

Annual Report



"Putting patients first"



Shropshire Community Health NHS Trust
2012/13

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Foreword by the Trust Chairman, Mike Ridley, & Interim Chief Executive, Julia Bridgewater

We have carried out further work this year to ensure that we maintain and increase quality, which will continue to be the top priority for us.

Annual report 2012/13 foreword

The past year has been Shropshire Community Health NHS Trust's first full year of operation, and has seen the Trust consolidate its position as the specialist NHS provider of community health services across Shropshire, Telford and Wrekin and parts of mid Wales.

Community health services are vital to the health of local people. While they often sit in the shadow of more visible large-scale hospital services, they none-the-

less play an essential role in making sure people get the health care they need either in their own homes or in their local communities.

Shropshire's community health services are at the very heart of the local NHS. We help to look after people who need specialist care in the community, which is essential to the NHS in the future given the increasing number of older people with long term health conditions.

We also look after patients who have had a spell of care in a larger hospital and are in a position to be discharged back to their own home or to another health care setting, such as one of our four community hospitals.

We are very proud of our services, and of the people who work for the Trust. Our staff are dedicated professionals who want to provide the best possible care to local patients, and whilst the NHS both locally

and nationally has gone through a period of significant change, our staff have worked hard to make sure that our patients continue to get the care they need. The quality of our services is of the utmost importance to us. We have carried out further work this year to ensure that we maintain and increase that quality, which will continue to be the top priority for us. Like all Trusts, we are looking carefully at the findings of the Inquiry into events at Mid

Staffordshire Hospital to make absolutely certain that care for patients is at the heart of what we do, and Trust staff have been closely involved in that work.

A key local change this year has been the transition of commissioning responsibilities from NHS Primary Care Trusts (which from 1 April 2013 no longer exist) to Clinical Commissioning Groups (CCGs). We already work closely with our commissioning colleagues to make sure that we provide the correct services to meet their requirements and that we work to make the best use of local resources. We will continue to develop these relationships in the coming year.

We know we can't provide high quality care in isolation, and we work closely with other local NHS organisations and local GPs to make sure we pool our resources, skills and ideas for the good of local patients. One example of this is the Strategic Partnership Agreement that the Trust has with The Shrewsbury and Telford Hospital NHS Trust. This agreement

has resulted in the two organisations working closely together on a series of projects – where this makes sense and delivers real benefits for the people we serve. An example of this, which you can read about in this Annual Report, is the 'Frail and Complex' project.

Alongside our work on quality, the Trust also achieved its four statutory financial duties during 2012/13, delivering both its cost improvement target and the required surplus. The financial position for all NHS organisations in the next few years is challenging. It will rely on us all providing more high quality patient care to meet growing demand within limited resources. That's why the Trust is already working on plans for transformation aiming to become more efficient and effective in the way it delivers services. We know we have more to do in this area, without compromising the quality or safety of our care.

During the last financial year the Trust hoped to put forward an application to become an NHS Foundation Trust – in line with national policy.

However, this was not possible mainly due to changes in the timescales set for the Trust and changes within the national NHS landscape. In the meantime, our immediate focus for the future is to make sure that we are providing top quality, caring and responsive services. Our priority in that is to best serve patients, but in the knowledge that this work will in due course support our application for NHS Foundation Trust status, as we progress our plans.

At the end of January 2013 the Trust's previous Chief Executive, Jo Chambers, left the organisation for a new post in the NHS after overseeing the creation of Shropshire Community Health Trust and nearly two years of its operation. Jo was pivotal in many health care developments for Shropshire and we would like to formally recognise her achievements and dedication to Shropshire patients.

We hope you enjoy looking through this Annual Report. It is by no means an exhaustive review of the Trust's work in the past 12 months,



Mike Ridley
Chairman



Julia Bridgewater
Interim Chief Executive

but it does provide you with a glimpse into the life of a very busy, dedicated NHS organisation.

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

Obtaining a copy of the Trust's full accounts: This annual report contains a summary of the Trust's financial accounts for 2012/13. Copies of the full annual report with full accounts can be found on the Trust website (www.shropcommunityhealth.nhs.uk) or by calling 01743 277662.

To comment on this report or ask for further information: Please write to the Interim Chief Executive, Shropshire Community Health NHS Trust, William Farr House, Mytton Oak Road, Shrewsbury, Shropshire SY3 8XL.



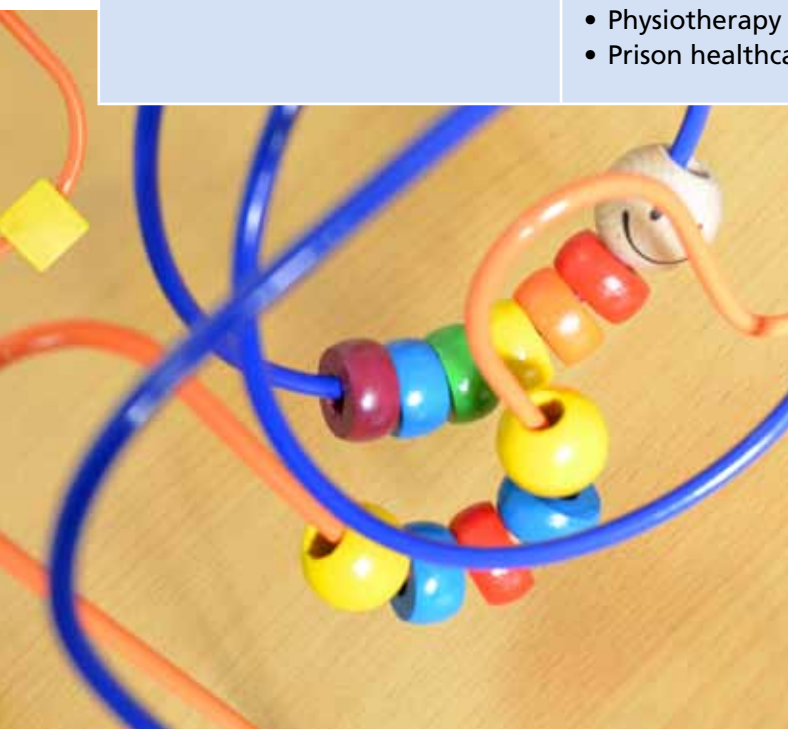
We are an NHS Trust that specialises in providing community health care services to patients in their own homes, local clinics, health centres and local GP practices as well as at the four community hospitals in Bridgnorth, Bishops Castle, Ludlow and Whitchurch.

These services range from district nursing to specialist neurological rehabilitation; from speech and language

therapy to inpatient hospital care. We manage our services in three areas of delivery, called 'divisions'.

These are: integrated community services; community hospitals and outpatients; and children and family services. The table below gives an outline of the types of services we provide in each of these three divisions.

Community Services, including:	Community Hospitals and Outpatients, including:	Children's and Families Services, including:
<ul style="list-style-type: none"> • Community Nursing service (including 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 (including 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



Our vision & objectives

The Trust's vision focuses on using our strengths and unique characteristics to offer solutions to the challenges of the local health economy, including the pressures of a significant and increasing older population in one of the largest rural counties in England.

We have talked to partner organisations - including local patient groups, commissioners, local authorities and voluntary organisations - in the process of forming our vision. We have four strategic objectives which guide our work and help us to achieve that vision.

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.

"Our vision is to be the best local provider of innovative, high quality and accessible services which work closely with the rest of the health and care system to improve the health of the local population."

How we are run

The Trust is managed by a Board of Executive Directors (who are senior managers in the Trust) and independently appointed lay Non-

Executive Directors, who bring experience from a variety of sectors to help the Trust's work.

The Board meets every two months in public, and members of the public are welcome to attend. The meetings take place at different locations across

the county, which aims to help make them accessible to people across the wide geographic area we serve. The Board papers and the list of meeting dates and venues are on our website at:

www.shropscommunityhealth.nhs.uk

About us and what we do

Working with others

Strategic alliances



The Trust works with a wide range of partner organisations to deliver the best care for patients, including commissioners, other NHS providers, and local Councils. Patient and public groups, including our community hospital Leagues of Friends, have worked with us in a range of invaluable ways – for example over the new Ludlow Health Facility and giving their perspectives on our work to improve quality. The Trust has developed an engagement plan this year, recognising the need as a relatively new organisation to strengthen and extend our working relationships.

During the past year the Trust signed a Strategic Partnership Agreement with The Shrewsbury and Telford Hospital NHS Trust, which confirms both Trusts' dedication to working together for the good of patients. The Agreement means that

both NHS Trusts, the two main providers of NHS care in Shropshire, will work together to navigate and support patients and their relatives through their care. We will also work more proactively together for the good of patients, rather than letting organisational barriers get in the way of what really matters – putting patients first.

In the latter part of the year, the two local Clinical Commissioning Groups (CCGs) have formed a Chief Officers Group with membership from all the local NHS Trusts and both local authorities, including the active involvement of the Community Health Trust, and have formed a Shropshire, Telford and Wrekin health and social care 'Compact'.

The Compact sets out the commitment of all the involved organisations to partnership working to deliver improved

health and well-being. It describes a high level vision and strategy for the health and social care system, and commits all organisations to ways of working, and to a programme of joint work through which the priority areas for action will be taken forward together. The vision includes providing seamless care across organisational boundaries, championing innovation, providing services in community settings and tackling health inequalities. This programme of work will continue through 2013/14.

We also continue to work closely with our local GPs across a range of projects and services. For example the two local GP practices in Ludlow, their patient groups and their lead GPs for the project have been instrumental in the development of plans for the new Ludlow Health Facility. Meanwhile a number of individual

THE TRUST AT A GLANCE...

Total turnover
£79.7 million

Income from
Shropshire Clinical
Commissioning
Group (shadow)
£46.3 million

Income from Telford
& Wrekin Clinical
Commissioning
Group (shadow)
£22.7 million

Income from other
commissioners and
other non healthcare
income **£10.7 million**

GPs have had a positive involvement in the development of the Trust's new website – helping to make the site a more useful GP and patient resource. The Trust has developed a newsletter which goes to all GP practices in Shropshire, providing service information that GPs have told us would be useful.

Focus on Frail and Complex patients: One

project where partnership working is already showing signs of success for patients is the Frail and Complex Project, led by our local CCGs and involving the Community Trust, The Shrewsbury and Telford Hospital Trust and local social care services.

The project's purpose is to redesign and deliver a more joined-up approach to health and social care for frail people with

complex care needs. This is particularly important as national and local population growth and healthcare factors are increasing demand, and as a stand alone Trust our capacity is limited.

The Project Team is geriatrician-led and designed to make sure that frail and complex patients are identified as early as possible and given the right package

Working with others Strategic alliances



of care, combining both community services and acute (main) hospital services.

This will help avoid unnecessary admissions to main hospitals and if patients are admitted, then their length of stay is reduced. This is about providing a better experience and better outcomes for patients.

