



Quality Account 2013-14



About Us

Who we are and what we do.....

We know that it can be confusing to know who is who in the ever changing world of the National Health Service (NHS) so this section will give an overview of which organisations are responsible for services in Shropshire and Telford and Wrekin.

Within the county of Shropshire there are two Clinical Commissioning Groups (CCG) – Shropshire County CCG and Telford and Wrekin CCG. These organisations, which are made



up of the GPs in the county are responsible for buying (commissioning) a wide range of health services for their patients. They work with a range of partners including other NHS organisations, the local authorities (Shropshire Council and Telford and Wrekin Council), patient and service user groups and the voluntary sector.

The CCGs buy services from organisations that deliver care to patients – often referred to as “Providers”. These are generally either acute services (for example surgical operations, accident and emergency care, specialist clinic appointments, investigations) or community services such as Community Nursing, Children and Young Peoples Services and Community Hospitals.

Shropshire Community Health NHS Trust (SCHT) provides community services across the county and works close together with the acute providers (Shrewsbury and Telford NHS Trust and Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust) and many other care organisations to care for the population of Shropshire.

We all access community services during our lives – from Health Visitors and School Nurses and the many other services we provide for Children and Young People, to specialist services for adults either in one of our four Community Hospitals (Whitchurch, Bridgnorth, Ludlow and Bishops Castle), our Minor Injuries Units which can provide emergency care that does not require a visit to A&E or in various locations across the county and of course, in many cases (such as Community Nursing) in people’s homes or in Residential Homes.



About Us

The chart below shows you some of the services that the Trust provides throughout every stage of life:

Services near home at every stage of life

Babies and Children

Teenagers & Young Adults

Adults

Older people



- School Nursing
- Health visiting
- Children's mental health service
- Services for children with physical/ learning disabilities

- Adolescent mental health service
- Wheelchair services
- Alcohol and drug advice
- School nursing

- Physiotherapy
- Stop smoking
- Dental services
- Health assessments
- Podiatry
- Lifestyle services

- Continence service
- Community Hospital care
- Frail & complex
- Mobility aids
- District nursing and therapy services

A selection of our services provided across life stages

In short, we are proud to provide quality healthcare services to a population of around 450,000 people who live in Shropshire and Telford and Wrekin.



Contents

Section One - Introduction 5

Introduction to the Quality Account 6

Commitment to Quality: Statement from the Director of Nursing 7

Section Two - Looking Forward 8

Our Priorities for Care in 2014-2015 9

Priority One: Involvement of the Patient and Carer Panel in the work of the Trust 10

Priority Two: Keeping everyone safe in our care 11

Priority Three: Supporting our staff to do their jobs well 12

Priority Four: Working with partners to provide seamless care 13

Section Three - A Listening Organisation 14

Patient and staff engagement in 2013-2014 15

Section Four - Quality at the Heart of the Organisation 21

Statement of Assurance from the Board 22

National Audit and National Confidential Enquiries 23

Research 23

Commissioning for Quality and Innovations (CQUINS) 23

Clinical Audit 23

Our Commitment to Data Quality 26

Information Governance 27

Registration with the Care Quality Commission (CQC) 29

Patient Led Inspections of the Care Environment (PLACE) 30

Infection Prevention and Control 31

Looking back at the 2013-2014 Priorities 32

Statement by the Board 42

Statements from Partner Organisations 43

Acknowledgements 49

Glossary of Terms 49



Section One

Introduction

Introduction to the Quality Account

Welcome to the third Quality Account prepared by Shropshire Community Health NHS Trust in which we look back over our progress against the quality priorities we set ourselves during 2013-2014 as well as identifying our quality priorities for the coming year.

This Quality Account will show that the Trust has continued to build on the achievements and successes of our dedicated and committed staff whilst having to make difficult decisions due to the challenges of providing high quality care within the financial constraints that face the National Health Service today.

We believe that this Quality Account provides assurance that our patients and service users are our highest priority at all times and reflects the aim of the Trust to exceed expectation in the quality of care delivered.

The Quality Account that the Trust produced last year was reviewed and commented upon by the then newly formed HealthWatch, as well as our commissioners and Local Authorities, and we have taken their helpful comments into account when producing this year's account.

As highlighted in our introduction last year, the NHS Constitution (Department of Health, 2012) specifies the seven key principles that guide the NHS in all it does. These are:

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



We believe that this Quality Account shows how Shropshire Community Health NHS Trust continues to embed these principles within our Quality agenda.

Our Commitment to Quality

Statement from the Director of Nursing

I am very pleased to introduce the 2013/14 Quality Account. As an organisation we work to provide the best possible care to the community across Shropshire and I am clear that all staff have a responsibility to understand how they contribute to the delivery of that care.

Added to those identified in this quality account are other priorities that are central to all our day to day contact with people who use our services:

- Personalised care nearer to home
- Safe and effective delivery of care
- Strong clinical leadership at all levels

The important thing among all this is that we continue to strive to provide excellent quality services to both our existing and new service users. We have an excellent opportunity to positively influence the lives and experience of many individuals, our patients, our staff and the public, through the work we do and the support we offer. There is a real desire to influence change and deliver positive and improved quality in our services. In order to do this we need to empower staff, improve our systems and processes and encourage innovation.

It is incredibly important that we listen and respond to feedback from a variety of sources to enhance the care and service that we provide. I expect that all our staff will uphold the values of the organisation and deliver these as a matter of routine. We will celebrate and promote good practice and not tolerate poor practice. I am pleased to say that in my first few months in the organisation I have met and spoken with some exceptional staff.

It has been a busy and productive year for all staff promoting health and quality of life for the people and community we serve. There is still much to do and the Quality Account provides an insight into some of our key areas that we will focus on to improve quality. We know that we need to work as a positive partner with other organisations and ensure that patients do not feel “passed” from one to another. It is our intention to make better use of technology to free up clinicians time to deliver more care and to make their time a little easier by only having to input information once. It goes without saying (or does it) that our focus is to ensure people get a good experience, care that is safely delivered and that their treatment is as effective as it can be.

I wish staff, patients and partners the very best and let’s make 2014 another year of improved quality. Keep safer, keep listening and keep learning together.

Steve Gregory, Director of Nursing



Section Two

Looking Forward

Our Priorities for Care in 2014-15

As part of this Quality Account, we have identified priorities for improvement for the coming year.

These priorities have partly been identified through feedback received from service users and carers over the past year and a productive and open session held in February 2014 when we were delighted to welcome representatives of our newly formed Patient and Carer Panel, Local Authority representatives, members of Patient Groups and HealthWatch. Additionally we were well represented by members of staff from many areas of the Trust.




We really want to ensure that the patient voice is heard at all times – this is not just by involving our Patient and Carers Panel in activities across our services but taking into account feedback we receive through patient experience surveys, electronic feedback via Patient Opinion and NHS Choices and the contacts made through our Patient Advice and Liaison Service (PALS) and our Complaints service.

Most importantly is the need to act on this feedback to improve the experience of those that use our services and their families and carers.

We will also look back on the priorities we set ourselves in last year's Quality Account – whether we have achieved them or whether more work is required to really ensure that the priorities have been met. We feel that the priorities from year to year should be ongoing and develop as the Trust itself develops. Therefore, the “golden thread” of quality that we identified in our first Quality Account will remain evident and unbroken as we move forward.

Priority One

Involvement of the Patient and Carer Panel in the work of the Trust



“This is the start of something special for Community Health Services in Shropshire”

Jan Ditheridge, Chief Executive

Where we are now.

We now have a dedicated Patient Engagement and Experience Lead who is leading on the development of key actions to increase the amount of engagement and feedback we have with our patients, service users and their carers.

We are delighted that we have now launched our Patient and Carer Panel, the membership of which is made up of people from a range of backgrounds, all of whom have huge amounts of knowledge and enthusiasm to offer. We are particularly pleased that several young people were at the launch event and that they are particularly keen to promote knowledge of health services amongst school age children and young people.

The Panel, which is part of the Trust's on-going commitment to engage and involve local people in the development and improvement of community health services, met for the first time in January 2014 to discuss what it wanted to achieve and begin to work out how local people can make a positive impact on their NHS services. At the meeting the Panel discussed ways in which it could help the Trust get views and opinions from local people – including those groups that are sometimes harder to reach.

Since the initial meeting, members of the group have already started working on specific projects including helping the Trust to identify priorities for this Quality Account and providing a comprehensive handbook and training package for volunteers.

