

Annual Review 2013/14



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Foreword: a year of change and challenge - preparing for the future

2013/14 was a year of significant change and challenge for the NHS – ensuring consistently high quality care in the light of the Francis report into events at Mid Staffordshire and the Keogh review; embedding new ways of commissioning health services; and a testing financial environment as we strive to deliver more and better care for less.

Locally, alongside these challenges, Shropshire Community Health NHS Trust has seen major changes in its senior leadership positions at Board level, including a new Executive Team in the second half of the year.

We have now refreshed our vision for the important and growing role of community health services. We have a strong and renewed commitment as leaders to adopting new approaches to engaging and empowering staff, so we are equipped to work in partnership with patients, carers and partners in transforming services that will meet the changing needs of our population.



Driving up standards/improving quality for patients

During the year our staff have improved the quality of frontline services for patients in a range of ways.

For example, our four community hospitals were rated well above the national average in patient-led assessments of cleanliness, food, hydration and respect for privacy and dignity.

Unannounced Care Quality Commission inspections found both Ludlow Hospital and our Minor Injuries Unit in Oswestry to be compliant with all the standards inspected on the day.

Across the Trust, by the end of the year we were exceeding the NHS *Safety Thermometer* target for protecting patients from harm. The sections of this report about our services and about quality include many other instances.

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Our staff

We are extremely proud of our staff, who consistently demonstrate care and compassion beyond the call of duty and work tirelessly to improve services.

In this report we celebrate our staff's many achievements.

Working in partnership

Working in partnership with patients, carers and agencies who commission and provide related services is a key component of our strategy aimed at providing seamless services that best meet



patients' needs. That strategy includes developing some of our systems - for example, information technology - in order to support partnership work better.

Our drive for "co-production" and patient involvement was the motivating force behind our decision this year to establish a Patient and Carers' Panel, which is enabling us to work together in improving and redesigning services.

Examples of our work with partner agencies this year have included the creation of a community service for Shrewsbury and Atcham integrated with social care; the official opening of Oswestry Health Centre in September 2013 where our community health services are located alongside a local general practice, acute outpatient clinics

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and mental health services; and the close links of our Children's and Family Services with local authorities and education agencies.

A low point for us this year was the decision we had to take *not* to continue with the proposed new Ludlow Health Facility because it was unaffordable. However, we are working with local people on how to make the best use of the existing hospital building in the context of the local strategic health review *Future Fit*.

Planning for the future

We are playing a full and active part in the *Future Fit* programme – a service review across the local health system led by the two local clinical commissioning groups. This is developing a new model of care, especially for acute and community hospital services, to meet the needs of the local population in the future. It is important that we are a member of the *Future Fit* Programme Board and working groups, and our clinicians are active contributors to the development of the new clinical model.

The emerging clinical model has already stressed the importance of community services, and we are very focused on making sure our services achieve their huge potential as part of a new and modern local NHS.

We are developing our strategy as the leader of services in the community, working with patients at the heart of what we do. During 2013/14 we have put preparations in place which include a new executive team and leadership approach, new systems to support

change, full involvement in the local strategic review of services, and a refreshed strategy for our own services. That places us on a sound footing in 2014/15 to put forward our plans and work with the rest of the local health economy to put them into action. Central to those future plans is to develop and grow community services which work closely with GPs and partners, and offer responsive alternatives to bed-based care. That will be our focus next year and beyond.

We hope you find this annual report interesting and useful and that it gives you some insight into the important part that community services play in meeting the health care needs of people in or near their own homes.



Mike Ridley
Chairman



Jan Ditheridge
Chief Executive

Note: In line with national requirements the Trust is publishing this strategic report, together with supplementary material. Please note, therefore, that the full Trust annual accounts and governance statement are available from the Trust's communications team on 01743 277500. The Trust's auditors have given an unqualified report on the annual report and accounts and an unqualified statement as to whether the strategic report and directors' report are consistent with the accounts.

Who we are and what we do

The Trust was established on 1 July 2011 by the Secretary of State for Health under the provisions of the National Health Service Act 2006.

We provide a range of community health services to adults and children in their own homes, local clinics, health centres and GP surgeries, as well as at four community hospitals in Bishops Castle, Bridgnorth, Ludlow and Whitchurch.

We realise that it can be confusing to know who is who in the ever-changing world of the National Health Service (NHS), so it may be helpful to explain the various local NHS bodies and where we fit.

Within the county of Shropshire there are two Clinical Commissioning Groups (CCG) – Shropshire CCG and Telford and Wrekin CCG. These organisations, which are made up largely 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, 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 (main hospital services) or community services such as community nursing, children and young people’s services and community hospitals.

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

Our services comprise a major part of all NHS care delivered to residents of Shropshire, Telford and Wrekin and some surrounding areas. Indeed, it’s worth bearing in mind that over 90% of all the contacts that people have with the NHS are outside main acute hospitals.

While our services are varied, many of them deliver care and treatment for children and adults, including frail elderly people, who live with long-term illnesses or disabilities and want to maintain as normal a life as possible at home. We are committed to helping them maintain independence and a good quality of life at home. Services such as our community respiratory team, specialist diabetes nursing service, continence service and community paediatric nurses are just some of the teams who deliver that.

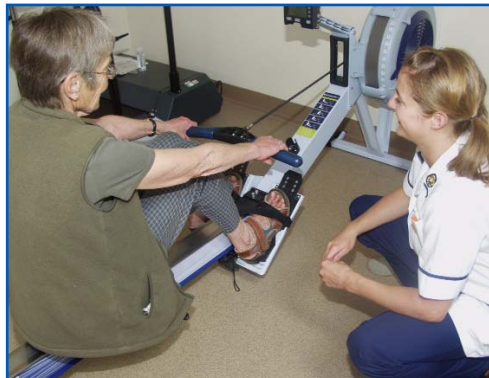
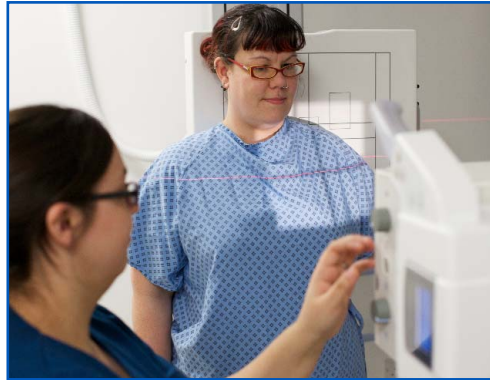
The Trust aims to provide innovative, high quality health services to local people as close as possible to their homes and, in many instances, in their homes.

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Specifically, our services comprise:

COMMUNITY HOSPITALS and OUTPATIENT SERVICES including

- Inpatient beds in community hospitals – most often for older patients – providing ‘step down’ care after a stay in an acute hospital, or ‘step up’ care where a patient is referred by their GP when they need bed-based care
- Diagnostic tests – for example, x-ray, endoscopy, ECG and ultrasound
- Minor injury units
- Advanced primary care services (dermatology, respiratory, gynaecology, orthopaedics, ENT, allergy)
- Rheumatology
- Urgent assessment services (DAART) and diagnostics
- Physiotherapy
- Prison healthcare



CHILDREN'S AND FAMILY SERVICES including

- Health visiting
- School nursing
- Child and adolescent mental health services
- Community dentistry
- Safeguarding
- Health promotion
- Community paediatric services
- Child development centres
- Substance misuse
- Podiatry



COMMUNITY SERVICES including

- Community nursing service and specialist teams
- Tissue viability nursing
- Diabetes specialist nursing
- Continence services
- Community neuro rehabilitation



Performance overview for 2013/14: how we did against a number of key indicators

The Trust monitors performance against a range of indicators, including national, contractual and local targets and metrics.

National Targets

Performance against national targets is reported over 16 indicators, as summarised below.

Whilst most indicators were reported on target, two areas were below target for the year, namely:

(i) complaints:

The target is to acknowledge complaints within 3 working days. There were periods of significant staff shortage in our complaints team in the year that impacted on performance. However, this has been reviewed and the target was met throughout the final quarter of the year.

(ii) Safety thermometer:

The target is against a measure that 95% of patients are considered harm free. Performance is measured monthly and for the year averaged 93%. Performance in March increased to 95.3%, thereby meeting the target for the first time.

There was a significant improvement in Referral to Treatment (RTT) performance this year, with all national targets met. In the previous year we underachieved against the admitted patient target.

Other Targets

Other key areas of focus used by senior management include contractual and local indicators as well as access/waiting time information. These are reported in detail in the Trust's monthly performance report, grouped against the Trust's strategic objectives, or in bespoke departmental reports.

Key areas of focus in the future include:

- Waiting times - although many of our services are not subject to the national referral to treatment (RTT) target, we aspire to ensure waiting time is minimised in all areas.
- Length of stay reductions for community hospital activity.

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Performance overview for 2013/14: how we did against a number of key indicators

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- Reducing the “Did not attend” (DNA) rate for out-patient activity.
- Sickness absence was 4.59% for the year, which remains above our target of 3.3%.
- Mandatory training and staff appraisals, where performance has improved in 2013/14 compared to the previous year.
- Data quality - we have incorporated a data quality indicator for all metrics in the monthly performance report and plan to improve timeliness of data capture.

National indicators			
Strategic Goal	Data Quality	Key Indicator	Year End Status
Data Quality	●	Use of NHS number	Green
Data Quality	●	Ethnic coding data quality	Green
Finance	●	Better Payments - value of invoices	Green
Finance	●	Capital expenditure	Green
Finance	●	Revenue surplus/deficit	Green
Finance	●	Better Payments - number of invoices	Green
Infection Prevention and Control	●	MRSA bacteraemia pre 48hr cases involving Shropshire Community Health NHS Trust	Green
Infection Prevention and Control	●	Post 72hr cases Clostridium difficile diagnosed in community hospitals and prisons	Green
Patient Experience/Safety & Effectiveness	●	Safety Thermometer - harm free care	Amber
Patient Experience/Safety & Effectiveness	●	Access to Healthcare for people with Learning Disability	Green
Patient Experience/Safety & Effectiveness	●	Complaints - acknowledged within 3 working days	Red
Patient Experience/Safety & Effectiveness	●	Single Sex Accommodation Breaches	Green
Patient Experience/Safety & Effectiveness	●	VTE Venous Thromboembolism Risk Assessment	Green
Waiting Times	●	18 week Referral To Treatment (RTT) for non admitted patients	Green
Waiting Times	●	18 week Referral To Treatment (RTT) incomplete pathways	Green
Waiting Times	●	18 week Referral To Treatment (RTT) for admitted patients	Green
Waiting Times	●	Diagnostics for Ultrasound/Audiology (6 weeks)	Green
Waiting Times	●	MIU 4 Hour Waits	Green

Our finances at a glance

- Total income for the year:
£76 million
- Income from Shropshire Clinical Commissioning Group:
£41 million
- Income from Telford and Wrekin Clinical Commissioning Group:
£15 million
- Income from other commissioners and sources:
£20 million
- Total expenditure for the year:
£76 million



Vision and objectives

As an NHS Trust, we have a vision and objectives that help guide our priorities and work. The Trust has recently been reviewing its vision and objectives and anticipates adopting updated versions, although the main themes will remain.