Community Trust members of the team include a community nurse who works in the acute hospital, community physiotherapists and a community occupational therapist. They work with the therapists, doctors and nurses at The Royal Shrewsbury Hospital as well as social care colleagues to provide rapid and comprehensive assessments of patients. This is done using a special 'frailty assessment tool' in A&E, the Acute Medical

Unit (AMU) and DAART unit at the Hospital. Early feedback from the pilot shows that patients are being discharged more quickly and a series of patient stories are being collated to ensure the impact on individuals is heard and understood.

The next stage of the project includes developing a more integrated approach between all partners for patients in the community to further increase admission avoidance and early discharge.

Quality Care: The quality of NHS services has, quite rightly, been a focus of public and media scrutiny over the past 12 months, particularly with the publication of the most recent Francis Inquiry Report into the Mid Staffordshire NHS Foundation Trust. We work hard to make

sure all of our services are the best that they can be. We listen to patients, public and staff alike, and make changes and improvements wherever we can to make sure that our services are safe and of a high quality. The Trust Board has committed to responding to the recommendations of the Francis Inquiry Report and has already begun working with staff to help formulate an action plan of how the Trust can continually improve, which is quite rightly an expectation on all NHS trusts in England.

Part of our drive to make sure that quality and safety is the most important priority for the Trust was the development of the Safe Care: Harm Free Project Board. The Board is Chaired by the Trust's Director of Nursing and Quality and attended



"I have enjoyed attending all of the Trust's Board meetings as a representative of Shropshire Patient Group, and as a member of the Quality and Safety Committee. I have gained a lot of knowledge during this time and have always been listened to when giving patients' views."
Roland Brown,
Shropshire Patient Group

by representatives from all local NHS trusts, commissioners and the voluntary sector. The Board has developed a range of work streams and actions that offer

advice and support, share good practice and help to achieve our quality and safety ambitions. You can read more about the Trust's dedication to high-quality, safe services in the

Quality and Safety section of the Annual Report.

About us and what we do

The table below sets out how the Trust has performed against some of our key indicators.

Indicator	Target	What the Trust Achieved
% of patients seen and treated within 18 weeks of being referred (where they did not need to be referred to hospital)	The target is for at least 95% of all patients to be treated in this timescale.	Our services managed to treat 95.8% of all patients in this timescale; meeting this target.
% of patients seen and treated within 18 weeks of being referred (where they needed to be referred to hospital)	The target is for at least 90% of all patients to be treated in this timescale.	Our services managed to treat 87.5% of all patients in this timescale; the Trust is not meeting this target, especially for oral (dental) surgery patients but had improved the position by the end of the year so very few people were waiting longer than they should. We have plans in place aimed at preventing people having to wait too long in the future.
% of patients seen within 4 hours in a minor injury unit	The target is for at least 95% of all MIU patients to be treated in this timescale.	Our MIUs managed to treat 99.9% of all patients in this timescale; meeting this target.
Single Sex Accommodation Breaches	The Trust should make sure that there are no breaches relating to men and women having to share in-patient accommodation.	The Trust has not reported any breaches and is meeting this target.
% use of the NHS number	The target for the Trust is that at least 95% of our patients have their NHS number assigned to them on our systems.	The Trust has managed to achieve 99.9% of all patients having their NHS number allocated to them; the Trust is meeting this target.
% of complaints responded to within 25 working days (non complex) and 60 working days (complex).	The internal target is for at least 85% of all complaints to be responded to within the appropriate timescale.	The Trust responded to 82.8% of all complaints within the relevant timescales; demonstrating a vast improvement on the previous year
% of sickness absence in the workforce	The target is for the Trust to have no more than 3.39% of its workforce off sick.	At the end of this financial period the Trust had an end-of-year figure of 5.1% of staff off sick. The Trust did not meet this target and has measures in place to improve this with specific staff groups.

Financial Duties: The Trust has four statutory financial duties. All these were met, with the exception of achieving a capital absorption rate of 3.5%, which does not apply to the Trust because, in line with national policy,

it does not hold land or building assets. The Trust achieved its breakeven duty in 2012/13 by delivering a surplus of £1.5m. More details on the financial duties are shown on page 33 (financial statements). An important

element of securing the Trust's surplus was the Cost Improvement Plan (CIP). The annual savings target was £3,477,000 and the Trust delivered this Cost Improvement target in full.

The Trust is the host organisation for a local health economy wide project entitled 'Safe Care: Harm Free'. The project aims to embed the principles of reducing the number of patients suffering from four key "harms".

Over the past 12 months governance processes related to Quality and Safety have been embedded in the Trust and there is now a structure of groups that report to the Quality and Safety Committee, which is a Committee reporting to the Trust Board, to ensure that quality remains at the heart of all we do.

The Trust has developed an overarching Quality Strategy with appendices that concentrate on specific areas such as patient experience and clinical effectiveness. The strategy links to key performance indicators within our contractual regulatory requirements which are then reflected in the Divisional business plans, therefore ensuring that quality is fully embedded in all that we do.

Examples of staff awards and successes this year in the area of quality and safety include:

- The Pressure Ulcer Prevention team has worked hard with clinicians across the local health economy to educate staff, patients and carers in the prevention of pressure ulcers, and in March 2013 were awarded a First Highly Commended in an international awards ceremony arranged by the Journal of Wound Care for their work in

setting up and running the Pressure Ulcer Prevention Helpline.

- A member of the School Nursing Service carried out a very successful pilot study into improving access to healthcare advice for schoolchildren using a text message service. The pilot was funded by the Queen's Nursing Institute and has been reflected in national publications and won a poster award at a regional Energise for Excellence conference.

- The Tissue Viability Specialist Nurse, who helps prevent and treat pressure ulcers ("bed sores") has had two national articles published.

- The Trust is the host organisation for a local health economy wide project entitled 'Safe Care: Harm Free'. The project aims to embed the principles of reducing the number of patients suffering from four key "harms" and it has five sub-groups that have local health economy action plans in place. The Project Board has excellent support from our partners in care and also has a patient representative that attends (Chair of Shropshire Healthwatch). As part of this work the Trust gathers data on a monthly basis that measures how many patients cared for in

community hospitals or by community nurses are harm free (as defined by the absence of any of the four harms) on a specified day each month. Over the year the Trust has increased the overall percentage from 86.58% in April 2012 to 91.31% in March 2013.



"We work with Shropshire Community Health NHS Trust to ensure that our Ludlow Hospital provides quality care closer to home"
Peter Corfield,
Chairman, Ludlow
Hospital League
of Friends

In June 2012 the Trust published its annual Quality Account which reviewed the activity of the Trust on quality and safety since its formation in July 2011. In the same document the Trust identified four priorities for the coming year (2012/13) that had been identified following consultation with our partners and patients. Two of these priorities, and what we have done about them in the past year, are described below – fuller details and an update on the other priorities are available in the Trust's separate Quality Account.

1) Delivering a better patient experience for those who use our services.

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. 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 surveys we have had to carry out.

An example of this is the use of the national 'Friends and Families' Test question for patients who have been discharged from our hospitals. This is to become a national requirement for acute hospital Trusts from April 2013, but we have been asking our patients the 'Friends and Families' question for a year and will continue to do so over the next year.

We routinely ask patients a series of questions when they are discharged from hospital. From this we can see that the number of patients that rate their overall care as either excellent or very good has increased from 75% in the first quarter of the year to 92% in the third quarter.

We have developed a patient experience and engagement framework Strategy which forms part of the overarching Trust Quality Strategy.

"Patient Opinion", an independently run web site, is available for people to use to feed back about the Trust as is "NHS Choices". We have also included direct links from our new website to "Patient Opinion". Feedback via these platforms has generally been positive although they are not used to a great extent.

2) Delivering Seamless Care

As the number of older and frailer people increases, more people will have complex health needs that will require 'seamless' input from health and social care teams. Seamless care is about putting the patient first so that they are not aware of where one service stops and another starts.

We have been developing a new strategic relationship with The Shrewsbury and Telford Hospital NHS Trust 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.

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.

We asked patients on discharge from Community Hospitals whether they felt they were involved in decisions about their discharge and the percentage increased from 88% in the first quarter of the year to 96% in the third quarter.

Other quality topics

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

The Trust did not achieve this ambitious target set by NHS Midlands and East but has over the past year implemented a number of wide ranging strategies aimed at reducing pressure ulcers which cause such distress and harm, including:

- Clinical teams report all pressure ulcers that develop under our care. After the initial report, the team has 21 days to complete a root cause analysis to identify why the pressure ulcer occurred. This is then reviewed by our Tissue Viability Specialist Nurse who, using specific criteria, 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 to our Tissue Viability Team who support clinical staff in dealing with all tissue viability problems but specifically pressure ulcers. The team started work in September 2012 and has already put in place additional services for staff, carers and patients. This includes introducing a dedicated helpline for anyone wanting advice, to refer a patient or to discuss concerns, for which the team were nominated for a national award. The helpline number is 07794 053768 and it is open Monday to Friday between 2pm and 4pm.

- An increase in the number of tissue viability training sessions for clinical staff. Attendance

at these is mandatory for nursing staff but sessions are also provided for staff in partner organisations 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.

The strategies 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 to enable immediate action if a patient is assessed at risk of pressure ulcers.

- A Pressure Ulcer Prevention conference is held for Trusts and partner organisations.

- Community Nurses now have greater access to pressure relieving equipment via 'satellite' equipment stores.

- The Trust has completed a self-assessment in relation to nutrition and hydration provision and developed an action plan. This 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 and 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 near future. As well as all the interventions shown above, the Director of Nursing and Quality holds monthly challenge meetings where the team leaders of teams that have reported pressure ulcers are required to attend in order to discuss the issues in the analysis. This is also an opportunity for the team leaders to discuss issues they have with the Director; this has already resulted in

some achievements being implemented to help the clinical teams deliver high quality care.

Reducing the number of falls in Community Hospitals

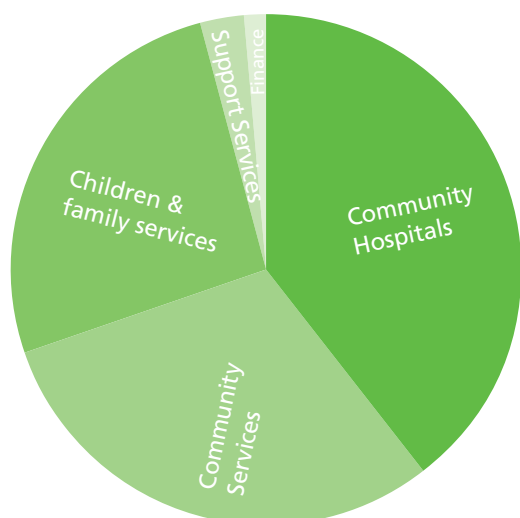
Having a fall, especially for frail and elderly people who may also be confused, can be a real cause of harm, leading to further mobility problems and loss of confidence and independence. We are committed to preventing patient falls wherever possible. Training for clinical staff in managing/preventing patient falls is in place and is mandatory for all Community and Community Hospital staff who are actively involved in treatment requiring falls prevention strategies.