What we will do

- The Patient and Carer Panel are to identify priorities for action in the coming year
- Specific action groups are to be set up to address areas of interest
- The Trust is to continue to contribute to the Patient Engagement and Experience sub group of the Safe Care Harm Free Project which involves working with our partners in care to improve patient experience across all providers
- We will provide feedback to the Panel about patient experience and Trust actions in relation to it
- We will provide specific training and support to volunteers
- We will ensure volunteers are involved in gathering patient feedback, collating patient stories and undertaking “Sit and See” and Mystery Shopper activities. This feedback will help us to improve services in ways that will really make a difference to those who use them
- We will continue to involve patients, parents and service users in the development of services – for example, the ongoing involvement of parent groups in the development of Child and Adolescent Mental Health Services (CAMHS)

Priority Two

Keeping everyone safe in our care

Where we are now

Over the past year we have seen a reduction in the number of incidents of harm that have been reported in our services. However, we know that we can do even better.

Patient safety is an absolute priority for us and we remain committed to making services as safe as we can for those that use them. To this end, we will continue with the actions that we identified last year as well as moving forward with additional ones.

What we will do

- We will report numbers of patient harms (for example pressure ulcers and falls) both through incident reporting and through measurement using the NHS Safety Thermometer
- We will act upon concerns raised by our partners in the NHS to ensure patient safety is maintained and that any deficiencies in care are not repeated
- We will ensure that staff attend all mandatory and specific training so that they provide safe care



Priority Three

Supporting our staff to do their jobs well

Where we are now

Since the last Quality Account we have improved the ways in which we can help our staff to do their jobs well. This work will continue into the next year.

Without well supported staff we will not be able to provide the highest standards of care to which we aspire. As well reported in the press, Robert Francis QC has published his report into the Mid Staffordshire NHS Foundation Trust Public Inquiry⁽¹⁾ and the Government have given their formal response⁽²⁾. Both documents reflect the need to ensure that our staff are supported appropriately to do their jobs.



This includes providing guidance such as policies for them to follow and ensuring that staff have annual appraisals that identify their priorities for their own development as well as that of the service they work in and the Trust as a whole. Additionally, the need to embed the principles of Compassion in Practice⁽³⁾ (the Six C's) is seen as a way of enabling staff to carry out their roles by providing a framework. The Trust has developed an action plan to ensure we comply with the recommendations of the Francis Inquiry which is regularly reviewed by the Quality and Safety Committee. We have already achieved many of the actions and over the next year we will continue to work to embed the specific principles related to supporting our staff.

What we will do

- We will develop an overall strategy on Supporting Staff . This will help us to develop the potential of our staff so that they are supported and enabled to work differently in a way that makes them feel valued and gives them 'permission to act'
- We will increase the number of staff that receives an annual appraisal that is meaningful and supportive with clear developmental objectives to be delivered
- We will develop and implement the Trust Health and Wellbeing Strategy
- We will carry out regular staff surveys during the year to measure staff engagement and how involved staff feel. (see the Listening section of the Account for detail about staff engagement)
- We will provide support for managers to reduce sickness absence

(1) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry 2013, The Stationary Office.

(2) Department of Health (2013) Hard Truths, the Journey to Putting Patients first, DH, London

(3) Department of Health (2012) Compassion in Practice, Nursing Midwifery and Care Staff our vision and strategy

Priority Four

Working with partners to provide seamless care

This priority is vital to ensure a quality service is provided to patients. We know that during a period of ill health, a patient can come into contact with several different organisations (for example their General Practitioner (GP), the ambulance service, acute care, such as Accident and Emergency, community services and social care). It is very important that each of these services work together to make sure that when a patient moves between them that their care continues without any problems.

Where we are now

We have developed an Integrated Community Service (ICS) which provides an intensive health and social care package to patients to enable them to be discharged earlier from

What we will do

- We will work to ensure that the process of young people cared for by our services moving onto adult services is smooth and well managed.
- We will raise concerns about communication issues that may occur with our partners and work with them to ensure that problems do not arise again
- We will continue to work with parent and carer groups as we develop the Child and Adolescent Mental Health Services
- We will further develop the ICS including the maturity of partnering/relationship.
- ICS will be further enhanced to be in more areas across the county and to develop ways of preventing admissions as well as helping with earlier discharge.





Section Three

A Listening Organisation

Patient and Staff Engagement in 2013-14

What we have done over the last year

During the past year we were successful in recruiting a Patient Engagement and Experience Lead to take forward the work around ensuring that our services are really responsive to the needs of our patients and service users. This is not just a matter of gathering and acting on patient experience feedback but also making sure that the services we provide reflect the highest standards of care provision. It is only by listening to staff as well as patients that we will be able to ensure that this is the case.



Gathering Feedback

During the past year we have carried out numerous patient experience surveys across our services. These include some of our very specialist services such as the Admiral Nursing Service in Telford and Wrekin who support the carers of people with Dementia, to the surveys we ask patients to complete when they are discharged from one of our community hospitals.



Once the surveys are complete, our Quality team analyse the responses and produce a report for the clinical teams to consider, discuss and use to develop actions for improvement. The survey will be repeated to ensure that the changes made from the actions have improved the overall experience of the users of that service.

For example, Children's Community Nursing carries out an ongoing survey to measure parental satisfaction with the Constipation Service in Telford and Wrekin. Overall, the results of the survey identified high levels of satisfaction although GP awareness of the service and the flexibility and convenience of appointment times were highlighted as areas of parental concern. A drop-in session has been introduced as part of the clinic each week to give parents more flexibility over when their child is seen and an email sent out to all GP practices -together with the new locally developed Constipation Guideline – as a reminder to GPs that the service is available.

Surveys are not the only way we gather feedback from those that use our services. We respond to comments made on websites such as Patient Opinion and NHS Choices, some areas have comment cards that people can complete with feedback and our Patient Advice and Liaison Service (PALS) also receives feedback and comments from patients, service users and carers.

Some examples of learning/changes as a result of patient feedback

You said that there was a lack of physiotherapy support at Ludlow hospital for a patient that had suffered a stroke and that there was poor communication with their family

So we did the following:

- The Trust identified a gap in service and appointed a locum physiotherapist to cover the neurological patients
- Managers agreed to keep staff informed of any developments in future so that staff are aware and are able to advise patients appropriately
- The therapy team is to record and action any phone calls from patients and family in the Communication book
- The team to establish how patients wish to be contacted and a timeframe agreed, eg two-weekly intervals to prevent patients feeling that they had fallen off the radar
- CCG to review therapy services as part of their Commissioning intentions in the coming year
- Any changes to service delivery will be highlighted to the CCG in the first instance and on their agreement will be cascaded to the GPs

You said that it was a long time between the evening meal and the next time a hot drink was offered to patients in our Community Hospitals

So we did the following:

- The long gap between offering hot drinks to patients after tea and before bedtime within a Community hospital has now been narrowed and hot drinks are now offered around 8.30 pm and not 10 pm. Notices have been put up on wards of this change.

Some examples of patient feedback from questionnaires

Whitchurch Community Hospital is fantastic and a very valuable service to the community. (Minor Injuries Units patient satisfaction survey)

I was treated with respect from the nurses to the cleaners. Nothing was too much trouble for any one of them. Keep up the good work. (In patient satisfaction survey)

Not to say something about the high standard of catering and the cheery attitude of all the staff would be quite wrong. (In patient satisfaction survey)

The staff who came to see my daughter were very good. My daughter has special needs and gets very distressed. Having an appointment at home makes things so much better (Learning Disability experience survey)

We welcome any feedback from our service-users and we use various methods to capture patient feedback and concerns, for example through PALS, Patient Opinion, 'Have your Say' forms and various other questionnaires that we request our service users to complete about our services. This information is recorded and collated in an anonymised format and reported to the Trust's Quality and Safety Committee on a quarterly basis, to contribute to the governance arrangements, patient experience feedback systems and service design and development. The information collected from these various contacts give the Trust useful intelligence on areas and issues of concern and the management and learning from these help to show that the Trust is listening to their patients and making effective changes to improve quality in care.

I thought I received excellent treatment and all the staff were friendly and took time to talk to you.

Community Physiotherapy,
Patient Opinion



Complaints management

Of course we hope that nobody will want to complain about our services but we accept that there are times when we do not always get it right for everyone and therefore we take any complaints made about our services very seriously and work hard to ensure that not only are complaints responded to appropriately and issues addressed with complainants but also that if changes are needed then these are carried out.