Our Vision

To be the lead local provider of high quality innovative services near people's homes, working closely with partners so that people receive well co-ordinated, effective care.

Our Objectives

- **High quality care:** to exceed expectations in the quality of care delivered
- **Care closer to home:** to transform our services so that we offer more care closer to home, especially services for older people, those with long-term conditions, children and those requiring specialist services
- **Integrated care through working in partnership:** to deliver well co-ordinated, effective care by working in partnership with others
- **Agile and flexible:** to provide the best services for patients by becoming a more flexible and sustainable organisation

Official opening of Oswestry Health Centre

Oswestry Health Centre was officially opened on 6 September 2013 by Owen Paterson, MP for North Shropshire and Secretary of State for the Environment, Food and Rural Affairs.

The centre, which provides a range of NHS services to the people of Oswestry and north west Shropshire, was created out of an ambitious project to breathe new life into a derelict 19th century railways workshop.

The end result is a state-of-the-art outpatient facility that serves as the base for many of our community services in that part of the county, including the Minor Injury Unit, NHS dentistry, advanced primary care, antenatal clinics, podiatry, audiology, speech and language therapy, falls prevention, health visiting and district nursing.

The centre represents true partnership working, as the services are provided by a range of different NHS organisations, including our own Trust; South Staffordshire and Shropshire Healthcare NHS Foundation Trust; The Shrewsbury and Telford Hospital NHS Trust; and Staffordshire and Stoke-on-Trent Partnership NHS Trust. It is also home to Cambrian Medical Practice.

Shropshire Community Health NHS Trust Chairman Mike Ridley said: "The centre has become a valued part of both the local community within Oswestry and the wider community in north west

Shropshire. It is an excellent resource and a shining example of the local health economy working together to deliver quality care to patients and the wider public."



Oswestry Minor Injuries Unit meets all standards in CQC inspection



Oswestry Minor Injuries Unit (MIU), based at Oswestry Health Centre, received an unannounced visit by Care Quality Commission (CQC) inspectors on 13 January 2014. Specifically, the inspectors had come to check whether the MIU was complying with four essential quality standards.

During their visit, the inspectors observed different aspects of the MIU's work and spoke to six patients to find out what they thought. In their report, the CQC team said that all of those patients were very pleased with the service they received.

One patient told them that it was an "ideal local service". Another said: "I felt very well looked after." Other patients' comments included "I couldn't fault it", "It's been really good", and "I'm completely satisfied".

The inspectors found that the MIU was complying with all four standards. They said that most of the patients they spoke with said that the staff gave them supporting written information when necessary to aid their understanding of their condition and treatment options, and that throughout their inspection they saw staff treating patients with dignity and respect.

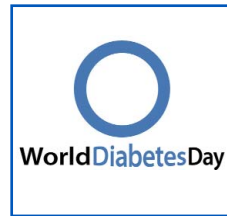
The CQC report said there were enough qualified, skilled and experienced staff on duty to meet patients' needs at the time of the inspection.

Need for improvement identified

The CQC inspectors identified a few areas where improvements are needed, and those are now being addressed, including automatic doors to help patients with limited mobility and privacy screens at reception.



Boosting diabetes awareness and education



Our diabetes specialist nursing team celebrated *World Diabetes Day* in November 2013 by launching Shropshire's *Think Glucose Champions* initiative at a special conference in Shrewsbury.

The event brought together staff from across the Trust who have signed up to become 'champions' to raise awareness of diabetes and improve the quality of care for the thousands of people in the county with diabetes.

Angela Cook, diabetes specialist nursing manager, said: "Diabetes education is so important, not only for our patients but for those staff who look after them."



Patient praises diabetes support that helped him control his condition

At each of its meetings the Trust Board hears a different patient story from someone who has first-hand experience of using our services. In January 2014 a patient with **Type 1 (insulin-dependent) diabetes** gave a detailed account of his treatment history.

In particular, he praised the four-week STILE (Shropshire Titration of Insulin and Lifestyle Education) course he had recently attended. He said he had found it useful to talk to other people with the same condition and that, thanks to the Trust's diabetes specialist nursing team, he is now able to control his diabetes with confidence rather than his diabetes controlling him.



Teaching diabetes care wins plaudits

A nationally recognised course run by two of our Trust’s specialist diabetes team – Angela Cook and Rebecca Lennon – to help fellow health professionals from Shropshire, Telford and Wrekin wishing to specialise in this field won praise during the year from those who attended the latest sessions.

Affiliated to the University of Warwick, the CIDC course is the UK’s leading foundation course in diabetes care and provides health care professionals with the practical knowledge and skills necessary to provide an effective and efficient service for people with diabetes.

The course itself involves a series of six study days in which the participants are encouraged to share their experiences and practice with each other.

Angela Cook said: “It’s great that we get GPs and nurses sharing their experiences and working together. The course is about improving care in your workplace and is a prerequisite if you wish to specialise in diabetes.”



Dr Alex Cameron, a GP partner at Marysville Medical Practice in Shrewsbury, praised Angela and Rebecca’s teaching and found the course extremely useful. She said: “I apply my learning in every contact with a diabetic patient. I also have a good grasp of available sources of support and resources in the community.”



Community neurological rehabilitation

On 1 October 2013 the Shropshire Enablement Team (SET) changed its name to the Community Neuro Rehabilitation Team (CNRT) to better reflect what the service provides.

The multi-disciplinary team, which offers neurological rehabilitation for people aged 16 to 65, deals with three main groups of patients, i.e., those with acquired brain injury, stroke and neurological conditions. The team also offers a service to patients with a confirmed medical diagnosis of chronic fatigue syndrome.

Essentially, their mission is to help individuals make the best recovery possible and to manage their condition as effectively as possible, including emotional adjustments and dealing with cognitive impairment.

The husband of one patient wrote in to commend the service in the following terms: “We have received a tremendous amount of help and support in learning to live with the illness in every aspect of daily life. We cannot thank them all enough. They have really changed our lives and made such a difference.”

Integrated therapy service for cancer patients

With £260,000 of funding over three years from Macmillan Cancer Support, our Trust is working alongside acute hospitals in the county to deliver a new integrated therapy service for cancer patients.

**WE ARE
MACMILLAN.
CANCER SUPPORT**

Together, our aim is to ensure that patients receive continuity in their care when they move from an acute hospital into the community or back into their own home.

The new service, which has been developed after discussions with people living with cancer across Shropshire and mid-Wales, provides therapy tailored to the needs of the individual, whether in hospital or at home.

Tessa Norris, our director of operations, said: “Many patients wish to receive care closer to home and this new model of cancer therapy care ensures that they can.”

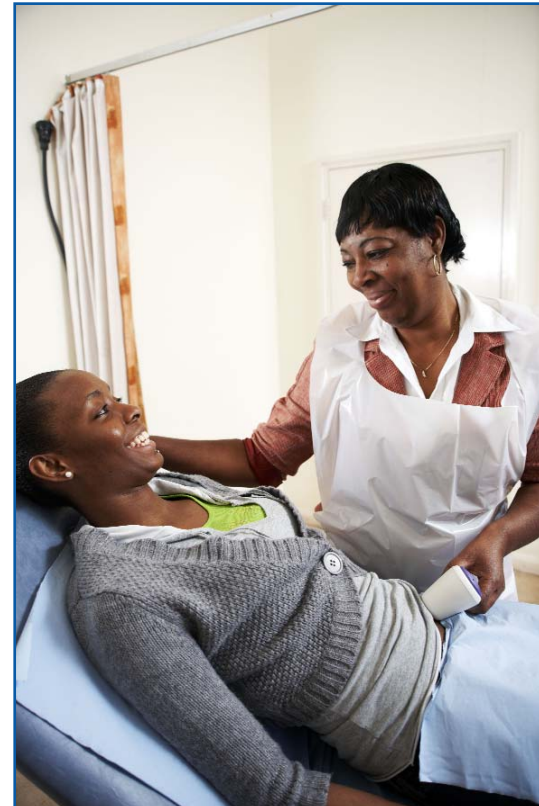
New guidelines on use of catheters for bladder problems seek to reduce risk of patient infection

Updated guidelines and procedures to prevent the risk of bladder problems leading to infection were published in September 2013 by our continence care team.

This specialist advice makes clear that, because of the risk of infection, a patient should only be fitted with a urinary catheter (a device designed to drain urine or instil fluids as part of a patient's treatment) after all other alternatives have been considered.

The guidance is important, as half of all patients fitted with a catheter contract bacteria in their urine within 7 to 10 days and by 30 days this rate increases to 100%, with around a fifth to a third of patients developing symptoms of Catheter Associated Urinary Tract Infection (CAUTI).

The Trust's continence service has adopted the nationally recognised HOUDINI catheter removal protocol as part of its policy and the long-term urinary catheter passport. The policy has been shared with partners across the local health economy as an example of good practice.



Patients praise continence service

Patients who have come into contact with our continence service, which offers specialist assessment for bladder, bowel and continence problems, heaped praise on their care when asked to give their views during an audit carried out during the year:

- 100% of patients said they were treated with dignity and respect.
- 95% of patients said an improvement had been made to their quality of lives following interventions from the continence specialist nurses.
- 92% of patients said they would recommend the service to their friends and family.

Preventing and controlling infection



Around 100 Infection prevention and control specialists, including staff from our Trust, came together in November 2013 at the Royal Shrewsbury Hospital to help make a major local health economy conference the biggest and best yet.

Their common aim was to share best practice on high quality and safe care, as well as reviewing the current challenges they face in reducing healthcare associated infections.

Fiona Glover, continence nurse specialist for Shropshire Community Health NHS Trust, gave a talk on the work of the continence advisory service and problem solving for indwelling catheters. She also spoke about the nationally recognised HOUDINI catheter removal protocol.

Reduction in avoidable pressure ulcers

Eliminating all avoidable pressure ulcers has been a key priority for the Trust since our formation in 2011. A tremendous amount of hard work has been put in by staff to tackle avoidable pressure ulcers and we are now seeing that dedication and determination pay off.

For example, during the past year we held a learning roadshow at Whitchurch Hospital. Attended by district nurses, ward staff, members of the public and representatives of local residential care homes, nursing homes and mental health services, the event helped to convey key messages about the importance of prevention.

As a central part of our approach, we have adopted the national SSKIN five-step model for pressure ulcer prevention:

- Surface – making sure patients have the right support
- Skin inspection – early inspection means early detection
- Keep patients moving
- Incontinence/moisture – patients need to be clean and dry
- Nutrition/hydration – ensuring patients have the right diet and plenty of fluid



Also during the year our specialist pressure ulcer prevention team finished work on an innovative and engaging short film, which explains how people can help themselves or loved ones avoid developing pressure sores.

