2011-2012 and also of grade three – 49 compared to 45. However, there has been a significant decrease in the number of grade four pressure ulcers from 14 in 2011-2012 to eight in 2012-2013. As well as all the interventions shown above, the Director of Nursing hold monthly RCA challenge

meetings where the team leaders of teams that have reported pressure ulcers in the previous month are required to attend in order to discuss the issues that are highlighted in the RCA. This is also an opportunity for the team leaders to discuss issues they have with the Director of Nursing and has already resulted in some “quick wins” being implemented to help the clinical teams deliver high quality care.

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

Quality Domain: *Experience, Effectiveness* and *Safety*



In the last Quality Account we acknowledged that reducing the number of patient falls that happen in our community hospitals remains a high priority for the Trust. We know that a fall can result in a lack of confidence for patients which in turn delays their return to independence.

What we said we would do:

We said that we would carry out several actions including:

- Implementation of training for clinical staff in falls management.
- Robust challenge to practice when a patient falls and specifically if the fall has resulted in significant harm to the patient.

- Implementation of Safe Care across the local health economy and the use of the Safety Thermometer to measure the prevalence of falls both in community hospitals and other settings.
- Programme of training for patients, carers, voluntary and local authority staff.
- Falls prevention classes to continue.

How have we done?

We have not seen a reduction in the number of patient falls in Community Hospitals. In 2012 – 2013 there were 402 falls recorded compared to 384 in the previous year. Two of these falls resulted in serious harm.

- Training for clinical staff in Falls Management is in place and is mandatory for all Community and

Community Hospital staff who are actively involved in treatment requiring falls prevention strategies.

- We have not been able to reduce the number of patient falls in Community Hospitals although we have put into place a lot of strategies to prevent harm to patients should they fall. We will continue to work hard to address this issue over the coming year.
- The development of a Falls Prevention sub group under the auspices of the Safe Care: Harm Free Project board has moved forward. Like all the other sub groups of the board, the group reports monthly and will also cross reference with other groups as issues such as poor nutrition and hydration contribute to the risk of patients falling.
- Falls Prevention classes continue for patients.

Priority: To deliver a better patient experience for those who use our services. Quality Domain: *Experience*

Our goal was to simply deliver a better patient experience for those who use our services. This is consistent with another of the SHA ambitions – to deliver a Patient Revolution across the region.

What we said we would do:

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

drive improvements in patient experience.

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

How have we done?

These are some of the actions we have carried out over the past year:

- The development of a Patient Experience and Engagement Framework Strategy which forms part of the overarching Trust Quality Strategy.
- Patient Opinion is available for people to use to feedback about the Trust as is NHS Choices. Feedback via these platforms has generally been positive although they are not used to a great extent.
- We have implemented the “Net Promoter” question – also known as the Friends and Family Test this is a question asking whether a patient would recommend a service to their friends and families. So far we have only asked this of in patients being discharged from Community Hospitals and latterly the Minor Injuries Units but in order to gain a wider view of patient satisfaction this will be asked of people accessing other services.
- As already mentioned above, the PALS service is much more visible in Community Hospitals. The PALS manager visits all four hospitals on a regular basis to raise the profile of the service and to be more accessible to patients and their families.

- The communication card regarding the PALS service is available for community teams to give out to patients.
- Communication channels with Local Involvement Networks (LINKs) and GP Patient Participation representatives are well established. LINK are now Healthwatch.
- PALS presence (public-facing) in SaTH's Reconfiguration consultation events.

The work around improving the patient experience will continue on into the future. The trust is yet to establish a patient experience group and this is a priority for 2013-2014. However, as mentioned above, there are several examples of great partnership working with patient groups within the organisation.



Statement from the Healthy Communities Scrutiny Committee, Shropshire Council on the Draft Quality Account 2012/13 for the Shropshire Community Health NHS Trust

The Committee was satisfied with the content of the Quality Account document, and agreed with the priorities set by the Trust, which mirror national health priorities in general, and would like to acknowledge the collaboration and engagement work undertaken with stakeholders, members of the public, patients and carers.

The development of partnership working and integrated thinking is seen as key to the success not just for the Trust, but the whole health economy. With sustained high demand on all areas of health and social care, more and more pressure is being put on community care providers, but the developments being put in place by the Trust through its priorities, and collaborative partnership working, will go some way to improve patient outcomes, develop services, and create a sustainable health economy for the future.

The Committee stressed the need to incorporate measurable targets within the Quality Account to enable the Trust, partners and the public, to identify successes and highlight areas where improvements are required. The Committee welcomed the Trust's commitment to provide them with exception reports to highlight areas needing improvement, identify underlying reasons for failings and confirmation of improvement actions.

The Committee was reassured that the Trust was investing in staff training and improving staff appraisals, and were being proactive in raising awareness of conditions, such as pressure ulcers, through media in the public domain.