You said (issue raised)

We did (action taken)

"If you want to see a particular dentist it is rarely that you can see the previous one or within a reasonable amount of time..."

The reply detailed the appointments offered and the care provided. The practice was in the process of recruiting an additional dentist which in turn will increase the availability of appointments.

"My mother was taken aback that the majority of nursing staff she spoke to had no knowledge of Macular Degeneration, but perhaps more important was the fact that staff on the wards were woefully ignorant about recognised good practice of working with visually impaired people, be it Macular Degeneration or any other sight loss impairment."

A senior nurse in the hospital was asked to concentrate on issues about how visually impaired patients are treated in order to raise awareness and education across staff in the management of patients with visual impairments.

Arrangements were also made with a local visual impairment group to undertake a walkabout at the hospital to provide a useful insight into the environment and how this can be improved to assist visually impaired people.

Visits from these groups and training for staff has now taken place in two community hospitals with plans for this to be extended into the remaining two.

You said (issue raised)

We did (action taken)

"My condition got progressively worse and my doctor referred me as an 'urgent' case. I spoke to the referral team on xxx who said I would be passed on as an urgent case to the department in Bridgnorth."

It was explained that the referrals had been triaged and were considered to be routine. At the time of the referrals the waiting time for routine physiotherapy was 10 weeks though it appeared that this information may not have been communicated to the patient – reassurance was given that Triage staff would be reminded of the need to inform patients of current waiting times.

"It is now over six months from the problem being initially reported to the surgery and at least 19 weeks since a possible cause was identified and still have yet to receive any appointment to allow for the diagnosis of the problem, let alone any treatment that may be required."

An apology was given for the delays that had occurred in the referral process due to capacity issues within the Referral Assessment Service (RAS) and a Consultant's member of staff being unclear about the need for a clinic letter to be produced. Reassurance was given that information had been provided by the RAS to GP practices for patients and the member of staff is now clear about the process of providing clinic letters.

Listening to our staff

We also listen carefully to what the staff that work in the organisation tell us. This year the Trust Board has worked hard to be more visible, examples of this are the bi monthly visits by Board members to services to meet not only staff but also patients, service users and carers when everyone is encouraged to have an open discussion about the services.

Additionally, the Executive Team holds its weekly meeting at different locations to meet staff members and patients. This enables staff members to not only get to know those at Board level but also to raise concerns and ask questions.

Every autumn the NHS carries out a national survey that all NHS staff are encouraged to complete. The latest staff survey was carried out in the autumn of 2013. The results of the survey showed that the same number of SCHAT staff (56%) responded as the previous year.

Survey Headlines

Of specific interest is the Staff Engagement Score which is considered to be a good representation of how a Trust is performing. The score is on a scale of 1 to 5, (5 being the best score). The 2013 score is a marked improvement on the 2012 score and is almost at the average for Community Trusts (3.69 compared to 3.71).



Following the Staff Survey, we will again have a Staff Survey Action group that will consider the results and in consultation with staff through focus groups put together an action plan to improve the areas where we have not done so well. This will build on the work already completed by the Action Group in previous years and will also link into the Listening in Action work that has already been described in the priorities section of this document.

If you would like to read our staff survey, it may be found at the following link:

http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2013_R1D_full.pdf



Section Four Quality at the Heart of the Organisation

Statement of Assurance from the Board

The Board are responsible for leading the quality agenda, setting the standard and promoting behaviours and cultures that support the delivery of high quality services.

The Board ensures that quality is at the heart of everything we do and our governance arrangements, information systems and sources, reports and regular visits to clinical and service areas help to assure us this is the case.

The Quality and Safety Committee have delegated Board responsibility for monitoring all quality issues against our strategic objectives and plans. The Quality and Safety Operational Group has the responsibility for day to day monitoring and management of quality indicators which encompass both quality metrics (such as the number of incidents reported) and performance metrics (for example the length of stay in community hospitals) to enable triangulation of information. Considered together these provide a rich picture of how well we are managing risk and quality issues. The Operational group has its own sub groups and together they provide the detail to the committee and thence to the Board.

Jan Ditheridge, Chief Executive
On behalf of the Board

Statutory Statements

This section of the Quality Account will show how we measure our day to day work in order to meet the requirements and standards set for us and how we evaluate that the care we provide is of the highest standard. We do this by measuring the care that we provide against national or agreed best practice standards in the form of clinical audit.

Much of the wording of the statements in this section of the Quality Account are mandated by the NHS (Quality Accounts) Regulations which are part of sections 8, 9(5) and 10(3) of the Health Act 2009.

During the year 1 April 2013 to 31 March 2014, the Trust provided and/or subcontracted 60 relevant health services across three divisions of Community Services, Community Hospitals and Outpatients and Children's and Family Services.

The Trust has reviewed all of the data available to it on the quality of care in 100% of these relevant health services.

The income generated by the NHS services reviewed between 1 April 2013 and 31 March 2014 represents 100% of the total income generated from the provision of relevant health services by the Trust during 2013-2014.

National Audit and National Confidential Enquiries

During 2013-2014 no national clinical audits and no national confidential enquiries covered relevant health services that Shropshire Community Health provides.

Research

The number of patients receiving relevant health services provided or sub-contracted by Shropshire Community Health NHS Trust in 2013-2014 that were recruited during this period to participate in research approved by a research ethics committee was 99. This was a research project is to develop a clinical tool suitable for evaluating quality and treatment progress in musculoskeletal services.

Commissioning for Quality and Innovations (CQUINS)

A proportion of the Trust's income from 1 April 2013 to 31 March 2014 was conditional on achieving quality improvement and innovation goals that had been agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services through the Commissioning for Quality and Innovation payment framework. The agreed goals related to:

- Implementing the Friends and Family Test across more of our services
- Completion of the NHS Safety Thermometer to demonstrate improvements in care.
- Care of people with dementia and support of their carers in Community Hospitals
- Assessment of people admitted to hospital for the risk of developing blood clots
- Medicines Management in Community Hospitals
- Reduction of Short Term sickness
- Organisational Culture—embedding the six 6's across the organisation
- Service User feedback from people with Learning Disability that access mainstream services.

Clinical Audit

The Trust continues to manage a diverse clinical programme across the Trust in 2013-2014. The programme has a mixture of differing priorities including national such as auditing our services against national guidance, contractual that support the activity required by our commissioners and services priorities that have been identified by clinicians. These may have come about as a result of an incident or patient feedback or to ensure that a service complies with a Trust policy or guideline.

Whilst the programme is put together at the beginning of each year it is added to throughout the year as priorities change and incidents occur.

The reports of 55 local clinical audits were reviewed by the Trust in 2013-2014. In light of these audits, we intend to take actions to improve the quality of healthcare. These are some examples of actions following audit:

Title of Audit	Key Findings	Actions
<p>Community Hospitals Medicines Management Audit. This audit looked completion of the medicines section of discharge letters, compliance with antibiotic prescribing and timeliness of discharge letters</p>	<p>In September 2013, the audit identified 63.0% compliance for the first indicator, 100% compliance with the second and 83% compliance with the third. The first and third element required actions to be taken to ensure that the required level of 90% was achieved.</p>	<p>Actions were identified to increase the compliance rate that included meeting with the GPs that support the hospitals to ensure that they were aware of these requirements and also an interim re-audit was carried out in November to monitor progress before the end of year audit that was carried out in February. The re-audit in February showed 100% compliance in all indicators which has increased the level of patient safety within the Trust. Actions have been identified to continue this high compliance.</p>
<p>School asthma audit in Shropshire County</p>	<p>Many positive changes in schools were identified since the last audit in 2006. However, a number of schools did not have access to emergency medication, inadequate record keeping was identified in some schools and not all schools had an emergency spacer.</p>	<p>The School Asthma Policy is to be amended to ensure that all children with an asthma health care plan have specific equipment to use in school. A reminder is to be put in the Local Authority (LA) school bulletin reiterating that all children with asthma must have an individual asthma care plan and that all medicine administration in school must be recorded. School nurses are to remind school staff of this and results of audit to be presented at LA safety workshops to reinforce best practice. All school nurses are to ensure that all the schools for which they are responsible have the equipment and that spares are available to schools.</p>

An audit of NICE guidance on constipation in children and young people: diagnosis and management of idiopathic childhood constipation in primary and secondary care (CG99)

Compliance with the majority of recommendations was high (over 90% except for one indicator), particularly in relation to clinical management and person-centred care indicators. Compliance in relation to the indicators in the physical examination section of the guidance and also to history-taking was less than satisfactory.