Team leader Jessica Bates said: “One of the patients who worked with us on the film said how he didn’t want to complain that he was in pain, which is often people’s reaction. But the sooner we can identify the possibility that a pressure ulcer may develop, the sooner we can stop it, and

the sooner we can protect the people we are caring for.

Since the third quarter of 2012/13, there has been an overall decline in the number of cases. Indeed, between the third quarter of 2012/13 and the third quarter of 2013/14, the number of avoidable pressure ulcers fell from 96 reported cases to 38. These efforts have been bolstered by the work of the Safe Care: Harm Free programme taking place throughout the local health and social care economy, which challenges us to ensure at least 95% of patients do not suffer one of four ‘harms’ – pressure ulcers, falls, catheter associated urinary tract infections and venous thromboembolism.

Respiratory team mark World COPD Day

Our Trust's respiratory team did their bit to help shoppers breathe a little easier when they marked World COPD Day in November 2013.

The nurses checked people's lung health and lung age at Sainsbury's in Shrewsbury to promote awareness of chronic obstructive pulmonary disease (COPD), its causes and the treatments available. They also set up an information stand supplying facts about the disease.

Symptoms may include a chronic cough that regularly produces phlegm and breathlessness and can lead to weight loss, fatigue, decrease in muscle mass and strength, loss of confidence, depression and social isolation.

Smoking is a major cause of COPD and the single most important thing a smoker can do to help is to stop.



“The event went really well. We got a lot of interest from people who wanted to find out more about COPD,” said Lyn Harrison, community respiratory nurse.

“The earlier someone is diagnosed, the earlier they can receive treatment.”



Signing up dignity champions

More than 100 care home staff across Shropshire, Telford and Wrekin were signed up as 'dignity champions' during a road trip organised by our Trust's community nursing staff in the lead up to *Dignity Action Day* on 1 February 2014.



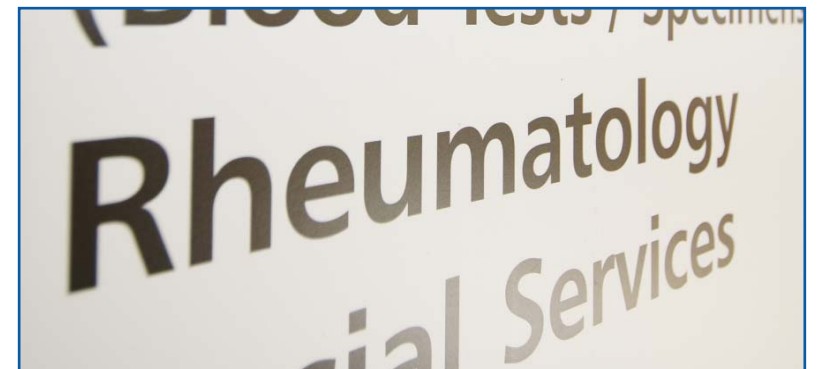
Dignity champions commit themselves to serving as 'role models' in an effort to ensure that the dignity of nursing and care home residents is respected at all times. *Dignity Action Day* was intended to draw attention nationally to this objective.

Working under the motto 'Have you got time for digni-tea?', the Trust's team enjoyed a cup of tea and a chat with staff, residents and relatives at each of the homes they visited.

One of the homes visited was The Vicarage Care Home, in Bayston Hill, where matron Kay Davies said: "It's very important to us that our staff are respectful and maintain the dignity of individuals who may not be able to look after these aspects of their lives. We're very enthusiastic about promoting signing our staff up to become dignity champions."

Other highlights in community services

- Lower Urinary Tract Symptom (LUTS) clinic for men developed across Shropshire, enabling men to have uro-flowmetry and treatment closer to home and preventing avoidable referrals to hospital urologists
- 34 student health visitors trained within the Trust during the year
- Community rheumatology service continues to see newly diagnosed rheumatoid arthritis patients within two weeks of referral



A combined effort on measles vaccination

School nurses from our Trust worked with GP practices from the Oswestry area in 2013 in a joint bid to help vaccinate children and young people who may not have had their full course of the MMR vaccine, which is essential for protecting people against measles.

During May there had been localised outbreaks of measles across England and Wales, including in Powys – across the border from north west Shropshire – and around Oswestry itself.

With support from our school nurses, three local GP practices in the town – Cambrian Medical Centre, Caxton Surgery and Plas Ffynnon – offered special clinics to provide patients who had not so far received their full course of the MMR vaccination with an opportunity to 'catch up'

Our school nurses are skilled in providing vaccinations to children and young people, and are used to answering any questions or concerns that they may have. This initiative was all about the local NHS pulling together to make sure local people received the care and protection they needed.



Rise in Help 2 Quit satisfaction levels

During the year satisfaction levels among Shropshire smokers using our Help 2 Quit service rose to 95%.

Particularly high increases in satisfaction were recorded in relation to the range of venues and times now available to smokers, and the helpfulness of the information and resources provided to them by the Help 2 Quit team. For example, venues included pharmacies, supermarkets, workplaces and a number of other easily accessible community locations.

With local authorities having assumed responsibility for public health in April 2013, Telford and Wrekin Council made arrangements to put the local Help 2 Quit service out to tender. As a result, it was transferred to other providers during the year. Shropshire Council wishes in future to deliver smoking cessation services to local residents and is looking into the possibility our Trust's Help 2 Quit service being transferred to them.



DVD helps pregnant mothers to stop smoking

A new DVD was launched by the Trust in February 2014 to help expectant mothers in Shropshire better understand the experiences and benefits of giving up smoking during pregnancy – both to them and their baby.

The frank and honest opinions and experiences of three mothers from Shropshire are highlighted in the short DVD, which gives pregnant mothers, their partners, family and friends the opportunity to explore just what giving up smoking means and how they can also get the best possible outcome for their baby.

“Shropshire has a higher number of pregnant mothers who smoke more than the average for England,” explained Claire Sweeney, our Help 2 Quit in pregnancy coordinator. “For England as a whole, around 12% of mothers are known to be smokers at the time of delivery, but in Shropshire this figure is nearer 15.5%.”

“We want to reduce this number and this DVD helps to get across just what stopping smoking in pregnancy feels like, as well as detailing the free NHS help and support that mums-to-be can get through the local Help 2 Quit service.”

Help 2 Quit offers friendly, accessible help to pregnant women and their partners, family members and friends. The team does anything it can to make it easier for them to access the service, including



home visits, evening visits, holding meetings in community venues, GP practices and pharmacies, and providing telephone support.

Speaking on the DVD about her experience of stopping smoking in pregnancy, Shropshire resident Zoe Aveyard comments: “At first, I thought

‘is this going to be someone preaching at me about it – ‘cos I don’t do well with people doing that’ – but it wasn’t, you gain a friend really. It’s just good to talk to someone and not feel pressurised. The support I’ve had has been fantastic.”



The DVD is being distributed to pregnant mothers across Shropshire through the Help 2 Quit team, local Children Centres and also by midwives in the county.

Anyone who would like a copy of the DVD or wants to find out more about stopping smoking can call the Help 2 Quit team on 01743 453537 or visit www.shropscommunityhealth.nhs.uk/help2quit

The full DVD can also be seen on Shropshire Community Health NHS Trust’s YouTube channel at www.youtube.com/shropcommunityhealth

Home safety booklet launched to reduce risk of falls among patients

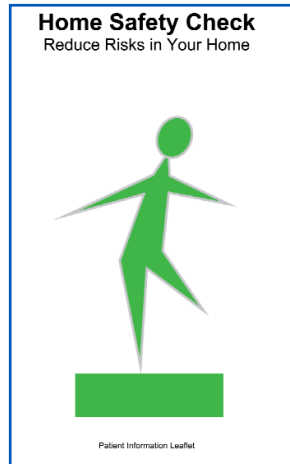
A new booklet designed to help reduce the risk of falls among patients was launched in Shropshire in January 2014.

The *Home Safety Check* (HSC) booklet includes a series of questions devised to establish how safe a patient's home is. The document also features hints and tips aimed at reducing the sorts of hazards that can lead to a fall.

The booklet can be downloaded from the falls prevention service's page on our Trust website at www.shropscommunityhealth.nhs.uk

The launch follows a successful pilot scheme involving patients throughout the county.

Sandy Lockwood, our falls prevention service team lead, said: "The HSC booklet, developed by local occupational therapists, is a great example of the local health economy working together to implement changes for the benefit of older people in Shropshire."



"By working together in this way we can ensure that those who are at risk of falls are supported to make home environment changes where needed and are enabled to stay safe and independent in their own homes for as long as possible."



Community dental service achieves full team and meets key treatment target

The past year has been significant for our community dental service in two key areas.

We have recruited successfully to all vacant dental practitioner posts, giving Shropshire a complete community dental team for the first time in more than 15 years.

Importantly, our team maintained its target of ensuring that all patients, including children, who needed dental treatment under a general anaesthetic were able to receive it within a maximum of 18 weeks after referral. In practice, the average waiting time was 9.5 weeks and, of course, emergencies involving serious dental pain are seen as soon as possible.



Compass goes live with single point of contact for families and health professionals

A new single point of co-ordination into Shropshire's Children's Services, which includes services to support children and young people's emotional health and wellbeing, was launched during the year.

Our Trust has worked in partnership with Shropshire Council and Shropshire Clinical Commissioning Group to develop *Compass*, which is aimed at making it simple, easy and clear for people to access the services they need.

Compass also provides a single point of contact for professionals to obtain advice and support. The Compass team comprises child and adolescent mental health practitioners, senior social workers and members of the family information service team.

If you are concerned about a child or young person's mental health and emotional wellbeing, please call Compass on 0345 678 9021.



Positive feedback on Family Nurse Partnership support for young mums

Positive feedback was received during the year from young mums who, from early in their pregnancy up to the point where their child turns two years old, have received home visits from members of our Family Nurse Partnership (FNP) team.



The service is provided to mothers who live in Telford and Wrekin, are under 18 years old and are expecting their first baby. More than 100 families in the area have benefited from the very intensive support and care of the FNP team.

Kerry Munro, FNP supervisor, commented: "The team has worked so hard over almost four years, providing an incredible amount of care and support to young, first-time mums in Telford and Wrekin."

At the end of the two years, the FNP team hand over to the Trust's health visiting team to carry on the good work.

Honour for school nurse with commitment to patient-centred values and improving practice

The prestigious honorary title of Queen's Nurse (QN), which is open to individual nurses who demonstrate their commitment to patient-centred values and continually improving practice, was awarded in April 2013 to Jo France, one of our school nurses.



Jo is well-known in the Trust for her dedicated, empathetic care, as well as for her innovative approach in providing Shropshire's pupils with access to school nursing services.

Trish Smith, clinical lead for school nursing, said: "I'm really pleased for Jo. She has had a real impact on school nursing locally and nationally."