There were 402 patient falls recorded in 2012/13 across the four Community Hospitals. Two resulted in serious harm to a patient.

The development of a Falls Prevention Group under the Safe Care: Harm Free project board has moved forward. Like the other sub groups of the Board, the group reports monthly and will cross reference with other groups on issues such as poor nutrition and hydration contribute to the risk of patients falling.



Complaints provide us with valuable feedback about our services and offer us an opportunity to learn lessons and ensure that our services continue to improve



Between 1 April 2012 and 31 March 2013, we received a total of 76 complaints spread across the following service areas:

- Community Hospitals and Outpatient Services (including Community Hospitals, Minor Injury Units, Advanced Primary Care Service, and Prison Healthcare) – 30 complaints.
- Community Services (including Podiatry, Shropshire Wheelchair & Posture Service, District Nursing, and Continence Service) – 23 complaints.
- Children's and Families Services (including Child & Adolescent Mental Health Service, Health Visiting, Community Dentistry, School Nursing, Health Promotion, and Children's Therapy Services) – 20 complaints.
- Support Services – 2 complaints (Occupational Health)
- Finance – (Counter Fraud Service) 1 complaint.



Throughout the year complaints reports were provided to our Quality and Safety Committee and to the Operations Directorate Management Team meetings, detailing the complaints received and action taken where appropriate.

The top three categories into which complaints fell are:

- Quality of care/treatment – 31 complaints.
- Communication – 25 complaints.
- Staff manner and attitude – 10 complaints.

Of the complaints investigations completed at the time of this report, we have upheld eight complaints and partly upheld 18 complaints. Some of the actions taken as a consequence included:

- Reiterating to staff the importance of establishing with patients individually the way in which patients wish to be addressed.
- Introducing a system for labelling records to ensure that it was clear where a 'shared care agreement' was in place with GPs to take over the prescribing of medication.
- Introducing information boards at each patient's bed in the community hospitals which assist with identifying risk factors e.g. falls risk, nutrition status.
- Dementia training for staff and there is an identified Dementia Link Nurse.
- Reminding staff of the need to keep patients informed of any appointment delays.
- An apology was given that a vaccine had not been administered correctly together with reassurance that staff would in future follow routine processes during immunisation clinics.
- Acknowledging that an incident should not have been recorded in a patient's records and the staff member concerned was advised about how this may be resolved in line with record keeping standards.

- An apology was given that a full assessment had not been undertaken prior to a patient being discharged. The Ward Manager reviewed the discharge paperwork with the Discharge Liaison Nurse in order to address communication issues and documentation. Staff were also updated on assessment processes.

- An apology was given for a term used by a member of staff to describe the impact of the patient's illness. Staff were reminded to use appropriate language when conveying information about illness.



Parliamentary and Health Service Ombudsman (PHSO) communications

In the case of five complaints we were asked by the Ombudsman's Office to provide a copy of the complaints

investigation case papers following requests by the complainants to the Ombudsman to investigate their complaints. No further action is being taken by the Ombudsman in respect of three of the complaints and a decision is currently awaited on

one complaint at the time of this report.

The Ombudsman has decided to investigate one complaint relating to Health Visiting and assurance has been given by the Trust that we will cooperate fully with the investigation.

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

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

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

Patient Advice and Liaison Service (PALS)

By listening to people about their experiences of health we are able to resolve mistakes faster, and learn new ways to improve and prevent the same problems from happening in the future.

In short, by dealing with concerns more effectively, services can get better. The PALS service has focussed on achieving three key things:

- to be a listening organisation
- to be a responding organisation
- to be a learning organisation.

During the past year PALS dealt with a total of 272 enquiries. Most of these were about services that are directly provided by the Trust, however some related to GPs and dentists which fall outside the Community Trust. These have been successfully referred to the appropriate organisation.

Patient Advice & Liaison Service



The 272 enquiries were spread across the following service areas:



- Community Services which include Community Matrons, Shropshire Wheelchair Services, Community Equipment Services, Tissue Viability, Continence, Shropshire Enablement, District Nursing, Respiratory Service and others - 82
- Community hospitals and outpatient services which include the 4 Community hospitals (Whitchurch, Ludlow, Bridgnorth and Bishops Castle), Physiotherapy, Advanced Primary Care Service, Podiatry and others – 75
- Children and Families which include Child and Adolescent Mental Health Service (CAMHS), Community Paediatrics, Health Visiting, School Nursing, Therapies and others – 25
- General issues and information which include information on our services, local NHS services, national support organisations, concerns about other Trusts - 90

Every concern, piece of feedback or suggestion is seen as an opportunity to help make care better. We now have a much more proactive approach and, if we know that something may have gone wrong, we get in contact, say sorry and find out what we need to do to prevent the issue recurring. People's needs, not the process, drive our work and this has already made a difference.

Some of the most frequently raised subjects include:

- Access to services
- Service provision/

- commissioning
- Staff attitude and communication
- Information for patients
- Appointments
- Quality of clinical care and treatment provided.

What have we done to listen and engage?

- A PALS service based at William Farr House with easy access for patients and service users and PALS leaflets and posters displayed across all sites.
- Regular PALS visits to Community hospitals, talking with patients and their family to pick up any issues early and address

concerns.

- Discussion with staff to identify any gaps and sort them before it escalates.
- PALS talks and presentations to various groups, for example: Senior Citizens' Forum, Care and Health Issue Group.
- Trust registered with "Patient Opinion", the independent web site where patients can comment on NHS care received.
- 'Have your Say' – a post card for service users to give us their feedback and raise any concerns about the services they have received.

Patient Advice and Liaison Service (PALS)



Have we responded?

- All issues acknowledged and responded to as promptly as possible.
- All feedback and suggestions received taken seriously and ways to improve services discussed with managers and identified if possible.
- Closed the loop by providing a response to the person raising the issue.
- Proactively identified any gaps in service provision, policy and service delivery to improve patient experience.

Just some of the changes and lessons learnt as a result of patient feedback:

- Improved process for facial dermatological

surgery conducted by the Advanced Primary Care Service).

- An information pack which contains diabetic foot care and basic toe-nail cutting/filing advice leaflets specifically relating to carers and family advice is now issued routinely by all podiatrists.
- Amended wording in an appointment letter which caused anxiety and concern to a patient.
- Referral criteria have been drawn up for district nurses referring patients to see a tissue viability nurse specialist. This ensures greater accessibility and prevents district nurses booking patients for tissue viability without having access to their diary which can

result in cancellation of appointments.

- Clear information provided to patients on what the proposed changes to the Community Matrons Service meant. This helped to resolve anxiety and provided assurance to patients.
- Awareness raised with community nursing teams to assess and reassess patients thoroughly on their continence needs and share results with continence team.



"One of the services that has helped us make significant differences to the health and wellbeing of local people is the school nursing service. The commitment of the school nursing team has been recognised through regional and national awards and more importantly, by the praise it has had from the families who have benefitted from its' services"

Professor Rod Thomson, Director of Public Health for Shropshire

Infection prevention and control

One of the key ways to keep our patients safe is to make sure that the chance of them acquiring a healthcare associated infection whilst in our care is eliminated. Our dedicated Infection Prevention and Control (IPC) Team has worked with our services to ensure effective infection prevention and control practice is embedded into everyday work and applied consistently by all staff. The team also undertook a comprehensive audit programme which has provided the Trust with assurance of compliance with the Care Quality Commission registration requirements, as set out in the Health and Social Care Act.

Meeting infection prevention and control targets

National targets for reducing healthcare associated infections are not currently set for Community Trusts. However, the Trust recognises it has a responsibility to ensure patients are protected from acquiring infections whilst in our care. In addition, the Trust has a key role to play in supporting commissioners to achieve their Meticillin Resistant *Staphylococcus aureus* (MRSA) Bacteraemia and *Clostridium difficile* reduction targets. To this end, the Trust has agreed with our commissioners local targets for MRSA bacteraemia, *Clostridium*

difficile and MRSA Screening.

Meticillin Resistant *Staphylococcus aureus* (MRSA) Bacteraemia

For 2012/13 the MRSA bacteraemia target for Shropshire Community Health Trust was to have no more than three cases. The Trust succeeded in meeting the target, with zero cases being recorded over the year. This compares with two cases in 2011/12.

Meticillin Resistant *Staphylococcus aureus* (MRSA) Screening

For 2012/13 a 95% MRSA screening compliance rate of all admissions to community hospitals was locally agreed with commissioners. Across the Trust's four community hospitals the combined overall compliance performance in 2012/13 was 97.67%.

Clostridium difficile

For 2012/13 the *Clostridium difficile* infection target for the Trust was to have no more than four cases diagnosed 72 hours after admission to a community hospital. The Trust exceeded this target recording a total of six such cases. This in part was due to the laboratory changing its testing regime for *Clostridium difficile* in April 2012 to comply with Department of Health guidance. The new, more sensitive test, has shown to be identifying approximately 33% more cases than would have been found with the previous test. Whilst this may challenge all organisations in the

local health economy to achieve their 2012/13 *Clostridium difficile* targets, it does enable patient outcomes to be improved in terms of management and treatment of individual cases and prevention through cross infection.

A health economy *Clostridium difficile* task and finish group has been established in response to the challenging *Clostridium difficile* infection targets set for local NHS Trusts and Clinical Commissioning Groups and to improve standards of quality and patient safety.

During 2012/13 the Trust's Specialist IPC Team has continued to provide an advice and support service for both Shropshire County and Telford and Wrekin PCTs' General Medical and General Dental Practices and the Independent Care Sector, including care homes and domiciliary care agencies. This service ensured the quality and safety of care in relation to infection prevention and control is maintained and improved in primary and community health and social care settings.

Tissue Viability Service

The Tissue Viability Service is a clinically-led specialist service for patients of all ages with a wide variety of complex wounds, skin problems and vascular problems. During the past year the Trust has introduced a specialist Pressure Ulcer Prevention Team.

News from our services



The team has won the Journal of Community Nursing International Award for the introduction of the 'pressure ulcer prevention helpline' which is a dedicated telephone line to help all clinicians and carers throughout the county.

The team has also implemented mandatory training for all Trust clinical staff in pressure ulcer prevention, to support the Trust's ambition of zero pressure ulcers, as well as implementing the evidence-based and standardised pressure ulcer prevention documentation (SSKIN) within the acute and community trusts within Shropshire and within some of the independent and voluntary services.

One of the Trust's Tissue Viability Nurse Specialists has also been on the national 'Embarrassing Bodies' TV programme, providing help and care to patients that have serious wound conditions.