Clinical records must reflect growth and development adequately and all aspects of the child's history must be fully recorded. Training for Community Children's Nurses on neurological assessment is to be provided. A screen to enable physical examination to take place is to be purchased in order to maintain privacy.

Patient experience survey in the Specialist Continence Service

100% compliance was achieved against the standard on treating patients with dignity and respect and on hand washing/gel usage by the Continence Team and 95% against the standard requiring communication and information to be clear and easy to follow. Overall patients appear to be satisfied with the service and have given their views when asked on potential improvements. This is generally around the administrative processes for appointments. Also the room in Bridgnorth used by community nurses for storage was identified as being untidy.

A more responsive, efficient administration booking service is to be introduced; the Continence Team is to work with the Administration Lead to put measures in place to bring this about. Community Nurses are to be encouraged to store their equipment more efficiently in the room in Bridgnorth.

Our Commitment to Data Quality

We operate several different administrative systems to manage our work across services. The requirement to ensure high standards of data quality are taken seriously and a lot of work has taken place over the last year to improve our data systems.

Shropshire Community Health NHS Trust submitted records during 2013-2014 to the **Secondary Uses Service** for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

- **100% for admitted care**
- **99.9% for outpatient care**
- **99.5% for accident and emergency care**

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

- **99.9% for admitted care**
- **99.9% for outpatient care**
- **99.1% for accident and emergency care**

Shropshire Community Health NHS Trust was not subject to the Payment by Results clinical coding audit during 2013-2014 by the Audit Commission.

Shropshire Community Health NHS Trust recognises the importance of reliable information as a fundamental requirement for the speedy and effective treatment of patients. Data quality is crucial and the availability of complete, accurate and timely data is important in supporting patient care, clinical governance and management and service agreements for healthcare planning and accountability.

We will be taking the following actions to improve data quality:

- Use of technology
- Staff training
- Better access to mobile devices
- Electronic solution to data capture



Information Governance

The Trust's score for 2013-2014 for Information Quality and Records Management assessed using the Information Governance Toolkit was 66% meaning that the Trust has achieved Level two or above on all requirements. This is an improvement from the previous year when the Trust did not achieve this level on all requirements.

Prescribed information—mandatory reporting requirements

Prescribed Information	Apr 13— Sep 13	Oct 13— Mar 14
The data made available to the Trust by the Health and Social Care Information Centre (HSCIC) with regard to the number and where available rate of patient safety incidents reported within the trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death	888 incidents (44.75 per 1000 bed days). 1.6% resulted in severe harm (13) or death (1)	Not yet available

The Trust considers that this data is as described for the following reasons:

- This data is collated onto the Trust Risk Management system prior to submission

The Trust intends to take the following actions to improve this and so the quality of its services by:

- Continuing to ensure that incidents are validated and submitted correctly.

Prescribed Information	Q3 2013-14	Q4 2013-4
The data made available to the Trust by the HSCIC with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period	95%	96.37%

The Trust considers that this data is as described for the following reasons:

- This data is collected and validated prior to submission.

The Trust intends to take the following actions to improve this and so the quality of its services by:

- Continuing to monitor this indicator on a monthly basis to ensure compliance remains

Incident Reporting

Incident Reporting

We continue to monitor any incidents reported on our electronic incident reporting system very closely. Not only does this enable the Trust to identify trends but it also allows us to ensure that investigations into serious incidents are carried out and actions taken to ensure that learning takes place and most importantly is embedded in practice to ensure that the causes of incidents, once identified are addressed and not permitted to recur. Investigation reports for serious incidents are reviewed by our commissioners.

Safety Alerts

Safety Alerts

In addition to incident reporting Datix enables the Trust to monitor and distribute National Safety Alerts which are managed appropriately by the Risk Manager. Any actions that we take on alerts are monitored in the same way as serious incidents. Between 1 April 2013 and 31 March 2014 a total of 180 safety alerts have been received by the Trust, all of which have either been actioned or are in progress and if the latter, are still within the timescale set.

NHS Safety Thermometer

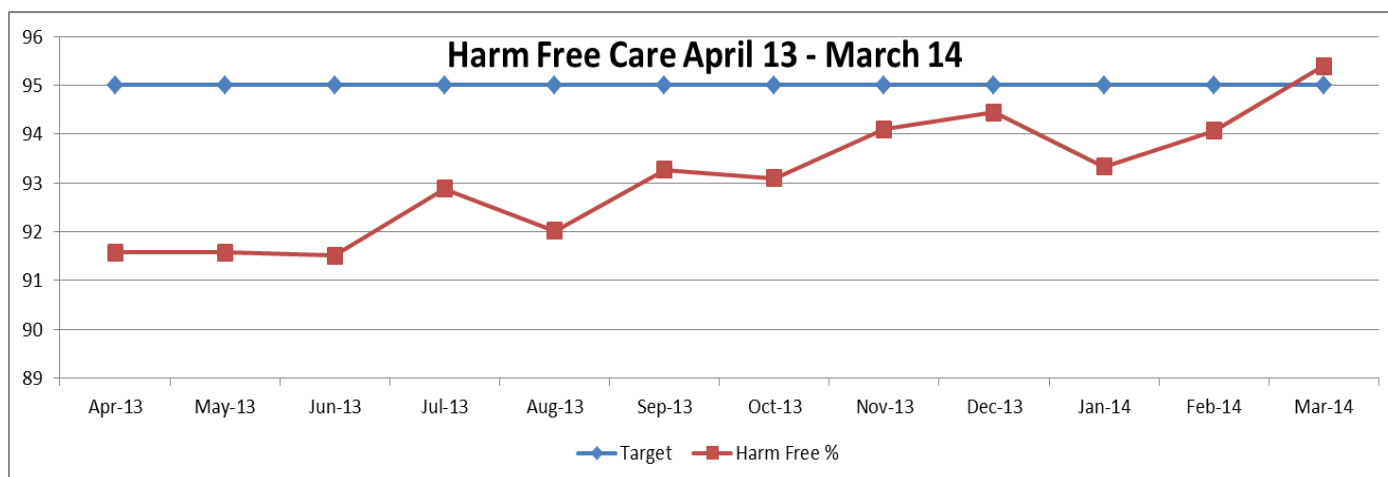
NHS Safety Thermometer

The Trust has contributed to the national data collection via the NHS Safety Thermometer throughout the last year. The Safety Thermometer is a point prevalence tool which allows nursing teams to measure specific harms and the proportion of their patients that are free from all of these harms on one specific day each month.

The NHS Safety Thermometer acts as a temperature check and can be used in conjunction with other indicators such as incident reporting, staffing levels and patient feedback to indicate where a problem may occur in a clinical area. The NHS Safety Thermometer is a national tool – on the set day each month more than 198,000 patients are included in the national data collection to which our data contributes to give a snapshot of care in the country on that day.

NHS Safety Thermometer

The national target for the Safety Thermometer is that it demonstrates that more than 95% of patients are free from harm on the data collection day. During 2013-2014 the percentage of patients within the Trust (in Community Hospitals, being cared for by Community Teams and those being seen by our nursing team in HMP Stoke Heath) that were free from any of the four harms increased as shown in the chart below. We will continue to work hard to make sure all our patients are kept free from harm in our care.



Registration with the Care Quality Commission (CQC)

We are required to register with the CQC and its current registration status is “Registered without restrictions”.

The CQC has not taken any enforcement action against the Trust during 2013-2014.

The Trust is not subject to periodic reviews by the CQC. The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

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

The Trust received a routine unannounced visit from the CQC on 13 January 2014 to the Minor Injuries Unit at the Oswestry Health Centre. The inspection report shows that the Trust was compliant with the standards that the CQC checked on the day. These were:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Staffing



The inspection report is available on the CQC website and included positive comments from patients the inspector spoke to on the day as well as positive comments from the inspector about the services we provide. He did make some recommendations in relation to the building which are being taken forward by the Trust. However, the overall findings of the report were very good.

Patient Led Assessments of the Care Environment (PLACE)

In 2013, the first PLACE inspections were carried out in the Trust's four Community Hospitals. The PLACE report was published nationally via the Health and Social Care Information Centre (HSCIC) on 18 September 2013.