Other highlights

- Enuresis clinic waiting times reduced by 50% and bladder scanning introduced
- Asthma audit identifies massive improvement after implementation of school guidelines
- Safeguarding supervision now consistent across the whole team
- Maximum 6-week audiology service waiting time
- Expansion of the musculo-skeletal team to ensure all children and young people who need it are offered specialist assessment
- Reached 18-week maximum waiting time for Child Development Centre in Telford, with most patients now seen within 6 weeks (a reduction of 28 weeks)



Well above national average in patient-led assessment

Our four community hospitals are providing non-clinical services well above the national average, according to a Health and Social Care Information Centre report on patient-led assessment of the care environment (PLACE).

Published in October 2013, the report found that our hospitals had achieved the following scores:

- Cleanliness – 98.24%
(compared to the national average of 95.74%)
- Food and Hydration – 92.61%
(compared to the national average of 84.98%)
- Privacy, Dignity and Wellbeing – 91.69%
(compared to the national average of 88.87%)
- Condition, Appearance and Maintenance – 92.31%
(compared to the national average of 88.75%)

PLACE replaces the Patient Environment Action Team (PEAT) assessment and provides a snapshot of how an organisation is performing against a range of non-clinical criteria which patients and the public have identified as important.

PLACE inspections are carried out by teams that include not only local NHS and independent healthcare providers but also members of the public.

Andy Matthews, the Trust's divisional manager for community hospitals, said: "These assessments are made more and more stringent every year and have even more relevance now that public assessors are involved. We never allow complacency to set in and have already addressed the majority of areas that required attention."



Ludlow Community Hospital meets all standards in CQC inspection

Ludlow Community Hospital got a clean bill of health from Care Quality Commission (CQC) inspectors following a routine unannounced visit last year to check its compliance with six essential standards of quality and safety.

The CQC inspectors said that people who received a service told them that they felt involved and consulted in the delivery of their care and treatment, that they were very positive about the care they received, and very pleased with the quality of the food available.

The inspectors also noted that everyone they spoke with told them that they felt safe on the wards, were well looked after by all members of staff, and felt able to raise any concerns or complaints with any member of staff.



Activity group proves a big success for patients

Patients at Ludlow Community Hospital have been making the most of a new activity group set up by its discharge and therapy team in March 2014.

Weekly sessions are now held for patients on Stretton Ward to help with their recovery and rehabilitation from a range of illnesses. It follows the success of a pilot session in which patients took part in a range of activities, including skittles, board games, painting and computer games. Staff also gathered ideas on what other activities the patients would like to take part in.

Said team leader Catherine Payton: "It's about giving patients an extra stimulus that can really help with their rehabilitation. The difference to the patients has already been very noticeable; it's really brought the ward together."



Making the best of existing facilities

Following a decision during the year that the proposed new Ludlow Health Facility was unaffordable, our Trust Board committed itself to continuing to deliver the best possible community hospital service in that part of Shropshire.

For this purpose, a special Task Force has been established to assess how to make best use of the existing community hospital at Ludlow, and to identify any short-term improvements needed to make that possible.

The Task Force is considering suggestions from the League of Friends, patients and the public. It has also been assessing what investment is needed to keep the existing buildings on the Ludlow site in the best possible condition for continuing patient care.

The Task Force is also linking to the working group on community hospital services as part of *Future Fit*, which is developing the new model for acute and community hospital services across Shropshire.

Praise for quality of care at Whitchurch Hospital

A local patient told our Trust Board how the quality of care provided at Whitchurch Hospital made a big difference to her.

Judith Clayton was out and about in Whitchurch handing out flu jab leaflets to passers by when she tripped and fell and fractured her hip.

After spending six days at the Royal Shrewsbury Hospital, where her care was “excellent”, she was transferred to Whitchurch Community Hospital, where she spent a week recuperating.

Mrs Clayton was full of praise for the “absolutely superb” level of care she received, in particular from physiotherapy, occupational therapy and support staff at Whitchurch Hospital. She also commended the chaplaincy service for getting in touch following her stay to check on her progress.

“The staff were so helpful, kind and caring,” said Mrs Clayton. “They helped me to become mobile again and I can’t thank them enough. Not only was the care I received fantastic, but the meals at the hospital were out of this world. It’s very easy to lose confidence in your daily living and mobility when you’re in hospital, especially as you get older. You have to rely on staff to give you back that confidence and that’s what I experienced during my stay in Whitchurch.”

Andrew Thomas, clinical services manager, said: “I’m delighted to hear of Mrs Clayton’s very positive experience. We always strive to ensure that the quality of care Mrs Clayton received is experienced by each of our patients and we are always looking at ways we can improve our services.”



Improvements at Bridgnorth Hospital

In March 2013, work started at Bridgnorth Hospital to add en-suite facilities to the bedded bays in the inpatient ward and, in so doing, enhance patients' privacy. This is part of a programme of environmental improvements taking place across the Trust's community hospitals.

Another development at the Bridgnorth Hospital over the past year saw the introduction of urology day surgery – a sign of the increasing partnership working between our community Trust and the main provider of acute hospital services, The Shrewsbury and Telford Hospital NHS Trust.



Rehabilitation area at Bishops Castle Hospital nominated for national award

A recreational area at Bishops Castle Hospital designed to assist patients with their rehabilitation has been shortlisted by the Community Hospital Association for its *Innovations and Best Practice in Community Hospitals Awards 2014*.

The area comprises three pieces of equipment – the 'shoulder and wheel', 'twist and step' and 'air walker' – as well as steps and gravel areas enabling users to improve balance and co-ordination following illness and injury.

Sandra Bradbury, ward manager, said: "This has been possible through the support of the hospital's League of Friends and generous donations from the public. It provides patients with space to optimise their strength and confidence in a safe environment."



Delivering same sex accommodation

In 2013 our Trust was pleased to confirm that it is meeting the Government's requirement to eliminate mixed-sex accommodation.

In a declaration of compliance, the Trust Board said we have the necessary facilities, resources and culture to ensure that patients who are admitted to our community hospitals will only share the room where they sleep with members of the same sex, and that same-sex toilets and bathrooms will be close to their bed area.



New ward documentation and information about staff

Changes to ward documents and the way they are used were launched in June 2013 across our four community hospitals as part of a three-month pilot.

The scheme, which involves ward documents being both kept and used at the end of a patient's bed, is intended to enhance the quality of care for patients by increasing the amount of bedside nursing that takes place.

We also now have boards on each ward which give details of staff on duty and show which 'named nurses' are looking after which patients.

Red mats benefiting patients in need of extra assistance with eating

Patients who need extra help to eat or drink during their stay in hospital are benefiting from an innovative scheme launched in our four community hospitals.

Red placemats are being used in community hospitals as a simple visual reminder to staff to identify those patients who need assistance with their meal or are on food and fluid intake monitoring.

They replace red trays, which were used for the same purpose but would be removed after each meal. In contrast, red mats remain with the patient 24-hours-a-day.

Patients with a red mat are given encouragement to eat at mealtimes; help with eating if required; plenty of time to eat; and have what they eat recorded on a chart.

Clinical services manager Andrew Thomas said: "It's a simple and smart way of identifying those patients who need help. It's dignified for patients who need this support and provides reassurance both to the patient and their relatives. It also provides a constant reminder to staff of those patients who need this extra assistance."



Our staff

We employ around 1,300 whole time equivalent staff at a range of locations across Shropshire.

The extent to which all our staff feel closely involved in our work, and positively able to make a difference, is vital to the quality of the care we can provide to patients.

Recognising achievement

To reflect the contribution our staff make, in September 2013 we held an awards evening under the banner of 'The Big Trust Thank You' (see pages 38 - 41 for more details).



NHS staff survey results

Results of the 2013/14 NHS staff survey were published in February 2014.

Areas where we can see improvements between the previous survey and the most recent one included:

- More staff would recommend the Trust as a place to work or receive treatment.
- 81% of staff had an appraisal in 2013 (improved from 65% in 2012).
- Senior managers have improved in the way they communicate with staff, involve staff in decisions and act on their feedback.
- Staff said they had been given more recognition for good work, support from line managers and colleagues, freedom to choose methods of working, and opportunities to use skills.

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The results were about the same as before for 21 measures. The Trust did not do worse in any measure this time compared with the previous survey.

A number of areas were identified where we need to improve further. For example:

- 93% of staff put themselves under pressure to come to work when not feeling well enough.
- 55% said their appraisal was not helpful in improving how they do their job.
- 49% said they cannot meet conflicting demands on their time at work.

We will be holding staff workshops to find out their views on areas we should prioritise this year.

Staff involvement

We have an agreed framework with our Trade Union and Professional Organisation (TUPOs) partners to regulate consultation and industrial relations within the Trust.

The agreement is designed to foster the effective involvement of staff and their representatives at the earliest possible stage in influencing decisions and in joint information sharing, learning and problem solving.

We have also established a Local Negotiating Committee, whose role is to negotiate terms and conditions of service for medical staff within national arrangements.

Equality and diversity

We are committed to eliminating all forms of discrimination and to the equal treatment of all employees and job applicants. We require 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 our statutory requirements in promoting equality and the value of diversity of our staff and service users.

As a result of using this tool, we agreed specific objectives for improvement with local community groups. For example, the staff training film *Just Ask the Question* that we produced in partnership with local Clinical Commissioning Groups, The Shrewsbury and Telford Hospital NHS Trust and Shropshire Council has been consistently used in staff induction sessions as part of our Equality and Diversity mandatory training course.

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The Department of Health has recently issued an updated version of the system, and we are working with our local commissioners and community groups on how best we can use this in a partnership approach.

More information about our approach to Equality and Diversity can be found at www.shropscommunityhealth.nhs.uk

We have 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.

Gender distribution of directors, senior managers and staff

	Gender			
	Female		Male	
	FTE	Headcount	FTE	Headcount
Directors (executive and non-executive)	6.00	6	5.2	6
Senior Managers	23.2	25	14.00	14
Staff	1115.4	1421	133.5	151
TOTAL TRUST	1144.6	1452	152.7	171

Staff health and wellbeing

We believe that staff are our most valuable resource in achieving our vision 'to be the best local provider of high quality, innovative services near people's homes, working closely with partners so people receive well co-ordinated, effective care'.

We fully acknowledge that continuing and future success is greatly reliant on attracting and retaining a talented, healthy and committed workforce which is able to meet the demands of the modern NHS, now and in the future.

In staff terms, the organisation's value 'WE CARE' means placing staff health and wellbeing at the forefront of Trust priorities.



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Managing sickness absence

The Trust recorded a sickness absence rate of 4.59% in 2013/14, compared to 5.1% in 2012/13 and a 2013 average for Community Health Trusts of 4.55%.

The most common reasons for sickness absence are coughs, colds and influenza, and gastro-intestinal problems. However, more time off work is caused by stress/anxiety (22.4%) and musculoskeletal problems (21.5%). Our human resources and occupational health teams have undertaken extensive measures to reduce the time lost to sickness absence.