Following on from the Francis Report, the Trust had implemented a 'Duty of Candor' to provide an open and transparent approach to reporting incidents, and although they current have a robust reporting mechanism, the more open way of working would provide patients with greater reassurance over the way their care is provided and issues resolved.

The Committee was satisfied with the content of the Quality Account, but stressed the need to provide an easy read version to engage with the public and raise the profile of the document for the future.

The Committee welcomed continued engagement with Healthy Communities Scrutiny Committee in the coming year.

Councillor Gerald Dakin
Chairman
Healthy Communities Scrutiny Committee
Shropshire Council



Statement from Healthwatch Shropshire

Healthwatch Shropshire was established on 1st April 2013 to act as the independent consumer champion for health and social care for the people of Shropshire. We are grateful for the opportunity to consider and comment on the Quality Account.

We welcome the Trust's commitment to safe care for all patients, and look forward to further improvements in 2013-14 in prevention of avoidable pressure ulcers.

Last year we were concerned about the low level of staff appraisals that had been carried out. We see annual staff appraisal as integral to the quality of care offered to patients, and note that the appraisal rate has not been mentioned in the quality account this year.

Healthwatch Shropshire believes that patient and public engagement and involvement in the design and monitoring of services is essential in order to ensure care is patient centred. We note with regret that the patient involvement group for the Trust has not yet been established and hope this will happen very soon.

Healthwatch Shropshire is committed to working with providers of health and care to improve patient experience and outcomes. We therefore welcome the Trust's commitment to providing seamless care, and we look forward to contributing to work to develop better integrating of care between acute and community providers.

Comments from Telford and Wrekin Health and Adult Care Scrutiny Committee for Shropshire Community Health NHS Trust Quality Account 2012/13

Due to an extremely full work programme unfortunately the Committee have not had time to consider the draft Quality Account in detail. Through the Joint Health Overview and Scrutiny Committee the Telford and Wrekin HOSC have held one informal meeting with the Community Trust over the past year. The Trust agreed to improve communication with the Joint HOSC and have provided update reports and Trust Board Papers. Members of the Health and Adult Care Scrutiny Committee attended the Quality Account Workshop held in Telford in March. However the Committee feel it is important to scrutinise the work of the Trust in more detail and seek assurance that the new management Team are able to address the issues that the Trust faces

Comments from Clinical Commissioning Groups



Shropshire Clinical Commissioning Group

William Farr House
Mytton Oak Road
Shrewsbury
SY3 8XL

Tel: 01743 277540

Our ref: LH/LI

17th June 2013

Maggie Bayley
Director of Nursing, Quality and Workforce
Shropshire Community Health NHS Trust

Dear Maggie,

Shropshire Clinical Commissioning Response to the Shropshire Community Health NHS Trust (SCH) Draft Quality Account 2012/13

Shropshire Clinical Commissioning Group (SCCG) as the local Lead Commissioning Organisation monitors the quality of the services delivered by the Trust in conjunction with Telford & Wrekin Clinical Commissioning Group (TWCCG). This includes regular reviews of performance and governance data, patient safety and experience metrics via Clinical Quality Review (CQR) meetings, announced and unannounced quality and safety review visits.

This Quality Account is the Trust's annual report to the public about the quality of services that it delivers. The style of the document reflects the Trust's commitment to continued engagement with a wide range of patient, public and partners to create a document that is meaningful.

We believe that the Shropshire Community Health NHS Trust Quality Account is a reflection of the organisation's achievements and challenges it faced in 2012-13 and demonstrates its commitment to deliver quality inpatient, outpatient and home-based health care services.

CCG Clinical Board Members

Accountable Officer: Dr Caron Morton GMC: 4379025
Dr Catherine Beanland GMC: 4192363
Dr Stephen James GMC: 2808190
Dr Julian Povey GMC: 3557093

Vice-chair: Dr Bill Gowans GMC: 2856265
Dr Peter Clowes GMC: 2386261
Dr Sal Riding GMC: 3202654
Dr Kieran McCormack GMC: 3343278

Shropshire Clinical Commissioning Group looks forward to continue working closely with the Trust and supports the trust priorities for care in 2013/14 that include;

- Improving communication between services and across its clinical teams to improve patient care and experience
- Prioritise all aspects of quality and safety outlined in the Quality Account – including achieving the eradication of avoidable 2,3,4 pressure ulcers
- Supporting Staff – improving staff satisfaction and implementation of relevant recommendations from the Francis Inquiry (2013) to ensure that staffing levels in all areas are appropriate and enable high quality care to be provided.
- Greater Involvement of Service Users in the development of Child and Adolescent Mental Health Services (CAMHs)

Accuracy of Information

SCCG in line with its responsibilities has taken appropriate steps to assure the accuracy of data presented in the Trusts quality in relation to the locally commissioned services and is satisfied that the SCH NHS Trust Draft Quality Account 2012/13 provides an accurate level of assurance on a range of its services.