The chart below shows the scores published on the HSCIC's website for the four Community Hospitals. They demonstrate the Trust is higher than the national average across all four domains of the assessment. The Trust had already put an action plan into place to address issues raised as a result of the assessments and this has been completed. The inspections will be repeated in 2014.

	Cleanliness	Food and Hydration	Privacy, Dignity and wellbeing	Condition, appearance and maintenance
Trust Overall	98.24%	92.61%	91.69%	92.31%
<i>National Average</i>	<i>95.74%</i>	<i>88.75%</i>	<i>88.87%</i>	<i>84.98%</i>
Bishops Castle Hospital	100%	94.28%	94.74%	94.74%
Bridgnorth Hospital	99.15%	91.33%	94.62%	96.31%
Ludlow Hospital	96.24%	92.84%	89.85%	89.13%
Whitchurch Hospital	99.14%	92.48%	90.20%	91.94%

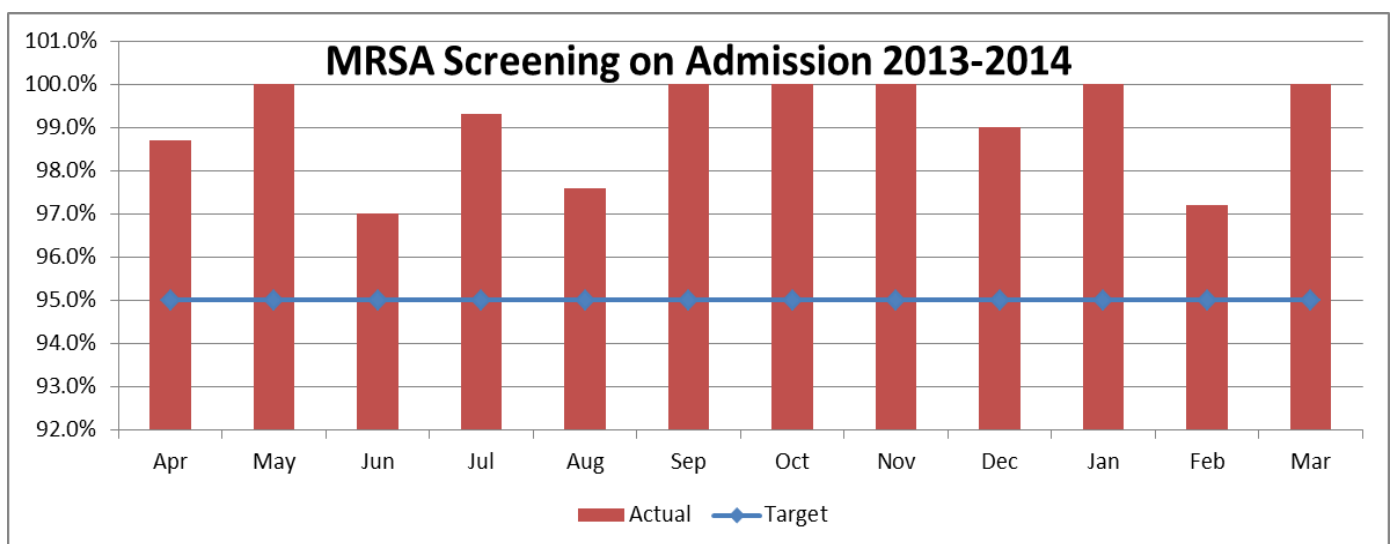
Trust PLACE Inspection Results 2013 (source: HSCIC)



Infection Prevention and Control

Our Infection Prevention and Control Team work across the Trust to ensure that our patients stay free from infection whilst in our care. We are contracted by our commissioners to comply with national and local targets related to Infection Prevention and Control measures. These relate to:

- During 2013-2014 the Trust recorded no cases of Methicillin Resistant Staphylococcus Aureus (MRSA) within the Community Hospitals
- We recorded two cases of Clostridium Difficile (C Diff) against an annual target of no more than four.
- In order to make sure that MRSA is not brought into our hospitals, all patients being admitted or transferred are screened. The national target for compliance is at least 95% of patients are screened each month. The chart below shows that the Trust has exceeded this requirement during the last year.



Looking Back at the 2012-13 Priorities

In this section of the Quality Account we look back at the Priorities we set ourselves last year. There were five priorities in all that were identified:

Priority one	Implement the Trust Quality Strategy
Priority two	Improve Communication every step of the way
Priority three	Keep everyone safe in our care and be transparent and accountable at all times
Priority four	Support Staff
Priority five	Greater involvement of service users in the development of CAMHS

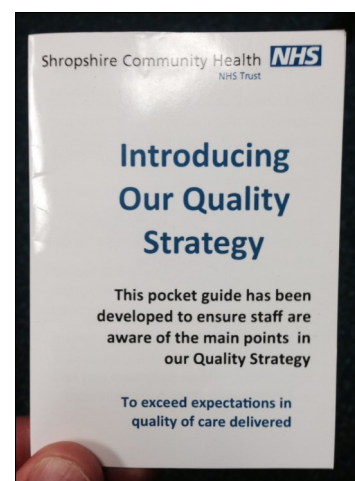
Priority One Implementation of the Trust Quality Strategy

In 2012, the Trust developed a five year Quality Strategy. The purpose of the Strategy is to provide the basis for all staff in the Trust to focus our combined efforts on what is required to address current and future challenges whilst striving to provide the highest standards of Quality. The Strategy consists of an overarching strategic document with several appendices to support its implementation.

What we said we would do

We will ensure that all staff are aware of the strategy and their important role in ensuring its implementation and success.

Pocket sized handouts were produced for all staff signposting them to the main document on the Staff Zone of the Trust website. The Lead Nurse for Quality and other members of the Quality Team attend Corporate Induction sessions to raise awareness of the Strategy and its importance in our day to day work to provide high quality care to new members of staff coming into the Trust.



We will ensure that the specific objectives that reflect all three domains of quality within the Quality Strategy are embedded within the three Divisional Business plans each year for the five years of the Quality Strategy.

The objectives within the Quality Strategy have been part of the Divisional Business plans in 2013-2014 and will be again going forward into 2014-2015. The objectives of the strategy help the Divisional staff to concentrate on quality outcomes when planning the way they deliver services.

We will appoint a Patient Engagement and Experience Lead on a short term basis to concentrate on the work of implementing the Patient Experience Strategy and to ensure its delivery.

We are delighted to have appointed a Patient Engagement and Experience Lead in September 2013 who has already carried out an enormous amount of work to ensure that patients, their families and carers are really involved in the work of the Trust. This, we believe, is crucial to ensure that we provide the services that people really want in the way that is most effective for them. The post holder will continue to build up valuable relationships with all our partners in care including patients, service users and their families over the coming year.

We will ensure that the existing action plan for the implementation of the Patient Experience Framework is delivered.

The Patient Engagement and Experience Lead is working hard to ensure that the action plan to implement the Patient Experience Framework (an appendix of the Quality Strategy) is complete but much of it has been addressed including the setting up of our Patient and Carers Panel.

We will ensure that when negotiating the annual Commissioning for Quality and Innovation (CQUIN) scheme with the commissioners, that the scheme reflects the Quality Strategy and the needs of the people that use each of the clinical divisions.

The CQUIN Scheme for 2013-2014 reflects the importance of ensuring that we listen to patients and service users which is a vital part of the Strategy. For example, one part of the CQUIN in 2013-2014 was about implementing the “Friends and Family Test” – a national initiative to find out what patients think of our services by asking the question “Would you recommend this service to your friends and family should they require it”. The Trust is keen to make sure that we ask as many people as possible so that we can make a real difference to services based on what they say.

Finally, many things have happened since the Strategy was first published in 2012. To ensure that it reflects the current position of the NHS it was updated in 2013 to include reports such as the Francis Report which has had such an enormous impact on the way that care is delivered. We will continue to review and update the Strategy and its appendices over the five years it covers to ensure that it is fit for purpose and truly reflects the quality agenda of the Trust.

Priority Two

Improve Communication every step of the way

We know that we care for increasing numbers of people with complex health needs of all ages in the community setting. These people – adults, children and young people alike – may come into contact with several different health and social care teams who provide different aspects of care and support provision and getting communication right in these sometimes complex circumstances is vital.

What we said we would do

We will improve the experience of patients being transferred home from a Community Hospital by ensuring that they know who they need to contact if they are worried and have the information they need. This will be in the form of written information which we will endeavour to ensure is in the patient's first language.