The occupational health service (OHS) strives to provide a responsive, proactive, preventive, confidential service which balances the needs of the organisation and the individuals employed. The service is currently working with key Trust personnel on a number of health and wellbeing initiatives including a health and wellbeing strategy and stress management training.

The HR department, in conjunction with the occupational health service, have delivered a programme of training to managers to equip them with the skills to manage sickness absence and have recently appointed three advisors to support them in this task.

Flu vaccination

Our Occupational Health Service led the campaign last winter to ensure that every member of staff had the opportunity to access the flu vaccination. It held flu clinics at various locations across the county and offered vaccinations at training sessions, meetings and the Trust Awards ceremony.

The final uptake for frontline staff this year was 64.8%, which was higher than the national average of 54.8% and a major increase on last year's uptake in the Trust of 41.2%.



Organisational development

Over the past year our organisational development team has:

- recruited a clinical educator to help clinical leads in developing their workforces
- devised a set of core mandatory training subjects for all staff via face to face annual updates
- delivered Home Office Prevent training to 783 staff
- created an education programme for healthcare assistants

Staff awards 2013

We are grateful to all our staff for their efforts over the past year in striving to deliver high quality patient care.

Here, we reflect the work of just a few members of the workforce – the winners of staff awards for which they were nominated by colleagues in 2013.

Clinical team of the year –

An award for team excellence, for constantly delivering outstanding service performance and/or quality, or patient experience

WINNER: SCHOOL NURSING TEAM

The nomination said:

The evidence of support for young people is clear and the outcomes even more so. For example, through the CHAT service in Shropshire and drop in sessions in Telford and Wrekin, school nurses have helped bring teenage pregnancy rates down in both areas, with the lowest rates in the West Midlands. They are also key in helping young people to start taking responsibility for their own and others' health, as well as providing an easily accessible, trusted confidential service.



Non-clinical team of the year –

An award for team excellence, for constantly delivering outstanding service performance and/or quality, or patient experience

WINNER: HOSPITAL HOTEL SERVICES TEAM IN ALL OF SHROPSHIRE'S COMMUNITY HOSPITALS

The nomination said:

Shropshire's community hospitals are very clean, tidy and welcoming and the hotel services teams are friendly and hard-working, taking great pride in their work. Patients and visitors to the

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hospitals also rate the quality of the food and cleanliness as good as most hotels. This is reflected in external inspections, and also represented in the on-site kitchens all having a five-star rating for food hygiene. Whether it's a porter simply putting a patient at ease whilst taking them to a department or the staff moving out of their comfort zones to do great work, the team epitomise hard work and professionalism.

Educational or organisational award –
An award for the individual or team who has developed and delivered a successful educational or organisational development package for the Trust which benefits other Trust staff and improves the quality of care for patients

WINNER: KAREN GEORGE, LEAD NURSES FOR CARE HOMES SUPPORT

The nomination said:

Karen proposed that care workers could be trained to manually check for a radial pulse of residents and decide whether it was irregular or not. An irregular pulse is an early indication that a resident could potentially suffer a stroke in the future if not treated.



This was part of a Shropshire-wide project to reduce the number of admissions from care homes to hospitals. Karen developed a training package called 'Can You Feel It?' working closely with the local Heart and Stroke Network. To date 20 care homes in Shropshire are undertaking regular pulse checks on their residents.

Quality, innovation and service improvement award –
An award for a team or an individual which has made improvements for the better through dedicated work to improve the quality of a service, or introducing an important innovation or new, good practice

WINNER: ANGELA COOK, DIABETES SPECIALIST NURSING MANAGER

The nomination said:

For her boundless energy, grim determination and creative ideas in developing the diabetes specialist nursing team and service. Angela is acutely aware of the future requirements of a diabetes service and campaigns tirelessly for service developments such as education for staff, care homes and specific patient groups. Angela has transformed the service since taking lead in 2007 and is a dedicated manager who strives to relentlessly develop herself and each team member.

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'Building bridges' award –

An award for a team or an individual which has made improvements for the better through dedicated work to improve the quality of a service, or introducing an important innovation or new, good practice

WINNER: THE FRAIL AND COMPLEX IN-REACH TEAM

The nomination said:

The Frail and Complex project looked to redesign and deliver an integrated approach to health and social care provision for frail and complex patients. Trust staff accepted the challenge of working in a completely different role from their normal one. Working with new faces from the acute Trust and in a new, highly stressful environment, they provided a caring, passionate, patient, kind, responsive and understanding approach that made this project succeed.

Unsung hero award –

An award for an individual who quietly makes a big, positive difference to the lives of patients or other staff – someone who regularly goes beyond the call of duty. There were four winners

WINNER: DIANE LEWIS, STAFF NURSE, HMP STOKE HEATH

The nomination said:

For never having had a day sick in 15 plus years of working at Stoke Heath, covering shifts at very short notice and for bringing great stability and calm to a very chaotic environment. Di never complains or refuses to do anything. She is fully committed to her job and the patients she looks after.

WINNER: CLAIRE SAMUELS, DENTAL RECEPTIONIST

The nomination said: "For making a significant positive difference to the lives of patients and other members of staff in numerous ways, including being instrumental in reducing waiting times to 18 weeks for dental treatment under general anaesthetic.

WINNER: EMMA TURRELL, BLOOD-BORNE VIRUS NURSE IN THE DRUG AND ALCOHOL RECOVERY SERVICE

The nomination said: "For quietly transforming the care and support provided to patients attending the Drug and Alcohol Recovery Service who are at risk of having blood borne viruses, especially Hepatitis C. Emma, in her quiet, kind way is saving lives and saving the NHS money by early intervention, referral and support through treatment."

WINNER: DR ROBERT WILSON, CONSULTANT RESPIRATORY PHYSICIAN

The nomination said: "For putting commitment into all that he does; for his honesty, dedication, tenaciousness, friendliness and

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dependability. He often goes out of his way to offer help and support to patients through phone consultations or home visits. His team can always rely on him no matter what.”

Volunteer of the Year Award -

WINNER: TIM O'BRIEN, VOLUNTEER AT BRIDGNORTH HOSPITAL

The nomination said: “Tim devotes many hours each week to providing pastoral care and support to patients, relatives and staff. His caring and compassionate approach has helped many families through very difficult times.”

Chairman’s award –

a special award recognising employees who have shown outstanding achievement or positive professionalism – for example, in the face of difficult problems

WINNER: THE FINANCE TEAM, PARTICULARLY RECOGNISING CAROLINE SALISBURY, SARAH LLOYD AND DIANA OWEN

This special award was made for “professionalism and hard work, despite having a depleted team, through a tough year”.

WINNER: TERESA SMITH, WARD MANAGER, LUDLOW HOSPITAL

This special award was made to Teresa Smith at Ludlow Hospital to recognise “her outstanding service and professionalism in the face of challenging circumstances”.



Quality and Safety

In June 2013, we published our annual Quality Account, which reviewed the progress we achieved on quality and safety during 2012/13. In the same document we identified five priorities for 2013/14 that had been identified following consultation with our partners and patients.

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 Child and Adolescent Mental Health Services

Patient engagement and experience lead

In September 2013, we appointed a patient engagement and experience lead 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. It is a vital part of our overall strategy.

Implementing the six Cs

Over the last year we have worked hard to 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.



Eliminating avoidable pressure ulcers

We have made great headway towards our ambitious target of completely eliminating avoidable pressure ulcers.

Strategies that have been put into place include open and honest reporting of pressure ulcers when they occur and the completion of a root cause analysis to understand what factors were important in the development of the ulcer.

For the more serious grade 3 and 4 ulcers we hold a regular review meeting where the clinical teams come to discuss the individual issues and share learning with their colleagues.

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By ensuring that community staff have pressure relieving equipment in their cars at all times, we have made a big impact on the number of pressure ulcers we see in community settings. Unfortunately, we have not yet completely eliminated avoidable pressure ulcers, but our efforts continue.

We have seen a significant fall in the number of pressure ulcers reported across all three grades compared to 2012/13. The table shows reported pressure ulcers – the number that are considered avoidable are less than 50% of these numbers.

	2012/13	2013/14
Grade 2	251	165
Grade 3	50	36
Grade 4	11	5

Reducing the number of falls in community hospitals

We have seen a reduction in the number of falls reported in community hospitals during 2013/14 compared to the previous year, although the number of patients who have fallen remains the same as some patients fall more than once. Unfortunately, two patients

	2012/13	2013/14
Number of falls	402	346
Number of patients	270	277
Serious harm	2	2

suffered serious harm as a result of falling but the majority of falls resulted in no or low harm to patients.

Patient safety

Our staff have been active in implementing principles of the Safe Care Harm Free project, which aims to reduce the number of patients suffering from four key “harms” – pressure ulcers, venous thromboembolism, falls, and urinary tract infection associated with an indwelling catheter.

Every month nursing teams in the community and community hospitals complete the NHS *Safety Thermometer*, an audit tool that measures the percentage of patients free from any of these harms. In March 2013, the percentage was 91.31%. This had increased to 95.29% in March 2014, which means that the Trust has exceeded the national target of 95%.

Communication

We have worked with The Shrewsbury and Telford Hospital NHS Trust to ensure that patients are not transferred at inappropriate times of day unless there is a specific and urgent need for this to happen. We collaborate closely with its two acute hospitals to make sure that people come to us during the working day and only when their condition is such that transfer is safe.



Putting the spotlight on 'safe' care

The progress made in providing harm free care to patients was the focus of a major conference in April 2014 attended by representatives of the health and social care sectors across the county, including our Trust.



The *Safe Care Shropshire* conference marked the work carried out so far by a countywide partnership of health commissioners and providers, independent organisations, voluntary groups and patients' representatives launched in 2011.

Linda Izquierdo, Shropshire CCG's executive nurse, said: "People join the medical and caring professions to help improve the quality of life of those we look after. However, if the care we provide is less than ideal, we can cause harm. Everyone working in the NHS needs to be aware of these dangers, especially as they are associated with vulnerable people who may not be able to speak up for themselves or raise the alarm."

The April event also promoted the role of Care Makers, part of a wider NHS initiative supporting the 6Cs of nursing: Care; Compassion; Competence; Communication; Courage; Commitment.

Health and safety performance

We have continued to manage health and safety by the assessment, management and monitoring of health and safety risks. All incidents are reported to, and investigated by, managers in conjunction with other expert personnel as necessary.

Nine incidents were reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR). These consisted of 2 patient falls, 4 staff falls, 2 staff back injuries and 1 member of staff striking their knee against a fixed object. Following investigation, environmental and system improvements have been made where appropriate.

During the year all team leaders and managers attended a risk management course which gave them detailed guidance on their health and safety responsibilities.

Following the introduction of the Health and Safety (Safer Sharps in Healthcare) Regulations in May 2013, the Trust has introduced sharps with safety devices for all clinical procedures, except where they have been identified as low risk.