As a result of the team's work there has been a reduction in the number of avoidable pressure ulcers developed by patients under the Trust's care.



The Trust runs a health centre and four successful community hospitals that span the county. These facilities are the focus for community healthcare in their communities and are essential to patients as they provide services locally, which can often mean that a trip to a larger hospital is not needed. These centres also house the Trust's Minor Injury Units (MIUs). These specialist units provide people with a walk-in service for the treatment of a range of minor injuries. As well as greater patient convenience, this means that the larger Accident and Emergency units in Shrewsbury, Telford and others outside of the county can focus on treating those patients that have urgent or life-threatening conditions.

Bridgnorth Community Hospital

The Trust is continuing to progress partnership working with The Shrewsbury and Telford Hospital NHS Trust in order to expand the range of services provided within Bridgnorth Community Hospital for patients in South East Shropshire – for example, the hospital already provides services such as endoscopy diagnostic tests and vasectomies in its Day Surgery Unit and work is underway to provide a new Ear, Nose and Throat clinic.

The Trust already provides a range of ambulatory services like 24-hour ECG and blood pressure tests and IV antibiotics, and is working to increase the scope of these services provided at the hospital, e.g. providing blood transfusions. Ambulatory services are patient-focused services where some conditions may be treated without the need for an overnight stay in hospital.

The Trust has provided additional en-suite facilities on the inpatient ward at Bridgnorth Hospital in order to enhance the patient experience and maintain high standards of privacy and dignity for patients.

'Care Rounds' and 'Rounding Charts' have been introduced ensuring that all patients are reviewed at regular intervals for aspects of basic care and that this is recorded at point of care delivery, and, in-line with all the community hospitals, Bridgnorth has identified "Falls Champions" within its inpatient ward. These assist with reducing patient falls and looking at implementing preventative measures to manage patients at risk of a fall.

Whitchurch Community Hospital

The Trust provided capital funds for building improvements at Whitchurch Community Hospital. This included redeveloping the reception area and improving the disabled bathroom. There has also been an investment in new equipment such as air mattresses.

The hospital received very positive feedback from external inspections carried out during the year. This included an 'Enter and View' visit completed by Shropshire LINK and a local Clinical Commissioning Group (CCG) quality assessment.

Whitchurch Community Hospital staff have also been involved in helping the town's Mayor raise money for her charity fund. The project aims to raise enough money to develop some of the outdoor space at the hospital into a therapeutic garden for patients.

Whitchurch is the only one of the community hospitals where ward staff cover the Minor Injury Unit (MIU) out of hours. That factor created potential pressures, resulting in the hospital having to temporarily suspend the out of hours opening of its Minor Injury Unit towards the end of March 2013. This was because the hospital was seeing a growing number of inpatients with complex conditions, combined with a loss of some staff with most minor injuries experience. The Minor Injury Unit remains open from Monday to Friday and the Trust is working with commissioners to develop a long-term solution for the out of hours MIU service at Whitchurch.

Ludlow Community Hospital

The Care Quality Commission (CQC) conducts routine unannounced inspections of NHS services to check that essential standards of quality and safety are being met. In January 2013 the CQC undertook an inspection of

Ludlow Community Hospital. This was the only un-announced visit conducted by the CQC on any Community Trust services during the year. Findings from the inspection showed that the hospital was meeting all of the standards that it was being assessed against. These were: 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. The report highlighted feedback that the inspectors had heard directly from patients at the hospital, which included comments such as "It's perfect here, absolutely marvellous" and that everyone the CQC spoke with felt safe and well supported. The hospital also had an 'Enter and View' visit conducted by Shropshire LINK. Again, the results were positive.

Staff at Ludlow Community Hospital have taken part in a range of events during the year to raise the profile of patient dignity, respect and of high-quality, safe services. On Dignity Action Day the hospital went back in time to the 1940s and 50s with the support of the League of Friends. They had a tea-party, played music and films from the era and were on-hand to listen to patients' stories of the war and how nursing care has changed over the years.

The Trust has worked hard over the past 12 months to bring to fruition plans for a new community hospital for Ludlow and south west Shropshire. This has included working closely with community groups, the Ludlow Hospital League of Friends and local residents on plans and design aspects.

There has been a delay which required discussions at national rather than local level about contractual processes regarding the funding of the project and changes to national legislation. The Trust is committed to providing vibrant community services across Shropshire and in Ludlow, and is working hard to finalise the scheme, in conjunction with the Clinical Commissioning Group.

Bishops Castle Community Hospital

Bishops Castle Community Hospital has had the finishing touches of its recent refurbishment programme completed - this includes the provision of a conservatory for patients to enjoy, and plans are being developed to look at making the gardens at the back of the hospital more user-friendly, in conjunction with the next door care facility, Stone House, which shares the gardens.

The Hospital also had an 'Enter and View' visit conducted by Shropshire LINK, again with positive feedback.

Hospital staff have been keen to find out about patients' thoughts and opinions and as part of Dignity Action Day asked patients to fill out a small questionnaire to get their personal view on dignity and respect.

Oswestry Health Centre

During its first full year of being open, the Oswestry Health Centre has established itself as a vital community resource for the people of Oswestry and the surrounding areas. A range of local health services are provided from the Centre, including dental, diabetes and podiatry care, and it is also the base for the Trust's school nursing and health visiting teams in the north west of the county.

On 1 November the Minor Injury Unit in north west Shropshire moved from its previous home at the Robert Jones and Agnes Hunt Orthopaedic Hospital in Gobowen, to the Oswestry Health Centre. This new facility provides patients with a modern purpose-built environment in which to be treated, including a new x-ray suite. The unit also allows for children with minor injuries and their family members to wait in a different area from adults who are poorly. The MIU has had a very generous donation from the Oswestry Lions of £7,000, which has allowed the team to buy two patient trolleys, five equipment/ storage trolleys, a children's threading toy and artwork to help younger visitors and their parents find their way around the premises.



Minor Injury Units and Choose Well

The Trust's four Minor Injury Units (MIUs) are staffed by experienced nurses who provide a professional and compassionate service to patients, and they offer an alternative to travelling to a more distant A&E department for people with a minor injury.

Experienced staff at the Minor Injury Units treat:

- Bites, human and animal
- Cuts and lacerations
- Foreign bodies in the eyes, nose and ears
- Fractures that require plaster only
- Minor burns and scalds
- Minor head injuries (with no loss of consciousness)

- Soft tissue injuries, for example sprains and bruises
- Wound infections

As well as the MIU in Oswestry being relocated at the new Oswestry Health Centre and temporary changes to out of hours opening in Whitchurch, there has also been a revision in opening times at Ludlow MIU. The most up-to-date opening times can be found on the Trust's website at www.shropscommunityhealth.nhs.uk/miu.

The MIUs play an important part in helping people to 'Choose Well' all year. This means that patients go to the most appropriate service relevant to their condition. For example, patients with cuts and grazes should not be going to A&E – instead

they should be making use of the MIUs, their GP practice or local pharmacy. However, people with a serious or life threatening condition should call 999 for an ambulance, or go to A&E.

The MIUs have also been using new and social media in order to get their messages out to new and different audiences. They have recently developed a dedicated Twitter account (@ShropshireMIUs), which has been helping direct people to the right services, advising about what constitutes a 'minor injury' and re-tweeting other local health and social care messages from other local organisations, as well as developing short 'video vignettes' about what MIUs are and why they are important.



Health Improvement Services

During 2012/13 the Trust's Health Improvement Team for Telford and Wrekin has developed and delivered a wide range of services and has worked to focus on 'keeping healthy' themes.

In 2012/13 the Health Improvement Team engaged with a total of 41,000 individuals – 23,500 for adult programmes and 17,500 for children's

programmes. A total of 1,229 staff and volunteers have been trained by Health Improvement in a range of training programmes – all of whom work to help improve the health and wellbeing of local people.

The Team has had some great achievements during 2012/13:

- The Why Weight Team won the West Midlands Excellence in Public Health Awards 2012 - Team of the Year.
- The Why Weight? for

Tomorrow programme has had a report published in the Health Service Journal.

- The falls training programme/ course has been nationally accredited.
- One of the physical activity instructors was an Olympic torchbearer for the London 2012 Olympic Games.
- Leighmarie Denley, a Be Active instructor for the Physical Activity Team, received an Individual Runners Up Award as part of the Shropshire, Telford and Wrekin Energize Awards.



Walkabout Wrekin

During the year this service provided a range of structured walks around the Telford and Wrekin area for anyone who wants to get out and discover their local community by foot. The team had also introduced a specialist walk for dementia patients, as well as a 'Routes to Renewal' series of walks for those recovering from illness.

Health Trainer Service

During 2012/2013, 1,669 referrals were received by the service which consisted of one Health Trainer Co-ordinator and 11 Health Trainers.. Of those referrals, 1,379 became starters on the programme. In addition to clients accessing the service, Health Trainers reached over 1,400 public members through promotional events, giving advice on Healthy Lifestyles.

Using Value for Money tools, for an investment of £321,664 during 2012/2013 the Health Trainer service achieved a total public sector cost saving of £545,913 which is a net public saving of £224,249.

YW8?

This family-based childhood obesity programme treated families with children aged 8-13 years who were above a healthy weight for their height. Families attend a 12 week programme combining healthy eating workshops, parent workshops and physical activity sessions, all designed to raise self-esteem. The service had 56 new participants in the YW8? programme, compared with a target of 72; 100% reported a behaviour change compared with a target of 95%.

Healthy Lifestyles Hub

The development of the Healthy Lifestyles Hub meant a single point of access for public and professionals for all health improvement in Telford and Wrekin. The public launch was in April 2012. The Hub is now the first point of contact for people to access health improvement services. It offers support, direction, advice (opportunistic and brief advice), screening and referrals on to quality-assured services.

The Hub this year has seen over 15,000 people, providing a range of information and advice about healthy lifestyles. This is a new way of working for Health Improvement and is being embedded across the service.

Help 2 Quit

The past year has seen the highest success rates for the three month period for stopping smoking in Shropshire and Telford and Wrekin residents who have quit smoking on our free Help 2 Quit programme. It is encouraging that people will remain smoke free for the long term.

The scheme offers intensive support to smokers wishing to conquer their nicotine habit once and for all and is available in most GP surgeries as well as in pharmacies, community centres and hospitals across the area. Specially trained Help 2 Quit advisers, including practice nurses and pharmacists, spend up to 30 minutes talking to their clients about their motivation for quitting and identifying the best ways of rising to the challenge. Ongoing help and support alongside treatments are then provided for the following 12 weeks. The team is continually developing new ways to reach people; this year we worked with a team around Ramadan to continue to remain smoke free not just for Ramadan but to continue permanently. This project was very successful.

Future Arrangements

Telford and Wrekin Council, which has taken responsibility for commissioning public health services from 1 April 2013, has indicated to the Trust that it wants to decommission some of the health improvement services that the team currently provides.