We ensure that all patients are given written information that they can refer to once they have left hospital. We carry out a survey of patients when they have gone home and over 86% of them told us that staff did tell them who to contact if they were worried once they had left hospital. However, many of them also said that as their own GP cared for them in the Community Hospital then they knew already who they needed to contact. This is an improvement from the response to the same question in 2012-2013 (78%).

We aimed to carry out a pilot of telephoning patients within 48 hours of discharge to ensure that all is well and to address any issues which they may have. If it proves successful this will be rolled out across all Community Hospitals.

We carried out a small pilot study of telephoning patients once they had gone home to make sure that they were alright and to answer any queries they had. The results of the pilot showed that although the patients liked to be contacted there was no real benefit or change to their on-going care. With value for money in mind the cost of this service outweighs its overall effectiveness. The money could be better spent on care elsewhere.



We aimed to discharge patients from Community Hospitals by 11am where at all possible.

We have not always been successful in this aim for various reasons although where we can we do discharge people home before 11am. However, this may not always be the best thing for patients if their family or carers are not able to be there when they get home.

We aimed to continue the close collaborative arrangement we have with the Acute Trust and social care and other community organisations, to ensure that the transfer of patients to our care is carried out in an appropriate and timely way and not when it is not in the best interests of the patient.

We have worked with the acute trust to ensure that patients are not transferred at inappropriate times of day unless there is a specific urgent need for this to happen. We collaborate closely with the trust to make sure that people come to us during the working day and only when their condition is such that transfer is safe and not when it is not in their best interests.

We said that we will continue to provide training and advice to care agencies and other partners in specific issues such as pressure ulcer prevention to ensure that there is consistency in the way that we care for patients.

Our Tissue Viability team continue to support other care providers with education specifically in relation to the prevention of pressure ulcers. This is also backed up by our Community Nursing teams who care for patients with domiciliary care agencies and in Care Homes.

We said that we will continue and extend our real time feedback patient surveys to find out what patients think about the transfer of their care and will act on the suggestions that they make where we can.

We encourage patients to feedback to us via PALS and electronic means such as Patient Opinion about the transfer of care they have experienced. This is still disappointingly low but with the appointment of the Patient Experience and Engagement Lead we hope that we will be able to improve on this.

We will monitor contacts through our PALS and complaints teams to ensure that any problems are identified and acted upon. Reducing complaints linked to communication by 50%.

As already covered in this document we continue to monitor complaints and PALS contacts closely to identify any trends in services or topics of complaints. During the previous year, 2012-2013, 35 (46%) out of the 76 complaints received related to communication issues and this year this has increased to 43 (55.8%) out of 77 complaints received. This has been highlighted in quarterly reports to the Trust's Quality and Safety Committee where consideration is being given to appropriate staff training to improve staff communication skills and in turn patient experience.

Services for children and young people who move on to adult services will ensure that appropriate referral and transitional processes are in place and are monitored for effectiveness.

This work will continue forward into 2014-2015 as part of our CQUIN work. No complaints were received during 2013-2014 relating to transition of care of young people to adult services.

Priority Three

Keeping everyone safe in our care and be transparent and accountable at all times

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

What we said we would do

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

Over the past year the percentage of patients considered to be free from harm (as defined by the absence of pressure ulcers, catheter associated urinary tract infections, falls or venous thromboembolism) has risen across the Trust and we are delighted that in March 2014 the Trust achieved the 95% national target for that month. As previously shown earlier in this document, over the last two years we have seen a steady improvement in our results which is an indicator of how much hard work goes into ensuring our patients are free from harm but of course we aspire to none of our patients suffering harm whilst in our care.



We will continue to monitor and investigate serious incidents when they occur and most importantly act on those findings to ensure that as much as possible is done to prevent a similar incident occurring.

The chart below shows that with the exception of falls resulting in serious harm we have seen an improvement in the number of serious incidents being reported.

Incident	2013– 2014 Reported	2012-2013 Reported	Improvement
Pressure Ulcers Grade 3	36	50	Yes
Pressure Ulcers Grade 4	5	11	Yes
Falls with serious harm	2	2	No
Other serious incidents	7	8	Yes
Pressure Ulcers Grade 2	165	251	Yes

In addition, we have also seen an improvement in the number of grade two pressure ulcers reported in the year—these are not reported as serious incidents but all are investigated and where appropriate action plans are put into place to prevent recurrence.

We will continue to report, through our governance processes all such incidents to the Trust Board who provide robust challenge to the Director of Nursing and Quality to ensure that appropriate actions have been put into place.

We have achieved improvements both in the number of pressure ulcers reported and those that have been considered avoidable. We will continue to strive towards zero avoidable pressure ulcers during 2014-2015 by ensuring that all the good practice that has been adopted continues and also that any new practice or processes are used.

Across the four Community Hospitals we have reported three serious incident pressure ulcers in the year and one was found to be avoidable.

An example of what we have done during 2013-2014 is the challenge process that has been put into place specifically related to the investigations that take place following the development of a pressure ulcer.

All aspects of an investigation are reviewed by a panel chaired by the Deputy Director of Nursing and Quality and the team leader of the nursing team that were caring for the patient is invited to attend to present the investigation to the panel and other team leaders. This process has been found to be immensely helpful by the nursing teams as not only are the issues identified discussed and actions agreed but also good practice is shared.



Unfortunately, during the year two patients have fallen whilst in our care and suffered a fracture as a result. This is disappointing as the Falls Prevention team and the physiotherapy and the nursing teams put in to place interventions to try and stop this happening. We will continue to aim to no patients suffering harm from a fall in our community hospitals.

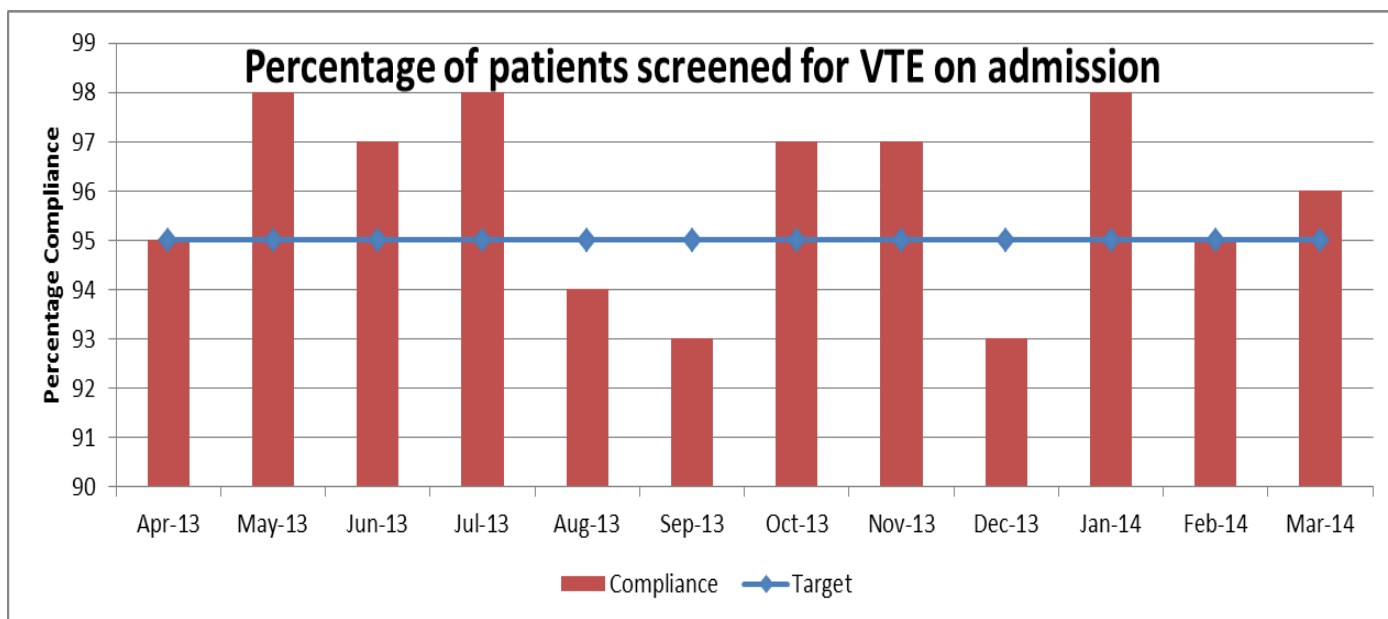
We have continued to fulfil our contractual obligations in relation to our dashboard during the year. We have continued to develop the dashboard over the year and will continue to do so going forward.