Patient and Carer's Panel launched to get views and opinions from local people

A new chapter in the Trust's ongoing commitment to patient and public engagement was launched in February 2014 when around 30 people representing a wide range of groups and views came together for the first meeting of our Patient and Carers' Panel to discuss what it wanted to achieve.

At its first meeting the Panel discussed ways in which it could help the Trust get views and opinions from local people – including those who are sometimes marginalised in society and often have little input into the care that they receive.

Wendy Brook from SIAS and representing the Voluntary Sector Assembly commented: "I believe this is a positive and exciting time for Shropshire's community services as the NHS and voluntary sector work closely together."

For more information about the Panel, and working with it, please contact Mark Donovan, Community Trust Patient Engagement and Experience Lead, on 01743 277620.



Patient Advice and Liaison Service (PALS)

During the year, our PALS dealt with a total of 213 enquiries. Most of these were about services directly provided by the Trust – for example, podiatry, community hospitals and children’s services.

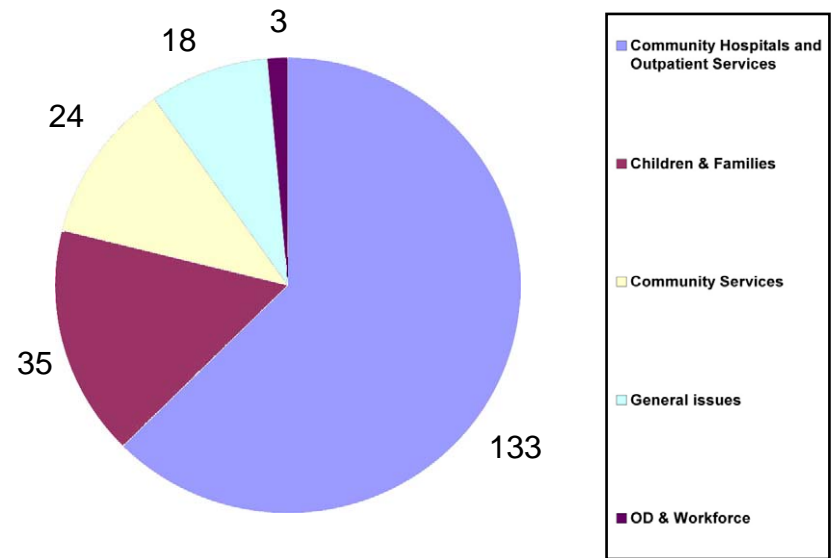
In comparison to last year, where we received a significant number of enquiries relating to issues about other NHS Trusts, this year there has been a gradual shift in understanding the services that we provide as a Community Trust and the roles of other organisations, which has led to an increase in more specific enquiries about our services and a decrease in enquiries about issues related to other Trusts.

The 213 enquiries were spread across the following service areas:

- **Community Hospitals and Outpatient Services**, which include the four Community hospitals (Whitchurch, Ludlow, Bridgnorth and Bishops Castle), Physiotherapy, Advanced Primary Care Service, Podiatry and others – **133**
- **Children and Families**, which include Child and Adolescent Mental Health service (CAMHS), Community Paediatrics, Health Visiting, School Nursing, Therapies and others – **35**
- **Community Services**, which include Shropshire Wheelchair Services, Community Equipment Services, Continence, District

Nursing, Diabetes Specialist Nursing Service, Tissue Viability and others – **24**

- **General Issues and Information**, including information on our services, local NHS services, national support organisations, concerns about other Trusts – **18**
- **Organisational Development and Workforce** – **3**



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When service users contact the PALS service, it's because they are upset or distressed about some aspect of their health care. Our PALS promotes a swift investigation and provides personal feedback to enquirers.

As well as resolving individual concerns, we make a number of general service improvements as a direct result of patient feedback to PALS. This year, some of those improvements included:

- Staff received training on conflict resolution and were reminded not to cross their professional boundaries while having informal conversations with patients within the community hospitals.
- A review was undertaken of how confidential letters with sensitive information are sent to families by the Child and Adolescent Mental Health Service (CAMHS), the aim being to minimise the risk of letters being sent to wrong addresses.
- Simple notices were put up in the waiting areas of podiatry clinics advising patients to make themselves known to the receptionist when they arrive.



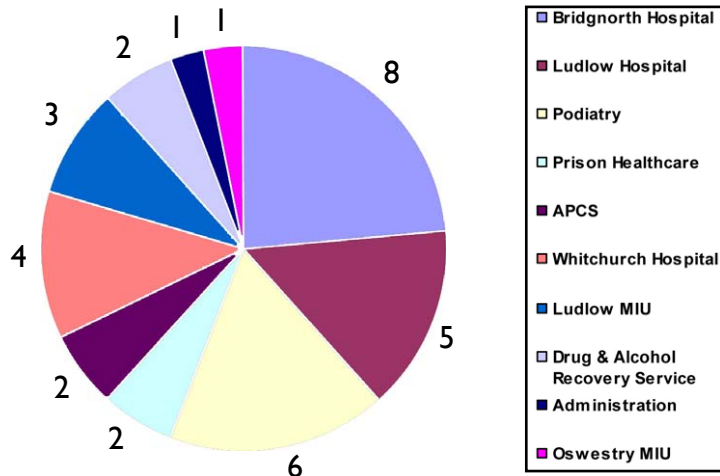
- Managing inappropriate parking has been highlighted as an issue for review across the four community hospitals.
- Staff within community hospitals were reminded how to report incidents and near misses promptly.
- External companies who frequently visit our community hospital sites to make deliveries were reminded of the health and safety protocols they need to follow.
- The long gap between offering hot drinks to patients after tea and before bedtime within a community hospital has now been narrowed. Hot drinks are now offered around 8.30 pm rather than 10 pm.
- Ludlow physiotherapy service now has a recorded message stating the name of the service and when calls will be picked up from the machine. There is a system in place now to divert calls if all therapists are out at the same time.
- All families now have a sticker put in the front of their child's red book detailing the core contacts offered by the health visiting service. This helps parents to understand when the baby will be next seen and who arranges the appointment.

Complaints

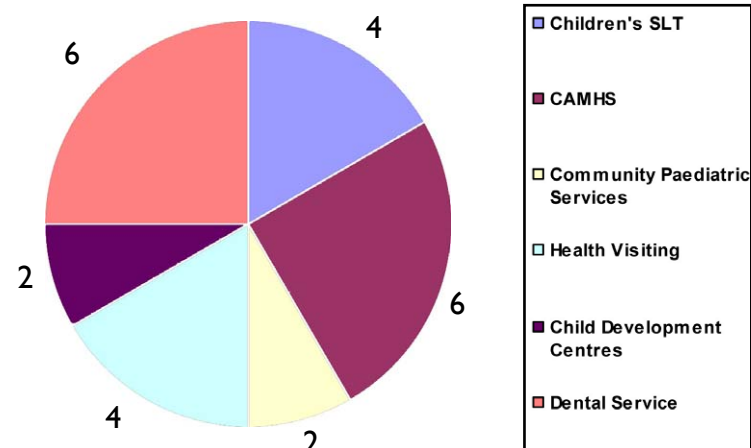
Complaints provide us with valuable feedback about our services and offer us an opportunity to learn lessons and ensure that our services continue to improve.

Between 1 April 2013 and 31 March 2014, we received a total of 77 complaints (compared with 76 in the previous year) spread across the following service areas:

Community Hospitals and Outpatient Services (including Community Hospitals, Minor Injury Units, Podiatry, Advanced Primary Care Service, Prison Healthcare, and Drug and Alcohol Recovery Service) – 34 complaints



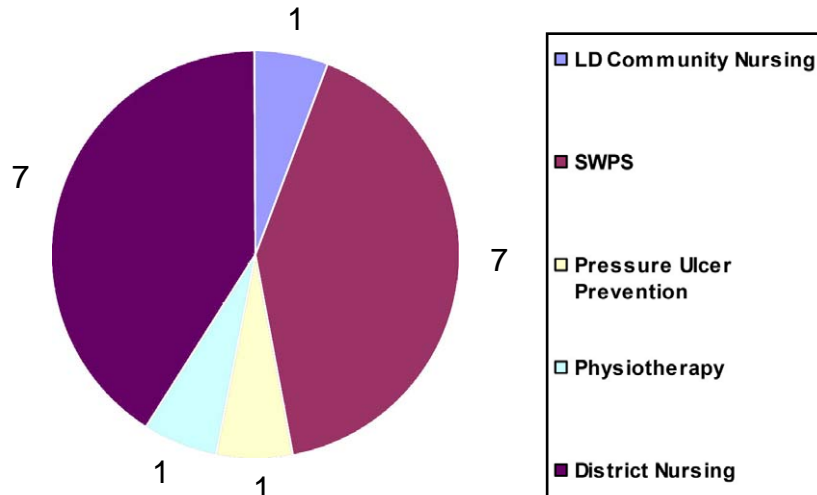
Children's and Families' Services (including Child and Adolescent Mental Health Service (CAMHS), Health Visiting, Child Development Centre, Speech and Language Therapy, Community Dentistry, and Community Paediatric Services) – 24 complaints



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Community Services (including Shropshire Wheelchair and Posture Service, District Nursing, Pressure Ulcer Prevention, Physiotherapy, and Learning Disability Community Nursing) – 17 complaints



Governance and Strategy (Occupational Health Service) – 2 complaints

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

The top 3 categories into which complaints fell are:

Communication – 43 complaints

Quality of care/treatment – 26 complaints

Other – 8 complaints

In respect of the complaints investigations completed at the time of this report, we have upheld 15 complaints and partly upheld 20 complaints. Some of the actions taken as a consequence included:

An apology was given that an appointment had been allocated to the incorrect consultant, together with a reassurance that the appointments staff are now clear about the different types of treatment that the consultant surgeons provide. An appointment was arranged for the patient (038 – Bridgnorth Hospital).

It was acknowledged that a member of staff should have introduced herself prior to the parent and child seeing the clinician – an apology for this was given and the member of staff was asked to reflect on this (066 – Community Paediatric Services).

The complainant had waited longer than we would have wished for an optician's appointment and an apology was given for this. Increased clinics have been implemented, together with a new 'ready readers' clinic, which has dramatically reduced waiting times for appointments (065 – Prison Healthcare).

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An apology was given for the breakdown in communication with a patient and her family with regard to their involvement in care planning and discharge arrangements. The Director of Nursing was asked to look at this more closely in order to prevent a reoccurrence (064 – Bridgnorth Hospital).

It was agreed that all dentists within the team would reflect on the approaches used when treating patients with dental phobias in order to avoid any misunderstanding or concern arising (063 – Dental Service).

It was found that a patient should have been x-rayed on the first occasion he had attend the Minor Injuries Unit. An apology was given and the nurse concerned was asked to reflect on this and was reminded of the protocols to be followed when determining whether an x-ray was required (057 – Oswestry MIU).

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 our complaints investigation case papers following requests by the complainants to the Ombudsman to investigate their complaints.