We are committed to working with colleagues at Telford and Wrekin Council to achieve the best possible outcome for the services, those that benefit from them and the staff that provide them, and more information on the Health Improvement Team and its services can be found on their dedicated website at www.healthytelford.nhs.uk.



Continence Service

The Trust's continence service provides essential care to adults and children alike. The service has worked closely with GPs over the past 12 months to introduce new pathways of care, including the Acute Urinary and Trial Without Catheter pathways, and a Female Incontinence pathway. The service has also formed a dedicated Children's Continence Steering Group which has looked at bringing the continence care provided for children and adults closer together to support the transition of a patient from childhood to adulthood. The number of patients not attending for their appointment

has also fallen, as the service has introduced a new appointment booking service, which allows patients to choose their next appointment, as opposed to just being provided with one.

Diabetes Specialist Nursing

The Trust's Diabetes Specialist Nursing team works closely with patients of all ages to help them learn about their condition and how they can best keep their blood glucose levels within the target range for good health. This includes running two specific courses for patients – one for Type 1 diabetes patients (STILE course) and one for Type 2 diabetes patients (X-PERT course). During the past year, seven STILE programmes and 15 X-PERT programmes were delivered with a total of just over 300 patients, carers and partners taking part.

Other developments

- Two staff members successfully completed a non-medical prescribing qualification and two successfully completed Masters level Diabetes modules at Warwick University.
- A team member was presented with a national award for volunteering services to support children with diabetes from Diabetes UK.
- Delivery and successful completion of the Certificate in Diabetes Care (Warwick Course) for

Community and Specialist Services

healthcare professionals from primary care and community services.

- The team participated in and received positive feedback from the West Midlands Quality Review Service.
- The team has also successfully recruited an additional Diabetes Specialist Nurse and another Diabetes Specialist Dietician to achieve a full specialist team.
- The team has also been working in partnership with The Shrewsbury and Telford Hospital NHS Trust to deliver requirements for the 'best practice tariff' for paediatric diabetes, with the agreement to expand the number of paediatric diabetes specialist nurses in 2013-14.

Shropshire Enablement Team

The Shropshire Enablement Team (SET) (recently renamed the Community Neuro-rehabilitation Team) is a multidisciplinary community team, offering a coordinated but individualised approach to patients who have neurological rehabilitation needs due to brain injuries or other neurological conditions. This includes diagnoses such as head injuries, stroke, Multiple Sclerosis and Huntington's disease. The team also offers a support management to patients with a confirmed diagnosis of Chronic Fatigue Syndrome.

A refurbishment

programme has meant that the team now has access to dedicated clinical and consulting rooms to treat patients as well as access to a small physiotherapy gym with a hoist, wall bars, parallel bars and a static recumbent bike. While the service has seen an increase in referrals over the past few months it has also been able to run more specialist clinics, which has meant a reduction in waiting times for patients. All patients are currently seen within the expected waiting times of either two or four weeks.

Some of the groups that the service runs for patients include:

- Regaining confidence after stroke
- Memory group
- Anxiety management
- Emotional support in MS
- Chronic Fatigue Syndrome management course
- Baking group

Falls Prevention

The Falls Prevention team is a specialist service aiming to reduce the number of falls and fall-related injuries of people across the county. It raises awareness and provides training and advice about falls and bone health to patients, health and social care professionals, care homes, private and voluntary agencies. This includes how to prevent and manage falls, and how to cope with daily life after a fall. Preventing falls is also part of the

over-arching Safe Care: Harm Free project, and the specific falls sub-group includes representation from across local NHS organisations, the independent care sector and a patient representative. This group looks at sharing best-practice, resources and identifying gaps to help reduce falls. The Falls Champion Forum has also been growing rapidly and includes members from a range of different organisations. The Trust has falls champions as part of every interdisciplinary team and within each of the community hospitals.

Other developments:

- The service runs nine progressive, evidence-based exercise programmes across the county. The programmes run for 13 weeks and focus on key areas such as strength, balance and exercises.
- Staff have given falls awareness talks to day centres.
- A specialised 'Upright and Active' study day was organised in partnership with the Shropshire Rural Community Council.

Podiatry and Sexual Health Services

The podiatry team has been successful in achieving qualification to provide podiatry (foot) care to local people. This was part of a Shropshire-wide process of a national initiative called 'Any Qualified Provider'. The team has been working

hard since October 2012 to meet the targets set out for them.

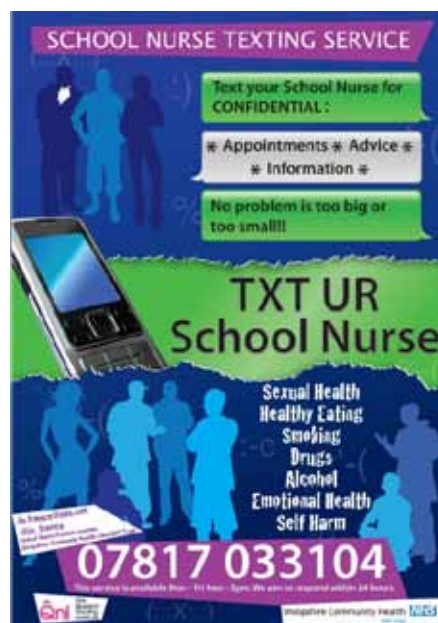
From 1 April 2013 the Trust no longer provides sexual health services for the people of Shropshire. Through a competitive tender process, the contract was awarded to another provider. The Trust has worked with commissioners and the new provider to ensure an appropriate handover of care.

Community Substance Misuse and Alcohol Recovery Service

During the past year the Trust has worked closely with the Local Authority in ensuring that partnership working is at the fore of service development. Governance is now cohesive and all policies are subject to joint decision-making. The introduction of an Alcohol Liaison Nurse within Shropshire provides education and treatment enabling patients to be discharged from hospital and sign-posted to the correct services. The service within Telford is already well established.

Prison Healthcare

In February 2013 it was announced that HMP Shrewsbury (The Dana) would finally close its doors by 31 March 2013. This was a difficult time for all staff at the prison who have shown passion and dedication to prison healthcare over the years



there. However the nursing staff, managers and HR teams worked very hard to implement the change. All efforts were made to support and look to successfully find suitable alternative employment for all the staff whose employment was at risk due to the closure.

Before it was announced that The Dana was closing, a newly opened Mary Seacole treatment and observation suite played its part in delivering end of life care to one of the prisoners. Following his death, the Prison & Probation Ombudsman wrote in his report that the care that was given was 'exemplary'.

The Trust continues to provide healthcare to around 700 prisoners at HMP Stoke Heath in the north east of the county.

School Nursing

The school nurse service promotes and supports the health and wellbeing

of all school aged children aged five to 19. School nurses work together with children, young people, parents, carers and professionals to help keep children healthy throughout their school years, in order for them to reach their full potential and make informed, healthy lifestyle choices. During the past year the school nursing service had implemented a text-messaging pilot scheme in two Shrewsbury schools, aiming to improve the access that pupils have to school nurses. The project was a success and has been held up as good practice – with the school nurse, whose idea it was, speaking at several national conferences and events, and winning a regional Energising for Excellence award.

During the past year the service has also seen two school nurses awarded the title of Queen's Nurse and the School Nurse Coordinator invited to a reception at 10 Downing Street to celebrate leaders in nursing.



Community Nursing Teams

Following a review of community nursing teams, a new structure, based on a tried and tested national model developed in conjunction with the King's Fund, was adopted and implemented at the Trust in November 2012. This change initially caused some concerns both amongst nursing staff and GPs, however, the Trust has worked with all involved to try and resolve those concerns. The main points of the revised structure were that GPs across the county continued to have dedicated nurses and therapists aligned to their practice, that GPs would now only have to refer to a single point; the Caseload Manager (most senior nurse in the team), the lead therapist and the team leader now triage each referral and develop the particular patient's care plan.

The teams continue to provide essential care to patients in their own homes working closely with local GPs and colleagues from other organisations when needed. The nursing teams have shown particular dedication and passion for their roles during the winter months; they prioritised their most vulnerable patients and went the extra mile to make sure they visited those most in need during the snow and ice.

The Trust is undertaking an evaluation of the implementation to ensure that continuous improvements are made to team working and meeting the needs of patients/service users and our partners.

Health Visiting

Health visitors are qualified nurses who have undertaken further

training in all areas of child health and development and are also skilled practitioners in public health.

The overall purpose is to achieve the best health and well being for children from birth to five years of age, by identifying health needs and promoting healthy lifestyles. This includes delivery of health and development reviews, health promotion and tailored parenting guidance.

A shared vision across the county's Health Visitors is supporting practitioners to take high quality service delivery forward for our under 5 year old client group. Materials have been produced locally which allow parents to have a clear understanding of the services they are entitled to receive from their Shropshire Health Visiting service. These are currently out to user consultation and will be

in circulation across the county from June.

Extensions to the operating hours of our telephone advice lines have made the service more accessible to clients as has the new texting service being introduced across Shropshire localities this summer. The service also has new joint initiatives underway with our Speech and Language, Paediatric Physiotherapy, CAMHS and Psychology colleagues as well as maintaining existing partnerships in Children's Centre and Early Years Settings. As an Early Implementation Site for Health Visiting, the team continues to support colleagues from across the region to develop new approaches in providing services and has hosted visits and taken part in video conference calls with other organisations.

Our Staff

The Trust employs around 1,400 whole time equivalent staff at a range of locations across the whole of Shropshire. The extent to which our staff feel closely involved in the Trust's work, and positively able to make a difference, is vital for the Trust and the quality of the care we can provide to patients. We have worked on this in the last 12 months as shown below, and will be doing more in 2013/14.

- The Chief Executive undertook a series of 'listening into action' events across the organisation to provide clarity about strategic objectives and to get direct input from staff groups.
- The Trust held its annual staff conference focusing on helping staff to achieve their potential with Derek Redmond, an Olympic finalist, as the keynote speaker.
- The Annual General Meeting took place in September which was attended by public, staff and commissioners. At the AGM, the Trust also held a celebratory ceremony recognising the long service and educational achievements of staff from across all parts of the Trust.
- A task and finish group was established with members of staff and staff side representatives to undertake road shows about the Trust's results in the annual NHS Staff Survey, and to engage staff in the action plan to make changes to support staff. The Group identified three specific themes from last year's survey and put in place a range of proactive measures to help support staff. The outcomes of the 2012/13 Staff Survey did not necessarily reflect the engagement work that had taken place. But, moving forward, a new Task and Finish group has been set up to further drive staff-initiated engagement and improvements.

The Trust has a formal agreement which sets out the agreed framework between the Trust and its Trade Union and Professional Organisation (TUPOs) partners to regulate consultation and industrial relations within the Trust. Its purpose is to provide a robust partnership framework between managers and staff organisations which fosters and supports the effective involvement of staff, and their staff representatives, at the earliest possible stage in influencing decisions and in joint information sharing, learning and problem solving.