We will continue to carry out activities such as the Safer Surgery Checklist in appropriate areas to ensure that all processes are carried out safely.

All appropriate teams have used the Safer Surgery Checklist and the Trust has recorded no Never Events relating to surgery such as wrong site.

One of the national requirements that the Trust has to comply with is the assessment of risk of patients being admitted or transferred to Community Hospitals for the risk of developing a blood clot (known as venous thromboembolism).

During the year, we have submitted our compliance figures to the national data collection centre (the Health and Social Care Information Centre) and also to our commissioners. The chart below shows how, over the year, we have improved on the number of patients screened.



The Government expects the NHS to admit to patient safety incidents, apologise to those affected, and ensure that lessons are learned to prevent them from being repeated. This is referred to as the Duty of Candour. We will follow the requirements of the Duty of Candour at all times to ensure complete transparency and accountability when incidents occur.

We are a learning Trust. Any lessons are shared across the organisation to reduce the mistake or omission being repeated. We use the 'Closing the Loop' process to ensure that individuals learn and change practice and the Service as a whole learns in a positive way. We encourage openness and humility, our patients matter to us.



Priority Four

Supporting Staff

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

What we said we would do

Using the implementation plans developed by NHS England, we will develop and embed across all staff groups the principles of Compassion in Practice, the three year vision and strategy for nursing, midwifery and care staff which will help them provide care that reflects the “six C’s” - Care, Compassion, Competence, Communication, Courage and Commitment in all that they do.



The 6Cs continue to be embedded within the Trust not only with the clinical staff but also with the supporting services. The Trust ethos of WE CARE fits seamlessly into the 6Cs Action Plan. The plan is monitored by the executive nurses for the Trust to ensure it becomes normal behaviour for all.

Ensure that 100% of staff in work receive annual appraisals and agree their own personal development plans.

In the 2013 Staff Survey, 81% of respondents reported having an appraisal in the previous 12 months. The equivalent figure for appraisals recorded on the Trust system at the close of 2013/14 was 64%:. Trust policy states that all staff must receive an annual appraisal and a programme of management training was completed in Q4 2013/14.

Give staff the opportunity to access appropriate training for their roles.

The addition of a Clinical Educator into the OD team this year, working alongside Clinical Leads, has provided opportunities for better engagement and support of our clinical nursing workforce through CPD activities, learning interventions and supervision.

Local, competency based training and education has been arranged to fill identified gaps in knowledge, eg Level 7 Heart Failure Module and Respiratory workshops. The Clinical Educator has also created an education programme for HCAs and is exploring the feasibility of delivering Clinical Supervisor / Supervisee training to clinical teams.

Learning Beyond Registration (LBR) funding also provides opportunities for staff to access training appropriate to their roles and this is allocated in relation to the annual Training Needs Analysis (TNA) completed by Clinical Leads.

Ensure all staff complete mandatory training as required.

Figures compiled to date show that we are on track to achieve 98%+ training completion against target. This is an improvement on last year's 92% and indeed the previous year's 59%.

Mandatory Training figures (overall) to date, 2013-14

2013-14	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	YTD
Target	500	500	600	800	650	940	780	570	500	700	600	7140
Actual	392	472	597	806	650	923	758	709	352	871	466	6996
% Compliance	78%	94%	100%	101%	100%	98%	97%	124%	70%	124%	78%	98%

Plans for 2014-15 are to deliver a set of **core** mandatory training subjects for all staff, via face-to-face annual update days, from 1 April 2014. The reduced core Mandatory Training model should enable staff and their managers to identify and agree the additional **role specific essential training** they would need to undertake in order to keep them, the organisation and our patients safe.

Develop actions following the last NHS Staff Survey to address areas where staff have identified lower satisfaction.

A group of staff, made up from a range of disciplines formulated an action plan under four themes to improve staff satisfaction. The themes were : Understanding the organisation, Staff feeling valued and engaged, Working to your potential and Effective and visible Trust leadership. We have detailed the success of this process earlier in this report along with future actions to continue this work.

Develop and implement actions from the Francis Inquiry to ensure that staffing levels in all areas are appropriate and enable high quality care to be provided.

The Francis Action Plan is a positive pathway for all staff within the Trust. We constantly and consistently monitor our staffing levels using a nationally recognised measuring tool across the organisation. We monitor and react appropriately to vacancies, sickness, agency use and capacity issues as they arise or predicted. In many areas of the Trust staff numbers have increased to ensure an appropriate number of Registered and non-Registered staff are on duty to deliver high quality care at all times.

Ensure that when services may be subject to change that a full Quality Impact Assessment is carried out to ensure that staff will be able to continue to provide high quality care should changes need to be carried out.

Any change within the organisation that may impact on the quality of the service we deliver must undergo a Quality Impact Assessment (QIA). This ensures that all aspects of the proposed change are thought through by a systematic and logical process. This assessment is then discussed at many clinical and operational groups, eventually escalating to Board level if required.

Priority Five

Greater involvement of service users in development of CAMHS

We know that many of the patients/service users we care for are the experts in their conditions as are their families. This is particularly true of our Child and Adolescent Mental Health Service (CAMHS) who care for many children and young people with Autistic Spectrum Disorders (ASD) often for their entire childhood and adolescence. This service is a good example of one that could be contributed to by parents and carers to ensure that the care provision is what is needed not only for the child or young person but for the family as a whole, especially where there are siblings.

What we said we would do

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

Senior managers in the CAMHS team have made contact with parent and carers forum and have regular dates now in diary to meet and involve in future service development. Additionally the Deputy Director of Nursing and Quality has met with representatives of parent and carer forums and as stated above this important work will continue through into 2014-2015.

A parent of a child who is cared for by the CAMHS service represents the service users at the Patient and Carers Panel and will be involved in ongoing discussions about CAMHS service provision.

In Shropshire the Single Point of Access (Compass) parents are being consulted on the communication strategy.

Statement of Directors' Responsibilities in Respect of the Quality Account

Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirement in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011)).


In preparing the Quality Account directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal control over the collection and reporting of the measures of performance included in the Quality Account and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with Department of Health guidance

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

 Date 26/6/14 Chair

 Date 26-06-14 Chief Executive

Statement from Shropshire Council's Health and Adult Social Care Scrutiny Committee Representatives

The representatives from Shropshire Council's Health and Adult Social Care Scrutiny Committee welcomed the Trust's work on patient engagement and noted this as a key improvement from last year. They were pleased to see that the work on pressure ulcers had improved dramatically and gave praise to the essential work of the Tissue Viability Team.

They were happy to see that there was an emphasis on supporting and listening to staff and that there was a structured training program. They raised the specific point of cross boundary working and hoped that current efforts to engage in this area could be built on moving forward into the future. Praise was given to the reduction in complaints and the efficient manner in how they were dealt with. They hoped to see a continuation of the good work in the management of complaints moving forward into the future. It was noted that the Trust had achieved its goals relating to Commissioning for Quality and Innovations (CQUINS).

Praise was given to the work which had taken place in Shropshire Schools and congratulations were extended to the Trust receiving a National Award for the work they had completed on the School Asthma Audit. They were hopeful that further communication improvements would take place between GPs, Schools and the Trust. It was noted that a good conscious effort had been made by the Trust on their commitment to data quality and of its importance for speedy and effective treatment of patients.

Finally the representatives from Shropshire Council's Health and Adult Social Care Scrutiny Committee look forward to the increased importance of Community Hospitals in service delivery and a general up skilling of staff. An increase in accessibility to Community Hospitals would help keep patients out of acute centres.

Stakeholder Statements

Comments from Telford and Wrekin Health and Adult Care Scrutiny Committee For Inclusion in Shropshire Community Health Trust 2013/14 Quality Account

The Telford and Wrekin membership of the Joint Health Overview and Scrutiny is a sub-committee of the Health and Adult Care Scrutiny Committee. The main focus of the work of the Joint Health Overview and Scrutiny Committee during 2013/14 has been the need to reconfigure health services to reduce the demand on the acute hospital. The Committee has welcomed the approach of the local health economy which has resulted in the Future Fit Programme. The Community Trust has been a key partner in the process.