A decision from the Ombudsman is currently awaited on whether investigations are going to be undertaken in respect of two of the complaints. One complaint is still being investigated and one

investigation has been completed by the Ombudsman, with the draft report being circulated to the parties involved for comments.

The Ombudsman upheld one complaint relating to the standard of care provided by a health visitor for a baby with jaundice. The child subsequently underwent a liver transplant. The Ombudsman was critical of the standard of care provided to the child and recommended that the Trust provide an appropriate apology to the parents of the child together with a small compensation payment.

The Trust complied with the Ombudsman's recommendations and drew up an action plan with the aim of ensuring that a similar service failure is prevented from happening again. The Ombudsman's Office has advised us that they are satisfied we have complied with the recommendations made and they have closed the case.

Advice, assistance and information

People who wish to complain about NHS services are able to access free support and advice from an independent organisation called POhWER.

POhWER can be contacted on 0300 456 2370 or via email at pohwer@pohwer.net. Information is also available on their website at www.pohwer.net.

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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'.



Sustainability – how we are helping the environment in which we work

Sustainability has become increasingly important as the impact of people’s lifestyles and business choices are changing the world in which we live. In order to fulfil our responsibilities for the role we play, Shropshire Community Health NHS Trust has the following sustainability mission statement in our sustainable development management plan (SDMP):

“The Trust aims to improve health, reduce inequalities and improve the quality of life of people who live and work within Shropshire. The Trust must therefore fully understand its social and environmental responsibility as an organisation. It must recognise that as a provider of health care it has a significant impact on the local environment. The Trust is therefore committed to managing and minimising these impacts.”

Policies

In order to embed sustainability within our business it is important to explain where sustainability features in our process and procedures.

One of the ways in which an organisation can embed sustainability is through the use of an SDMP. The board approved our SDMP in the last 12 months, so our plans for a sustainable future are well

Area	Is sustainability considered?
Procurement (environmental)	Yes
Procurement (social impact)	Yes
Suppliers' impact	Yes
Travel	No

known within the organisation and clearly laid out. We help achieve our goals by running awareness campaigns that promote the benefits of sustainability to our staff.

Climate change brings new challenges to our business not only in direct effects to the healthcare estates but also to patient health. Examples of recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods, droughts, etc. The organisation has identified the need for the development of a board approved plan for future climate change risks affecting our area.

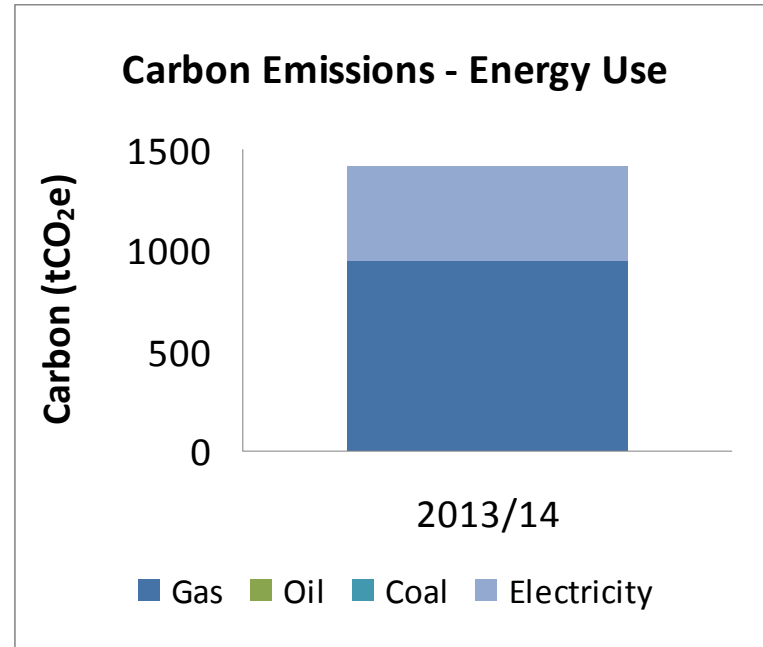
As a part of the NHS, it is our duty to contribute towards the goal set in 2009 of reducing the carbon footprint of the NHS by 10% (from a 2007 baseline) by 2015. The Trust was established in 2012 and has been working to ensure we contribute as required to carbon reduction.

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More detailed monitoring will provide information to allow us to update as part of our subsequent and separate Sustainability Report. Current performance is shown below.

Energy

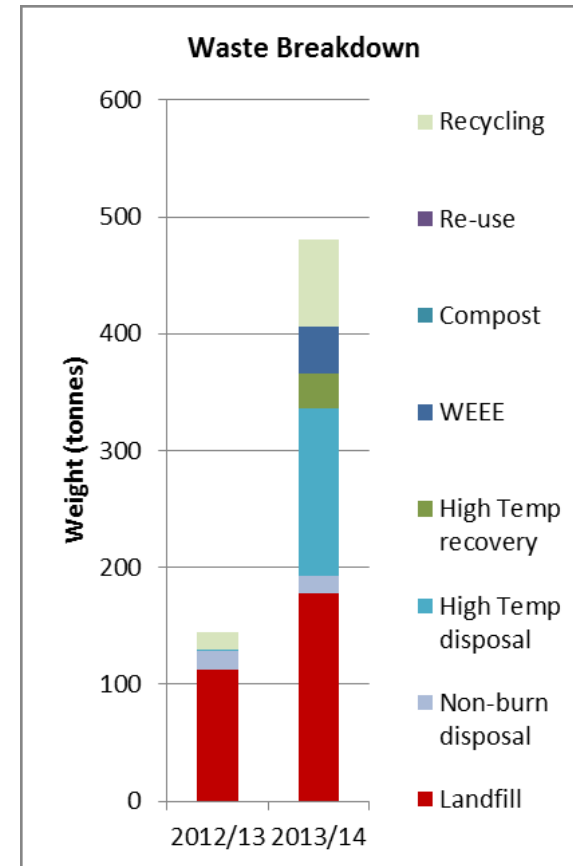
Resource		2013/14
Gas	Use (kWh)	4444993
	tCO ₂ e	942.960815
Oil	Use (kWh)	0
	tCO ₂ e	0
Coal	Use (kWh)	0
	tCO ₂ e	0
Electricity	Use (kWh)	1017600
	tCO ₂ e	477.376
Total Energy CO ₂ e		1420.336815
Total Energy Spend		£554,892.00



Shropshire Community Health Trust continues to work with partners and suppliers in driving down unit costs of energy purchased.

Performance of the biomass boiler at Whitchurch Community Hospital has been improved by changing from wood chippings to wood pellets.

Waste		2013/14
Recycling	(tonnes)	75
	tCO ₂ e	1.575
Re-use	(tonnes)	0
	tCO ₂ e	0
Compost	(tonnes)	0
	tCO ₂ e	0
WEEE	(tonnes)	40.21
	tCO ₂ e	0.84441
High Temp recovery	(tonnes)	29.68
	tCO ₂ e	0.62328
High Temp disposal	(tonnes)	142.66
	tCO ₂ e	2.99586
Non-burn disposal	(tonnes)	15.11
	tCO ₂ e	0.31731
Landfill	(tonnes)	178
	tCO ₂ e	43.50636
Total Waste (tonnes)		480.66
% Recycled or Re-used		0.003276744
Total Waste tCO ₂ e		49.86222



Performance is continually monitored by our partner shared services agency, and a new waste management policy has been produced.

A new contract has been set up for confidential waste paper on a number of sites. A contract is in place to recycle obsolete IT equipment.

Water

Water		2012/13	2013/14
Mains	m ³	22923	17073
	tCO ₂ e	21	15
Water & Sewage Spend		£ 36,894	£ 41,379

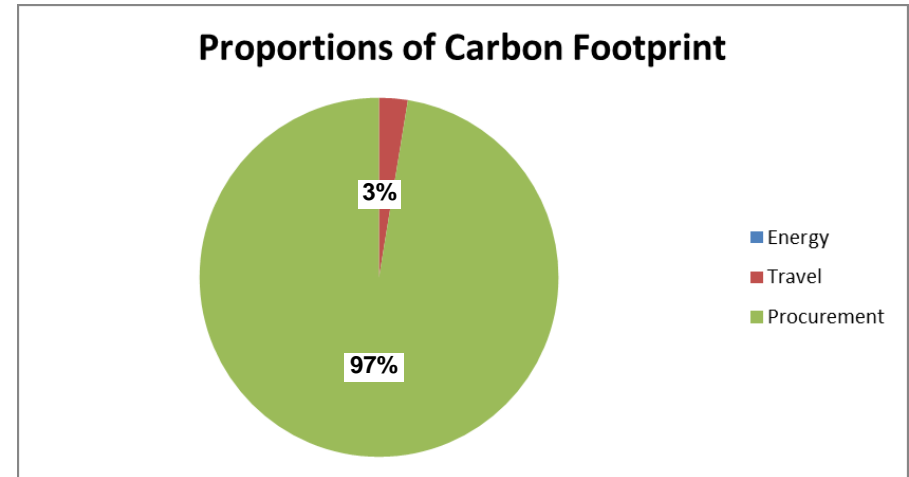
Performance

A tap replacement programme is ongoing. A replacement programme is ongoing for laundry equipment which uses less water and electricity.