The Trust has established a Local Negotiating Committee, whose role is to negotiate terms and conditions of service for medical staff within national arrangements.





Equality and Diversity

Our Trust is committed to eliminating all forms of discrimination and to the equal treatment of all employees and job applicants, and requires all staff to abide by this principle. We believe that people should be valued as individuals and are committed to all employees being able to achieve their full potential in an environment characterised by dignity and mutual respect and where individual differences and contributions of staff are recognised and valued. We have adopted the Department of Health's Equality Delivery System, a tool which will help us to deliver against our statutory requirements in promoting equality and the value of diversity of our staff and service users. More information about our approach to Equality and Diversity can be found at www.shropscommunityhealth.nhs.uk.

The Trust has been successful in maintaining the status of the 'Two

Ticks' Disability Symbol, after demonstrating that we have a positive attitude to employing individuals with disabilities.

Managing Sickness Absence

The Trust recorded a sickness absence rate of 5.1% in 2012/13 against a national target of 3.9%. The most common reasons for sickness absence remain stress/anxiety (24%), coughs, colds and influenza (16%) and musculoskeletal problems (15%). The Human Resources and Occupational Health teams have undertaken extensive measures to reduce the time lost to sickness absence which include:

- An Initial Sickness Absence Reporting (ISAR) scheme has been piloted, initially for staff at the Community Hospitals, to ensure early intervention and support such as physiotherapy or counselling to those staff members who are unable to attend work due to sickness.

- A Sickness Absence Reduction Task and Finish Group has been formed to work on specific projects to help improve the health and wellbeing of our staff and therefore reduce sickness absence.

- Occupational Health and Counselling support including one-to-one support and group sessions for all staff and in particular those affected by changes within the Trust.

- Further Health and Wellbeing Sessions and a series of 'What Stress in Healthcare' seminars have been provided for staff. The innovative approach used by the facilitator for the latter has shown an exceptionally positive response from the staff that have attended and more are planned.

- The Trust is a member of a West Midlands-wide group which is reviewing actions to target sickness to ensure best practice is shared and introduced.

Organisational Development: The Trust's OD team has achieved some real successes over the past year, and has been integral to the continual development of the Trust. These include:

- Helping to increase mandatory training levels in the Trust to 90% compared to just 59% in 2011/12.
- Achieving the Learning and Performance Institute (LPI) accreditation as a Gold Standard Accredited Learning Provider – one of only four NHS Training Services in England to achieve this standard.
- Delivery of the Home Office Prevent training to 517 staff members.
- Event management of the Trust's Staff Conference.
- Delivery of a range of organisation-wide workshop programmes (Clinical Service Transformation workshop; Chief Executive roadshow and the Francis Report staff focus groups).

Off Payroll

Arrangements

The Trust contracts with some individuals to provide a service by means other than them being employees on the Trust payroll. This is

known as 'off payroll'.

Off payroll engagements at a cost of over £58,200 per annum that were in place as of 31 January 2012 were:

- only one individual was

identified as meeting this criteria, and this individual is no longer engaged by the Trust.

New off payroll engagements between 23 August 2012 and 31

March 2013, for more than £220 per day and more than six months:

- no individuals were identified as meeting this criteria.

Major Incident Planning and Business Continuity Arrangements

The Trust maintained emergency response arrangements throughout 2012/13 that ensured it maintained a good standard of preparedness to respond safely and effectively to a full spectrum of threats. The Trust's major incident and business continuity plans were reviewed to ensure that they met the expectations of national guidance, our patients and partner agencies.

Training and exercises continued throughout 2012, ensuring the Trust's

plans were robust and its staff felt equipped to deal with an incident. There was no major incident declared in Shropshire during 2012, however several incidents of severe weather tested the Trust's business continuity. During 2012 the Olympic Torch relay and Queen's Jubilee celebrations saw the Trust planning and providing a management response with its multi-agency partner agencies to ensure these were safe and enjoyable events that did not disrupt the day-to-day services provided by the Trust.

The NHS Commissioning Board introduced a new term for emergency planning called Emergency Preparedness, Resilience and Response

(EPRR) and published national core standards in January 2013. The Trust has started a review of its emergency response arrangements to ensure compliance with the core standards and the new structures implemented in March 2013. For 2013/14, the Trust is making arrangements to work more closely with Shropshire Council over emergency planning specialist advice.

Sustainability Report

The Trust continues its commitment to sustainability in the way we use energy. We are still on target to meet a reduction to our carbon footprint of 10% by 2015,



Our Staff

with further investments in our premises, replacing boilers and controls with more efficient ones, as well as refurbishing lighting with low energy lamps. We shall continue to investigate and promote energy savings wherever they can be achieved. The Trust is working towards a new Sustainability Plan which will go to the Trust Board in the summer of 2013.

Looking to the future

The Trust, in common with all other NHS and public sector organisations, is continuing to explore more effective and efficient ways of working – in order to meet the challenges of an increasingly difficult financial environment. This means transforming our services and working in close partnership with our colleagues in commissioning and other providers to find new ways of delivering our services together. For example for people with long term conditions, who are frail with complex needs, or children with acute illnesses, working in joined up ways that offer more efficiency while not compromising the quality of care. Quality and safety

remain our top priority for the people of Shropshire and Telford and Wrekin, both now and in the future.

Our quality priorities – as set out in the Trust's most recent Quality Account – are essential in helping us to achieve the standards of care we want to provide. As you will already have read in the section about Quality and Safety in this report, we have undertaken a huge amount of work to improve services and to make sure patients are truly at the heart of whatever we do. These priorities will be engrained in the work we do over the coming year.

The Trust is working closely with all of its partner organisations in Shropshire, Telford

and Wrekin. This is both through the Chief Officers Group, formed by the two local CCGs (an outcome of which is the new health and social care Compact agreement), and also through a range of more tactical groups aimed at achieving better outcomes for services and for patients.

We are committed to helping achieve key priorities for commissioners by working closely with them – for example by taking an active part in helping develop and implementing the Urgent Care Strategy for the area, as well as projects like the Frail and Complex work, which has seen closer working with partners for the benefit of those who are very vulnerable in our communities.

We will continue to work to make sure that community hospitals and care closer to home provide vibrant services – for example we continue to work in conjunction with the CCG on finalising plans for the health facility scheme at Ludlow. Our work with local communities is essential to the success of such projects.



The Trust Board Members:

- **Mike Ridley** – Chairman
- **Chris Bird** - Non-Executive Director
- **Angela Saganowska** - Non-Executive Director
- **Mike Sommers MBE** - Non-Executive Director
- **Rolf Levesley** - Non-Executive Director
- **Jo Chambers** - Chief Executive, to 31 January 2013
- **Maggie Bayley** - Acting Chief Executive from 1 February – 31 March 2013
- **Julia Bridgewater** - Interim Chief Executive, from 1 April 2013
- **Maggie Bayley** - Director of Nursing, AHPs, Quality, HR, Workforce/OD and Deputy Chief Executive
- **Dr Alastair Neale** - Medical Director
- **Stuart Rees** - Director of Finance, Contracting and Performance to 11 February 2013
- **Owen White** - Interim Director of Finance, Contracting and Performance from 18 January 2013
- **Julie Thornby** - Director of Governance and Strategy (non-voting)
- **Ted Wilson** - Director of Operations (non-voting) to 5 March 2013
- **Nette Carder** - Interim Director of Operations (non-voting) from 18 February 2013

Declarations of Board Members' Interests

Name	Interest
Non-Executive Directors	
Mr Mike Ridley - Chair	Director, Crewe YMCA
Mr Chris Bird – Non-Executive Director	Voluntary Treasurer – Telford MIND Vice Chair of Governors – Southall School Active member of the MS Society
Mr Rolf Levesley – Non-Executive Director	Non-Executive and Chair of South Staffordshire Housing Association Non-Executive Director of Housing Plus Group Director of South Staffordshire CVA (Community and Voluntary Action) – could involve work with NHS Son is an employee of Grant Thornton (Trust external auditors) based in Chinese Business Development team
Ms Angela Saganowska – Non-Executive Director	Sole Director of a consultancy company (Ratunek Ltd) that seeks business in primarily Local Government and potentially the NHS. Hospital Manager under the Mental Health Act, South Staffordshire and Shropshire Mental Health Trust. Role is solely to review individual detained patients with the Mental Health Act. Role has no strategic or operational responsibilities.
Mr Mike Sommers – Non Executive Director	Nil

Audit Declaration

Each director confirms that as far as he/she is aware there is no relevant audit information of which the Trust's auditors are unaware and he/she has taken all the steps that he/she ought to have taken as a director to make him/herself aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

Declarations of Board Members' Interests

Name	Interest
Executive Directors	
Mrs Jo Chambers – Chief Executive (until 31 January 2013)	Nil
Ms Maggie Bayley Director of Nursing, AHPs, Quality and Workforce/ HR, Deputy Chief Executive. Also Acting Chief Executive (from 1 February 2013 – 31 March 2013)	Nil
Dr Alastair Neale – Medical Director	Visiting psychiatrist to Cruckton Hall School (specialist school for boys with Autism and ADHD)
Mr Stuart Rees – Director of Finance, Contracting and Performance (until 11 February 2013)	Nil
Mr Owen White – Interim Director of Finance, Contracting & Performance (from 18 January 2013)	Director Julianowe Services Ltd
Co-opted Board Members (non-voting)	
Ms Julie Thornby – Director of Governance and Strategy	Nil
Mr Ted Wilson – Director of Service Delivery (until 5 March 2013)	Nil
Ms Nette Carder – Interim Director of Operations (from 18 February 2013)	Director Athena Leadership and Management Ltd

Role and Membership of Board Committees

Audit Committee

Role and Purpose:
The Audit Committee provides an overarching governance perspective and reviews the work of other governance committees within the Trust, whose work can provide relevant assurance to the Audit Committee's own scope of work. This

will particularly include any risk management and / or governance committees that are established.

Membership:

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

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

Quality and Safety Committee

Role and Purpose: The Quality and Safety Committee oversees the review of quality assurance in relation to all aspects of quality throughout the Trust. This includes reviewing information against all the domains of quality - safety, effectiveness and patient experience. The primary aim is to ensure the robustness of systems and processes and behaviours, monitor

trends, and take action to ensure that they stand up to scrutiny that the Trust is doing the right things and thus provide assurance to the Trust Board.

Membership:

- Angela Saganowska (Chair) – Non Executive Director
- Mike Ridley – Chairman
- Rolf Levesley – Non Executive Director
- Maggie Bayley (Executive Lead) Deputy CEO/ Director of Nursing, AHPs, Quality, Human Resources and Workforce

- Dr Alastair Neale – Medical Director
- Julia Bridgewater – Interim Chief Executive
- Nette Carder - Interim Director of Operations
- Owen White - Interim Director of Finance
- Julie Thornby - Director of Governance and Strategy

Regular attendees: Deputy Director of Operations; Deputy Director of Nursing and Quality, Quality Facilitator. Other Trust managers and health professional staff attend for specific items.