Yours Sincerely



Linda Izquierdo
Director of Nursing, Quality and Patient Experience

Acknowledgements

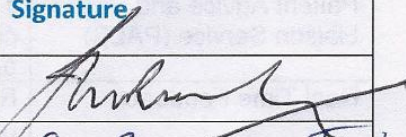
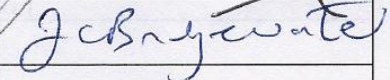
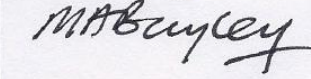


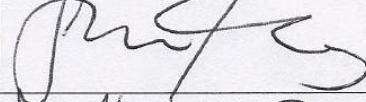
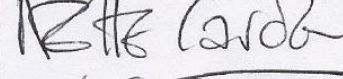
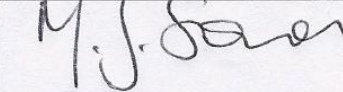
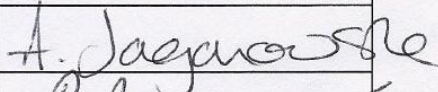
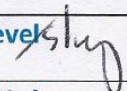
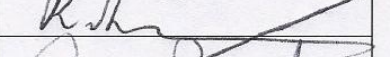

We would like to thank everyone that participated in the production of this Quality Account.

Glossary of Terms

Care Quality Commission (CQC)	The CQC is the independent regulator of health and social care in England. It regulates health and adult social care provided by the NHS, local authorities private companies and voluntary organisations.
Commissioners	Commissioners are responsible for ensuring that the correct services for the local population are in place by assessing need and purchasing services from provider organisations such as Shropshire Community Health NHS Trust. The two commissioning organisations in Shropshire and Telford & Wrekin are Shropshire County Clinical Commissioning Group and Telford and Wrekin Clinical Commissioning Group.
Commissioning for Quality and Innovation (CQUIN)	The CQUIN scheme means that a proportion of the income of providers of NHS services is conditional on meeting agreed targets for improving quality and innovation.
Dashboard	Dashboards are a way of combining internal reports in order to analyse the day-to-day quality of care.
Enuresis	Enuresis is a term which relates to an inability to control urination – usually in children this is bedwetting but may also be a problem during the day.
Foundation Trust	NHS foundation trusts provide for greater local accountability to patients and service users, local people and NHS staff. The principles behind NHS foundation trusts build on the sense of ownership that many local people and staff feel for their hospital and other health services
Information Governance Toolkit	The Information Governance Toolkit is a tool to support NHS organisations to assess and improve the way they manage information.
Monitor	Monitor has an ongoing role in assessing NHS trusts for foundation trust status, and for ensuring that foundation trusts are well-led, in terms of both quality and finances
National Confidential Enquiries	National Confidential Enquiries collect evidence on aspects of care, identify any shortfalls and make recommendations based on their findings.
NHS England	NHS England will play a key role in the Government’s vision to modernise the health service with the key aim of securing the best possible health outcomes for patients by prioritising them in every decision it makes. Formally established as the NHS Commissioning Board on 1 October 2012, NHS England is an independent body at arm’s length to the Government
NHS Trust Development Authority	The role of the NHS Trust Development Authority (NHS TDA) will be to provide governance and accountability for NHS trusts in England and delivery of the process by which Trust’s achieve Foundation Trust status.
NHS Litigation Authority (NHSLA)	The NHSLA is an organisation that handles negligence claims made against NHS organisations and works to improve risk management processes in the NHS.
Patient Opinion	Patient Opinion is an independent feedback website enabling patients to share their experiences of healthcare services. As a

	not-for-profit social enterprise, they exist to help facilitate dialogue between patient and health service providers and to improve services and staff morale.
Patient Advice and Liaison Service (PALS)	The Trust PALS offers a patient-friendly, easy to access, confidential service designed to provide a personal contact to assist patients, relatives and carers.
Real Time Feedback	Real time feedback is a way of collecting patient and service user feedback at the point of time that they access our services.

Board sign off

Name	Job Title	Signature
Mike Ridley	Chairman	
Julia Bridgewater	Chief Executive	
Maggie Bayley	Deputy CEO / Director of Nursing, AHPs, Quality, HR, Workforce and OD	
Alastair Neale	Medical Director	
Chris Calkin	Interim Director of Finance	
Julie Thornby	Director of Governance and Strategy	
Nette Carder	Interim Director of Operations	
Mike Sommers	Non-Executive Director/ Vice Chair	
Angela Saganowska	Non-Executive Director	
Rolf Leveling 	Non-Executive Director	
Chris Bird	Non-Executive Director	

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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. Telephone: 0800 032 1107 or Email: PALS@shropcom.nhs.uk.