The Members are aware that there has been significant change in the senior management team at the Community Health Trust. It has taken some time to arrange a meeting with the new Chief Executive and following this discussion the chairmen and the Committee will determine the focus of any future work regarding the Community Trust.

Stakeholder Statements

Healthwatch Shropshire comment on SHT draft Quality Account 2013-14

Healthwatch Shropshire is pleased to be invited to consider and comment on the Trust's Quality Account 2013-14.

It is encouraging that the Trust has set up the Patient and Carer Panel and appointed a Patient Engagement and Experience Lead to increase the amount of engagement and feedback with patients, service users and carers. We note that the Patient Engagement and Experience Lead post has been appointed. We hope that the appointment is permanent (the recommendation in the previous quality accounts was for a short term post).

To ensure that staff training needs are identified and addressed we recognise that annual appraisals are a crucial part of this process. So it is disappointing to note that staff annual appraisal rates are still low at 64%, having only improved by 2% since last year. This falls a long way short of the Trust's intention to ensure 100% (as stated in priority four in last year's Quality Account Priorities for 2013-14). However, it is positive that mandatory training rates are high and have improved significantly on previous years' rates.

It is disappointing that the Trust only scored 66% in the Information Governance Toolkit for 2013-14. Whilst it is recognised that the Trust was graded as satisfactory, which is an improvement on last year, the overall score of 66% is notably lower than other local NHS Trusts.

It is encouraging that the Trust has recruited more patients to participate in research than last year and we hope that the number of patients involved and the number of studies can be increased in 2014-15.

We look forward to continuing to develop the working relationship with the Trust and using our patient experience data to contribute to the ongoing improvement in patient care.

Stakeholder Statements

Response from Healthwatch Telford and Wrekin

Introduction

Healthwatch Telford and Wrekin was established to replace LINK in 2013 with a new board and staff team, working closely with Telford Council, Healthwatch England, Healthwatch Shropshire and others. Roles include: information and advice, signposting, patient and community engagement, enter and view, intelligence, trends and evidence, representation and influencing. Healthwatch exercise certain statutory powers.

Other providers presented draft Quality Accounts to the Healthwatch Telford and Wrekin Board on the 28 April 2014 and we were sorry that the Community Health Trust could not be present. We look forward to an early opportunity for our Board to meet Community Health Trust representatives. HWT&W is developing its knowledge of services, and seeking the views and concerns of service users on health and social care. HWT&W is an independent body and voice but is seeking to work constructively with providers and will seek a regular dialogue and effective communication with the Shropshire Community Health Trust.

We note that the Community Health Trust works closely with the Shropshire and Telford CCGs, and with acute providers at the Shrewsbury & Telford Hospitals Trust and the Robert Jones and Agnes Hunt Orthopaedic Hospital Trust, and provides a range of community health services for babies and children, teenagers and young adults, adult services and for older people and the community hospitals in Whitchurch, Bridgnorth, Ludlow and Bishops Castle together with minor injury units, community nursing in people's homes or residential homes. We welcome the Community Trust's efforts "to hear the patient voice at all times" and to engage and involve local people and the launch of the *Patient and Carer Panel*.

Response to Quality Account Priorities 2012/14

Implementation of the Trust Quality Strategy - We note your actions to make staff aware and reflected the Strategy in divisional business plans, the work of your Patient Engagement & Experience lead, and embedding priorities in the action plans and in commissioning.

Improve communication every step of the way - We are very interested in the plans for support for patients discharged to home and for telephone contact, and plans for early 11am discharge and better links with acute services around discharge. Also, the consistent work to reduce pressure ulcers and to undertake patient surveys and plans with PALS to halve complaints, and on the key issue of transition from children to adult services.

Stakeholder Statements

Keeping everyone safe in our care and being transparent and accountable - We welcome attention to four identified harms (ulcers, falls, VTE and catheter infections). We note plans to report actions on harms to the Trust Board - together with safer surgery checklists and implementing the Duty of Candour.

Supporting Staff - We welcome progress on compassion in practice, annual appraisals, appropriate training, and the Francis Action Plan.

Greater involvement of service users in development of CAMHS - We welcome plans to involve carers and patients in discussion about the re-design of services and involvement of Patient & Carer panels.

Response to Quality Account Priorities 2014/15

Involvement of the Patient and Carer Panel in the Work of the Trust - We welcome the roles given to the Patient & Carer panel and look forward to HWT&W having a close relationship with the Trust and its panel.

Keeping everyone safe in our care - We welcome ongoing attention to incidents of harm and plans for improved staff training.

Supporting our staff to do their job well - We welcome action on appraisals, to reduce sickness, and to introduce Listening in Action.

Working partners to provide seamless care - We recognise the importance of supporting young people with transitioning from child services into adult services, and further developing the CAMHS service.

Issues from HWT&W Data and Engagement

Service user comments regarding the Shropshire Community Health NHS Trust have been few - we have received only three that specifically refer to it, in fact.

One complained that it took an inordinate amount of time to arrange a visit with a health visitor, and when they were able to see one the service user felt that they were “fobbed off” and the visitor “couldn’t be bothered”.

The other two were related to the levels of community nursing available, with both suggesting that there was an insufficient level of nursing and that this posed a risk to patients.

Shropshire CCG is pleased to have the opportunity to comment on this Quality Account. As the local lead commissioning organisation and in partnership with TWCCG and other partner organisations, we continually monitor the quality of the services delivered by the Trust. This is undertaken by utilising a range of methods, including announced and unannounced quality and safety visits and the review and triangulation of data from a number of sources.

We believe that the Quality Account is an accurate reflection of the organisations performance against its five key priorities for 2013/14. The Trust has continued to improve the percentage of patients considered 'Free from Harm' whilst receiving care. The CCG acknowledges the Trust achievement of attainment of the 95% Target in March 2014.

Priorities for 2014/15

The CCG is pleased to support the Trusts four key priorities and look forward to receiving progress reports during the coming year.

The CCG looks forward to continued partnership working with the Trust over the coming year.

Accuracy of Information contained with the Quality Account 2013/14

The CCG has taken the opportunity to check the accuracy of relevant data presented in the draft version of the document in relation to locally commissioned services. The CCG believes it to be a factual account.



Linda Izquierdo
Director of Nursing, Quality and Patient Safety & Experience



Caron Morton MBChB MRCGP
Accountable Officer

Acknowledgements

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

Glossary of Terms

Care Quality Commission (CQC)	The CQC is the independent regulator of health and social care in England. It regulates health and adult social care provided by the NHS, local authorities private companies and voluntary organisations.
Commissioners	Commissioners are responsible for ensuring that the correct services for the local population are in place by assessing need and purchasing services from provider organisations such as Shropshire Community Health NHS Trust. The two commissioning organisations in Shropshire and Telford & Wrekin are Shropshire County Clinical Commissioning Group and Telford and Wrekin Clinical Commissioning Group.
Commissioning for Quality and Innovation (CQUIN)	The CQUIN scheme means that a proportion of the income of providers of NHS services is conditional on meeting agreed targets for improving quality and innovation.
HealthWatch	Healthwatch England is the national consumer champion in health and care. They have statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.
Information Governance Toolkit	The Information Governance Toolkit is a tool to support NHS organisations to assess and improve the way they manage information.
National Confidential Enquiries	National Confidential Enquiries collect evidence on aspects of care, identify any shortfalls and make recommendations based on their findings.
Patient Advice and Liaison Service (PALS)	The Trust PALS offers a patient-friendly, easy to access, confidential service designed to provide a personal contact to assist patients, relatives and carers.
Patient Opinion	Patient Opinion is an independent feedback website enabling patients to share their experiences of healthcare services. As a not-for-profit social enterprise, they exist to help facilitate dialogue between patient and health service providers and to improve services and staff morale.

Real Time Feedback	Real time feedback is a way of collecting patient and service user feedback at the point of time that they access our services.
Sit and See	Sit and See is a simple observation tool that captures and records the smallest things that make the biggest difference to patient care. After just 2.5 hours training, an observer will see tiny examples of care or compassion and using a simple recording system can identify positive, passive or poor care. For staff who use the tool, they see care through the patient's eyes which gives them an understanding of the difference their interactions can really make to patient dignity, care and compassion.
Trust Development Authority	The role of the NHS Trust Development Authority (TDA) is to provide governance and accountability for NHS trusts in England and delivery of the process by which Trusts achieve Foundation Trust status.

Alternative Formats

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