Resource and Performance Committee

Role and Purpose: The Resource and Performance Committee has delegated authority from the Board to oversee, co-ordinate, review and assess the financial and performance management arrangements within the Trust. The Committee assists in ensuring that Board members have a sufficiently robust

understanding of key performance and financial issues to enable sound decision-making.

Membership:

- Mike Sommers (Chair) – Non Executive Director
- Rolf Levesley – Non Executive Director
- Chris Bird - Non Executive Director
- Owen White (Executive Lead) – Interim Director of Finance, Contracting and Performance
- Julia Bridgewater – Interim Chief Executive

- Nette Carder - Interim Director of Operations
- Maggie Bayley - Director of Nursing, AHPs, Quality and Workforce/ HR or Dr Alastair Neale – Medical Director

In attendance:

- Mike Ridley – Chairman
- Angela Saganowska - Non Executive Director

Other Trust managers and health professional staff attend for specific items.

Information Governance Committee

Role and Purpose: The IG Committee oversees the development of the Trust's Information Governance strategy to provide assurance to the Board of arrangements for handling and using personal information,

safely and securely, consistent with all legal requirements and national standards.

Membership:

- Mr Rolf Levesley (Chair) – Non Executive Director
- Mr Owen White – Director of Finance, Contracting and Performance (Executive Lead)
- Dr Alastair Neale – Medical Director

- (Caldicott Guardian)
- Ms Julie Thornby – Director of Governance and Strategy
- Head of Informatics
- Project Manager, Information (replacing Senior Information Services Manager)
- Operations Directorate Representative (currently CCN Team Lead instead of Deputy Director of Service Delivery)



Foundation Trust (FT) Programme Board

Role and purpose: The FT Programme Board (FTPb) provides oversight and assurance to the Trust Board regarding the overall programme to achieve Foundation Trust status. Specifically this includes:

- Strategic decision making

- Agreeing programme plan
- Receiving progress reports from programme team
- Overseeing identification and management of risks
- Agreeing key documentation
- Ensuring engagement by relevant staff, particularly clinicians
- Ensuring staff and other stakeholders

- receive appropriate communication
- Awareness and potential impact of current and forthcoming legislation and guidance.

Membership:

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

Nominations, Appointments and Remuneration Committee

Role and purpose: The Nominations, Appointments and Remuneration Committee is a Committee of the Trust Board, which comprises the Chair and Non Executive Directors, and is accountable to the Trust Board through the Chair of the Committee.

The Chief Executive attends (except where her own interests are being discussed) and the Director of Nursing, AHPs, Quality, HR/OD and Workforce or Deputy Director of HR, OD & Workforce attends in a support capacity, as required.

The role of the Committee is to:

- Lead the process for identifying and making recommendations to the Board on appointments of Executive Directors to the Trust Board
- Decide and report to the Board on appropriate remuneration, allowances and terms of service

for the Chief Executive and Executive Directors employed by the Trust and other relevant senior employees

- The approval of potential redundancy payments over £10,000.

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

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

The performance of the Chief Executive and Executive Directors is monitored and evaluated by the Nominations, Appointments and Remuneration Committee.

Senior Managers are usually on on-going

contracts of employment, unless there are specific other circumstances, for example a Director is seconded from another Trust for a time-limited period. Notice periods are as defined in national arrangements or guidance. No significant awards have been made to past managers by the Trust during the past year.



Operating and Financial Review

End of year position

In delivering for 2012/13 an end of year surplus of £1,447,453 (before adjusting for the impact of donated assets and government grants) the

Trust successfully met the control total agreed with NHS Midlands and East. (The surplus after adjusting for these items was £1,496,695).

Financial Performance for 2012/13: The Trust received £79,679,000 income during 2012/13, of which £74,481,000 related to revenue from patient care activities. Most of the Trust's healthcare income is received from two main commissioners: Shropshire County Primary Care Trust (SCPCT) and NHS Telford and Wrekin. The Trust's non-healthcare income largely relates to provision of non-clinical 'shared services' such as Informatics and Financial Services and also the Occupational Health Service.

Included in the income figures are sums which were invested to enhance and improve the delivery of some services. These included funding to recruit additional Health Visitors and to invest in a Night Sitting service.

In order to achieve the reported surplus position, the Trust delivered a series of efficiencies, summarised as a Cost Improvement Plan (CIP). The annual CIP target was £3,477,000 which the Trust delivered in full.

The Trust also invested £363,000 in capital equipment during the year and received donations totalling £22,000. In 2012/13 the Trust also acquired the land anticipated for use for the new Ludlow Health Facility. This land is held for sale as it is expected to be transferred to the developer in due course in line with the approved business case.

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

The prices paid to the Trust in 2012/13 were reduced by 1.5% against their 2011/12 level in line with the national guidance affecting NHS healthcare providers. This is despite increases in both the number and complexity of patients being seen by the Trust. These pressures are a key factor in driving the perennial need to deliver efficiencies. In response, efficiencies totalling £3.477 million were delivered during the financial year. Of this amount, £2.821 million is recurrent.

The Full Business Case (FBC) for the new Ludlow Health Facility was approved by the Trust Board, West Mercia Cluster and Midlands and East Strategic

Health Authority (SHA) in May 2012. Following a time delay while a national contractual issue was resolved, work is in progress to finalise the future scheme in conjunction with the CCG.

Main trends and factors affecting future performance

National guidance for 2013/14 will see a further drop in prices paid to the Trust of 1.3% for the services it provides. This, plus the impact of inflation on its cost base, means that, as with all NHS providers, the Trust is required to deliver at least 4% efficiencies during the year without any adverse impact on the quality of services delivered. The increasing number and complexity of patients being treated also adds to the financial and organisational challenge facing the Trust.

The Trust has identified

a number of areas where such efficiencies might be made and is discussing options with main commissioners. Any changes will be considered in relation to the overall position of the local health economy. It is generally recognised that from both a care and financial perspective, provision at or closer to home will improve care and enable a rebalancing of the financial challenges faced by all parties delivering care within the local health economy. Together with commissioners and other providers, the Trust is pledging to work together to deliver the best outcomes for the county.

Despite the clear intent and need for all parties to work effectively together, recent changes to the commissioning structures, including the increasing involvement of local councils and NHS



England, have added complexity into the landscape within which the Trust operates. These new relationships will naturally bring with them new challenges as priorities change between commissioners, meaning services will be subject to different investment drivers, risks and opportunities.

These changes and other factors have led to the reduction of anticipated income in 2013/14 following the loss of various back office shared service income streams (taken in house or transferred to the Commissioning Support Unit) and also the termination of all or part of other services.

Comment on predictions made in previous years

The Trust continued to work actively with partners across the local health economy during 2012/13. A review of the overall system plan is currently underway, in which regard a number of workstreams have been identified, and in some cases implemented.

It is naturally hard to predict the outcome of such a review, but our main commissioners have reaffirmed their view that vibrant and effective community services are at the core of their thinking, and a critical part of achieving an effective system for the benefit of the population of the region which we serve.

The Trust continued to work towards achieving Foundation Trust status; however this process has been delayed following a request by the Midlands and East SHA to allow local health economy plans to be clarified and completed and any progression to be with clear sight of other similar applications being made by other providers in the area.

Development and performance of business/ current performance and policy targets

Following the abolition of Primary Care Trusts on 31 March 2013 a number of land and building assets transferred to the Trust with a net book value of approximately £16 million. This transfer is in line with

national Transforming Community Services guidance and will allow the Trust to use capital funding to invest in any assets which it owns.

The Trust is planning to invest approximately £1.2 million on capital during 2013/14 including maintenance of existing assets; telehealth equipment; improving community hospitals; and improving energy efficiency.

Resources, principal risks, uncertainties and relationships that may affect the Trust's long-term value

The Trust's most significant financial risk remains a consequence of the huge financial challenge faced by the NHS, with each organisation required to make significant year-on-year savings without affecting the quality of care delivered.



The business plan for 2013/14 includes efficiencies totalling approximately £2.5 million. Plans to deliver these savings are being refreshed following dialogue with commissioners. The possible non-delivery of these savings plans remains the Trust's key financial risk.

Position of the Trust description of capital structure, treasury policies and objectives, liquidity of entity both now and in the future

Following approval of the Full Business Case (FBC) for the new Ludlow Health Facility, the Trust is working in conjunction with the CCG to finalise the scheme.

The Trust's asset base will significantly increase in 2013/14 as a number of land and building assets will transfer to the Trust with a net book value of approximately £16 million; this transfer is in line with national Transforming Community Services guidance following the abolition of Primary Care Trusts and relates to buildings and properties already utilised by the Trust.

The Board has an approved policy for the management of risk; this is reviewed and updated annually. This policy details how the Trust will identify risk and how it will mitigate these risks. This includes the Board responsibility for identifying the risks to achievement of the Trust's strategic objectives. The Board has an assurance

framework for these risks which it reviews at each meeting. The Audit Committee reviews these risks in detail at each meeting, reporting its findings to the Board.

Pension liabilities

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is not designed in a way that would enable individual NHS bodies to identify their share of scheme assets and liabilities. Therefore the cost to the Trust is taken as equal to the contributions paid for the year.

Information Governance Serious Incidents

During the past 12 months the Trust has reported one data security significant incident (SI).

A laptop was stolen from Trust premises following a break in. The laptop was fully encrypted and posed no information governance threats or issues; access by an unauthorised person would not have been possible.

Annual Governance Statement

The Trust has produced a Governance Statement which details the governance framework of the Trust, including the governance responsibilities of committees, how the Trust identifies and assesses risk, the principal risks to achieving the organisational objectives, and serious incidents occurring in the last year.

The statement details

how the organisation ensures the effectiveness of its systems of internal control and any issues that have occurred during the year. One issue has been identified as part of the Internal Audit programme, related to data quality and data entry. An action plan is in place to resolve these issues.

The full governance statement is available with the full Annual Accounts as described on page 3.

Principles for Remedy

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

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

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

1. Introduction

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

2. Financial Duties

The Trust has four statutory financial duties:-

2.1 Breakeven duty – the Trust achieved a surplus of £1.5m and therefore met this duty.

2.2 To achieve a capital cost absorption rate of 3.5% - this is paid to the Department of Health as a dividend on the average relevant net assets held. Due to having no land and building assets, this calculation results in a dividend of nil. The duty therefore cannot be met.

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

2.4 To remain within the Capital Resource Limit (CRL) which controls the level of capital expenditure the Trust can incur. The Trust was within this by £30K and therefore met this duty.

3. The Statement of Comprehensive Income

The Statement of Comprehensive Income shows the retained

surplus for the year of £1.5m. The majority of income is healthcare income received from the two local PCTs. The majority of pay expenditure is employee benefits, i.e. pay costs.

4. Statement of Financial Position

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

The Non-Current Assets section mainly shows the value of property, plant and equipment assets (£3.3m). In 2012/13 the Trust acquired the land on which the new Ludlow health facility is anticipated to be built. The Trust does not yet have any other land and buildings assets. These will be transferred from the two local PCTs in 2013/14. The remaining value has remained constant as capital expenditure is funded by depreciation.

In 2012/13 the Trust acquired the land on which the new Ludlow health facility is anticipated to be built. As this is intended to be sold to the developers following financial close, it is shown under Non-Current Assets Held for Sale.

The main item in the Current Assets section is the Trade and Other Receivables (i.e. amounts owed to the Trust) which have decreased by £2.9m. This is due to a number of invoices raised to local NHS organisations late in

March of the previous year. Trade and Other Payables (i.e. amounts owed by the Trust) have decreased by £0.4m.

Provisions (i.e. estimated costs of settling future claims against the Trust) have decreased by £0.9m. This is due to a provision for restructuring costs in the previous year which has now been settled. Taxpayers' equity shows the distribution of the financing of the Trust's net assets.

5. Statement of Changes in Taxpayers' Equity

The Statement of Changes in Taxpayers' Equity shows the movement on the Trust's Public Dividend Capital, the Retained Earnings (which basically is a balancing entry on the Statement) and on other reserves.

6. Statement of Cash Flows

The Statement of Cash Flows shows where the Trust's cash has come from, how it has been used and the net increase/decrease in cash during the year. The cash balance increased by £2.9m in the year, mainly as a result of the surplus achieved in-year and the improvement in receivables.

7. Better Payment Practice Code

As required by the Department of Health, the creditor payment policy of the Trust is to

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

There are two measures of performance – numbers of invoices and value of invoices. 96% of both the total number of invoices and total value of invoices were paid within the 30 day target. The Department of Health expects 95% as a minimum.

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

8. Audit

The Trust's external auditors were the Audit Commission until 31st October 2012, and then Grant Thornton from that point. External audit work has related entirely to statutory audit requirements and cost £56,000.



These statements are a summary of the Annual Accounts produced by the Trust for the year ended 31 March 2013.

Statement of Comprehensive Income for Year Ended 31 March 2013

	£'000
Gross Employee benefits	(54,486)
Other costs	(23,745)
Revenue from patient care activities	74,481
Other operating revenue	5,198
Operating surplus/(deficit)	1,448
Investment revenue	15
Other gains/(losses)	(16)
Surplus/(deficit) for the financial year	1,447
Retained surplus/(deficit) for the year	1,447

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

Other Comprehensive Income

Net gain/(loss) on revaluation of property, plant & equipment	11
Total comprehensive net expenditure for the year	1,458

Financial performance for the year

Retained surplus/(deficit) for the year	1,447
Adjustment in respect of donated asset/gov't grant reserve elimination	49
Adjusted retained surplus (deficit)	1,496

Statement of Financial Position as at 31 March 2013

	31 Mar 2013 £'000
Non-current assets	
Property, plant & equipment	2,305
Trade & other receivables	110
Total non-current assets	2,415

Current assets

Inventories	330
Trade & other receivables	1,043
Cash & cash equivalents	5,827
	7,200
Non-current assets held for sale	1,000
Total current assets	8,200
Total assets	10,615

Current liabilities

Trade & other payables	-6,055
Provisions	-64
Total current liabilities	-6,119
Non-current assets plus/less net current assets/liabilities	4,496

Non-current liabilities

Total non-current liabilities	0
Total assets employed	4,496

	31 Mar 2013 £'000
Financed by: Taxpayers' equity	
Public dividend capital	1,000
Retained earnings	3,401
Revaluation reserve	95
Total taxpayers' equity	4,496

Statement of Changes in Taxpayers' Equity for the Year Ended 31 March 2013

Non-current assets	Public Dividend Capital £'000	Retained Earnings £'000	Revaluation Reserve £'000	Total Reserves £'000
Balance at 1 April 2012	0	1,951	87	2,038

Changes in taxpayers' equity for 2012/13

Retained surplus/(deficit) for the year		1,447		1,447
Net gain/(loss) on revaluation of property, plant, equipment			11	11
Transfers between reserves		3	-3	0
New PDC received	1,000			1,000
Total recognised revenue/(expense) for the year	1,000	1,450	8	2,458
Balance at 31 March 2013	1,000	3,401	95	4,496

Statement of Cash Flows for the Year Ended 31 March 2013

Cash flows from operating activities	2012/13 £'000
Operating surplus/(deficit)	1,448
Depreciation and amortisation	648
Donated assets received credited to revenue but non-cash	-22
Dividend paid	530
(Increase)/decrease in inventories	-200
(Increase)/decrease in trade and other receivables	2,781
Increase/(decrease) in trade and other payables	-961
Provisions utilised	-772
Increase/(decrease) in provisions	-167
Net cash inflow/(outflow) from operating activities	3,285

Cash flows from investing activities

Interest received	15
(Payments) for property, plant & equipment	-1,416
Proceeds of disposal of assets held for sale (PPE)	6
Net cash inflow/(outflow) from investing activities	-1,395
Net cash inflow/(outflow) before financing	1,890

Cash flows from financing activities

Public Dividend Capital received	1,000
Capital grants & other capital receipts	22
Net cash inflow/(outflow) from financing activities	1,022
Net increase/(decrease) in cash & cash equivalents	2,912
Re-stated cash & cash equivalents (& bank overdrafts) at start of period	2,915
Cash & cash equivalents (& bank overdrafts) at year end	5,827

Better Payment Practice Code

Non-NHS invoices	2012/13 Number	2012/13 £'000
Total invoices paid	23,611	17,642
Total invoices paid within the target	22,771	17,074
Percentage of invoices paid within target	96.4%	96.8%

NHS invoices

Total invoices paid	1,787	13,612
Total invoices paid within the target	1,671	12,951
Percentage of invoices paid within target	93.5%	95.1%

Staff Sickness Absence

	2012/13 Number
Total days lost	15,660
Total staff years	1,361
Average working days lost	11.5

Sickness absence information, provided by the Department of Health is for a calendar year i.e. the 12/13 figures are for Jan-Dec 2012.

Salary & Pension Entitlement of Senior Managers 2012/13

Remuneration

	Salary (bands of £5,000) £000	Other remuneration (bands of £5,000) £000	Bonus payments (bands of £5,000) £000	Benefits in kind (rounded to nearest £100) £000
Jo Chambers (Chief Executive)	125-130			
Stuart Rees (Director of Finance & Performance) - To Feb 13 only	80-85			
Owen White (Interim Director of Finance, Contracting & Performance) From Jan 13 only	55-60			
Alastair Neale (Medical Director)	20-25	125-130		
Ted Wilson (Director of Operations)	85-90			
Nette Carder (Interim Director of Operations) From Feb 13 only	30-35			
Maggie Bayley (Director of Nursing, AHPs, Quality & Workforce)	95-100			
Julie Thornby (Director of Governance & Strategy)	80-85			
Paul Draycott (Director of OD & Workforce) - To April 12 only	10-15			
Mike Ridley (Chairman)	20-25			
Chris Bird (Non-Executive)	5-10			
Angela Saganowska (Non-Executive)	5-10			
Mike Sommers (Non-Executive)	5-10			
Rolf Levesley (Non-Executive)	5-10			

Notes

1. Benefits in kind relate to the provision of lease cars.
2. There was no remuneration waived by directors or allowances paid in lieu to directors in 2012/13.
3. Owen White & Nette Carder are interims paid via agencies. Therefore the reported salary is actually the full cost to the Trust.

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

The banded remuneration of the highest paid director in Shropshire Community Health NHS Trust in the financial year 2012-13 was £125,000 - £130,000. This was 4.6 times the median remuneration of the workforce, which was £27,625. These values are unchanged from 2011/12.

In 2012-13, Three employees received remuneration in excess of the highest-paid director. Remuneration ranged from £11,891 to £200,500. The lower of these two values was paid to a pre-registration student nurse, and represents 80% of the previous substantive salary at AfC Band 2. The equivalent values in 2011/12 were £11,491 and £151,899 respectively.

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

Pension entitlements

	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2013 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2013 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2013) £000	Cash Equivalent Transfer Value at 31 March 2012 £000	Real increase in Cash Equivalent Transfer Value £000
Jo Chambers (Chief Executive)	0--2.5	0--2.5	40-45	120-125	721	672	13
Stuart Rees (Director of Finance & Performance)- To Feb 2013 only	0-2.5	0-2.5	20-25	60-65	335	302	18
Alastair Neale (Medical Director)	0--2.5	0--2.5	40-45	125-130	734	688	10
Ted Wilson (Director of Operations)	0-2.5	0-2.5	35-40	105-110	701	630	39
Maggie Bayley (Director of Nursing, AHPs, Quality & Workforce)	0--2.5	0--2.5	35-40	110-115	662	615	15
Julie Thornby (Director of Governance & Strategy)	0-2.5	0-2.5	30-35	90-95	524	478	21
Paul Draycott (Director of OD & Workforce) - To April 2012 only	0--2.5	-2.5--5	25-30	75-80	402	401	-20

Notes

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

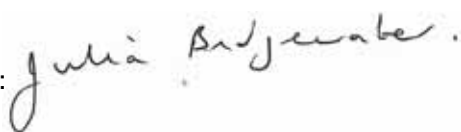
Statement of the Chief Executive's responsibilities as the accountable officer of the Trust.

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

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

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

Signed:



Interim Chief Executive
Date: 29 August 2013

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF SHROPSHIRE COMMUNITY HEALTH NHS TRUST

We have examined the summary financial statement for the year ended 31 March 2013 set out on pages 34 to 37 and which comprises the:

- Statement of Comprehensive Income for Year Ended 31 March 2013;
- Statement of Financial Position as at 31 March 2013;
- Statement of Changes in Taxpayers' Equity for the Year Ended 31 March 2013;
- Statement of Cash Flows for the Year Ended 31 March 2013;
- Better Payment Practice Code;
- Staff Sickness Absence; and
- Salary & Pension Entitlement of Senior Managers 2012/13.

This report is made solely to the Board of Directors of Shropshire Community Health NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust's directors and the Trust as a body, for our audit work, for this report, or for opinions we have formed.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

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

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

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

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of the Shropshire Community Health NHS Trust for the year ended 31 March 2013. We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements 7 June 2013 and the date of this statement.

Grant Thornton UK LLP

Colmore Plaza
20 Colmore Circus
Birmingham
West Midlands
B4 6AT

29 August 2013

Annual Report



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Shropshire Community Health NHS Trust
2012/13