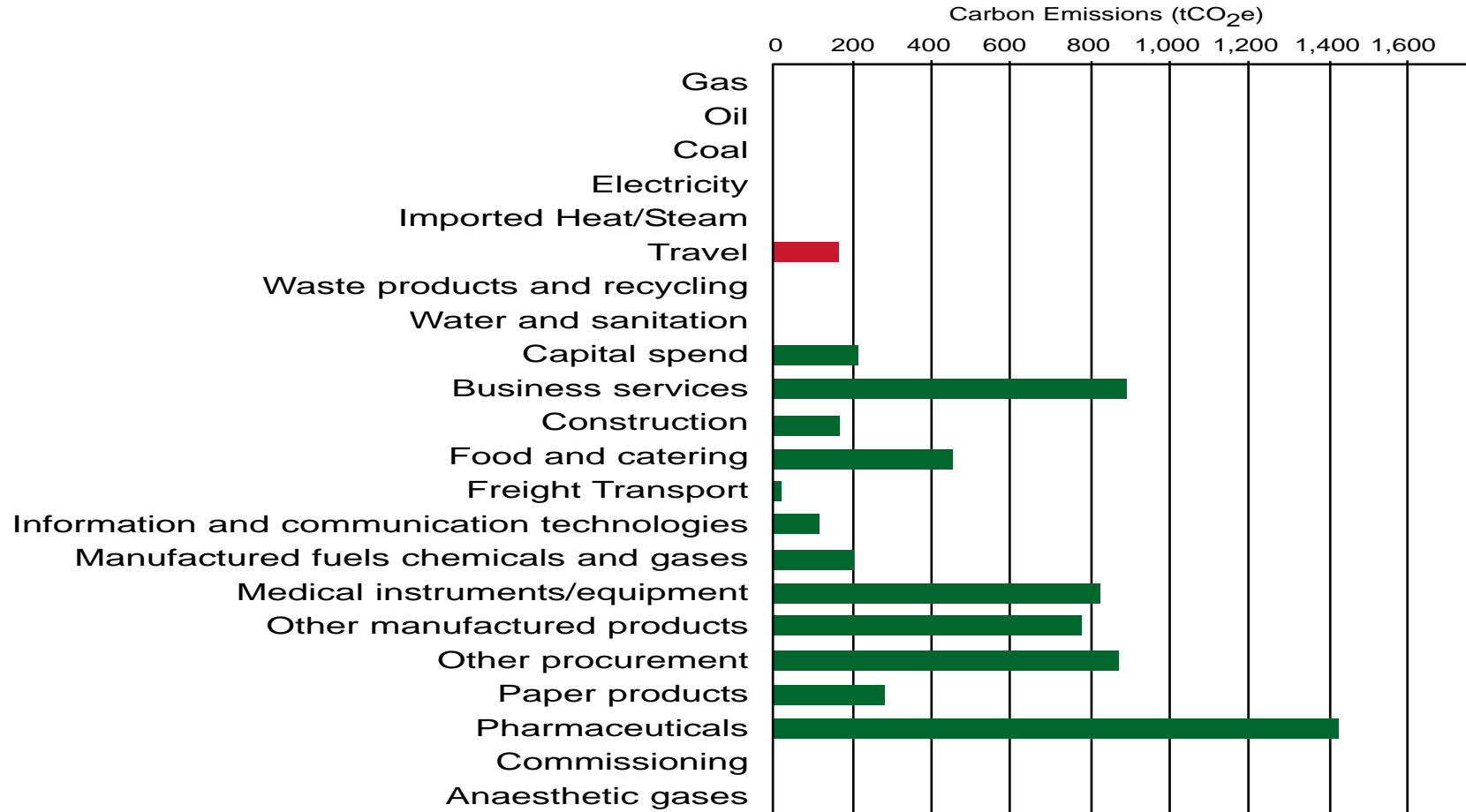
There is ongoing replacement of laundry equipment at Community Hospitals and the upgrading of bathroom facilities at Community Hospitals.

Modelled Carbon Footprint

The information provided in the previous sections of this sustainability report uses the ERIC returns as its data source. However, we are aware that this does not reflect our entire carbon footprint. Therefore, the following information uses a scaled model based on work carried out by the NHS Sustainable Development Unit (SDU) in 2009/10. It results in an estimated total carbon footprint of 6,420 tonnes of equivalent carbon emissions.



Organisation Carbon Emissions Profile



Emergency planning – making sure we can cope with the unexpected

During the year we reviewed our emergency and business continuity plans against new national guidelines, best practice and lessons learned from recent emergencies. We also held training sessions for managers and staff on how to respond to and manage emergencies.

Working with multi-agency partners, we arranged an exercise to look at how best to respond to a possible incident involving the evacuation of one of our buildings and identification of vulnerable people. We also ran an in-house business continuity exercise for managers on call, and have introduced new systems for notifying key staff of an incident.

Whilst no emergencies were declared by the Trust over the past twelve months, we nevertheless put in place emergency arrangements for managing capacity and dealing with the impact of severe weather.



Disclosure of serious untoward incidents involving data loss or confidentiality breaches

During the past 12 months the Trust has reported two data security significant incidents (SI).

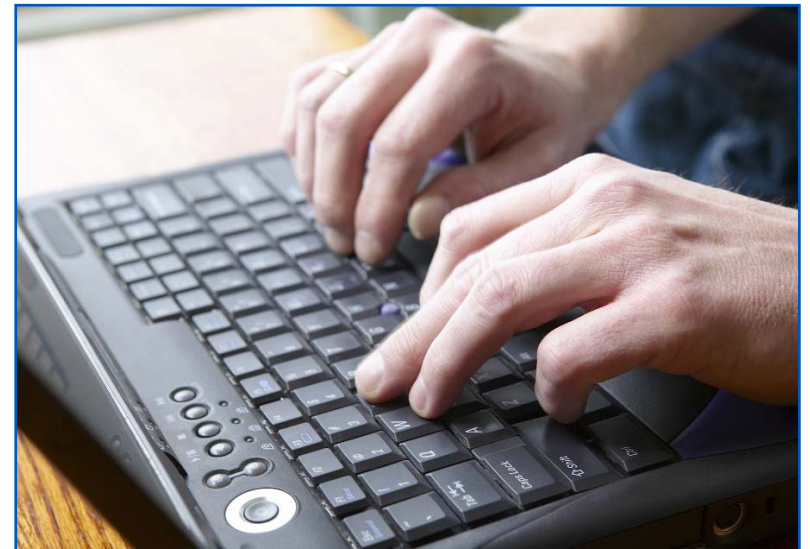
A member of staff left a locked suitcase on a train containing a laptop and three sets of patient notes. The laptop was encrypted and posed no information governance threat or issue; access by an unauthorised person would not have been possible.

The suitcase was safely retrieved intact and returned to the Trust. There was no sign of the suitcase being accessed. The three patients were informed of the incident and the outcome.

A second incident involved the unauthorised transfer of a database containing sensitive data relating to sexual health patients. The data was transferred to another NHS organisation and the incident was reported to the Information Commissioner, who assessed the case and found that, although the transfer had been unauthorised, the data had remained within the NHS arena and the Trust had dealt with the incident satisfactorily. Therefore, there was no further action to take.

Charges for accessing information

The Trust complies with all current regulations and guidance in relation to charging people wishing to access information; either under the Data Protection Act or under the Freedom of Information Act.



Measures to Combat Fraud

The Trust employs a local counter fraud specialist, and has had a counter fraud work plan in place for 2013/14. This has included:

- delivering an awareness campaign including anti-fraud training, articles in Trust newsletters, leaflets and posters
- communicating anti-fraud notices to managers
- reviewing and implementing anti-fraud policies
- reviewing and testing employment and remuneration policies
- undertaking mandatory national fraud initiatives
- investigating potentially fraudulent issues raised
- liaison with managers to ensure that fraud sanctions are understood and implemented.



Mr Terry Feltus
Local Counter Fraud Specialist

Our Future Plans

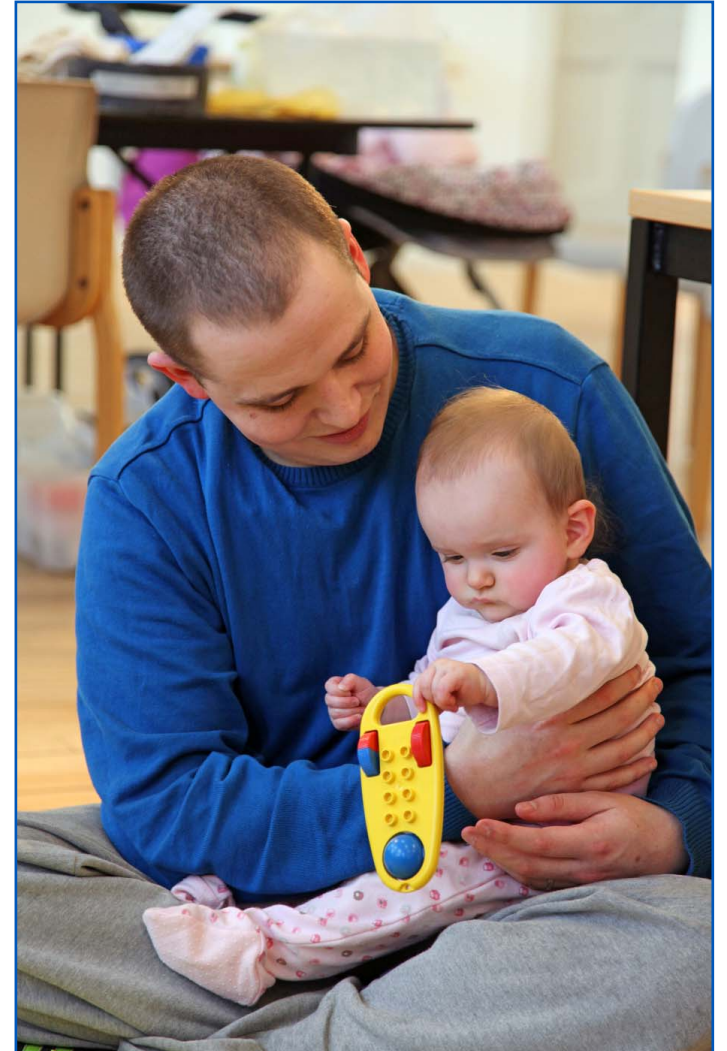
A growing theme in national discussions about the NHS is the importance of community and GP services, especially in ensuring effective help and support for the increasing numbers of people who live for many years with long-term illnesses and want to stay as well and independent as possible.

Exploiting the potential of community services

As a Trust, we believe that community services have the potential to:

- substantially change the overall pattern of local care
- improve patients' experience and independence through access to services close to home
- help to manage increasing demand within tight financial constraints.

Our plans are based on changing and developing our services so that they can effectively deliver more patient activity that does not need specialist acute hospital facilities.



Tackling the major challenges for the future – *Call to Action and Future Fit*

There are already some very good health services serving patients in Shropshire, Telford and Wrekin and mid Wales. They have developed over many years to meet the needs and expectations of the population served.

However, people's needs are changing. Higher standards are now expected. The economic environment is also exceptionally challenging to healthcare providers. So it has become clear that the time has come to look again at how we can best provide high quality services for the next 20 years.

***Call to Action* consultation**

Organised under the national *Call to Action* for the NHS, in November 2013 the local CCGs ran a consultation on how best to identify the types of healthcare needed locally. The public told us they wanted full engagement in thinking through options for the future and that nothing should be pre-determined.

There was a real consensus between the public and health professionals about the need for significant change, and that such change should be clinically led with extensive public involvement.

There was agreement that:

- better support is needed for people in managing their own health
- more care should be delivered in the community and at home
- hospitals are currently misused as a result of poor design of the overall healthcare system and the lack of well understood and properly resourced alternatives

***Future Fit* programme**

Since the *Call to Action* consultation, the Shropshire and Telford and Wrekin Clinical Commissioning Groups – in partnership with our own Trust and others – have established a *Future Fit* programme Board to oversee the bringing together of detailed proposals for change, both for acute hospital services and for community hospital services. Community Trust clinicians are closely involved in this process.

The *Future Fit* Board has been looking at the key challenges faced by local health services and the drivers for change, including an ageing population and increases in long-term conditions.

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So far it has identified key principles to underpin new models of care and made good progress in mapping out what those models could look like.

Its first report suggests patients should be directed to the least intensive forms of care to meet their needs. To achieve this, it advocates a better integrated system of health and social care, and a strengthening of community health services to keep people at home and out of hospital, enhance the role and involvement of primary care, and consistently deliver the right care in the right place by the right staff.

Detailed proposals for changes in the way services are delivered will be subject to extensive public engagement, and full public consultation.

Although *Future Fit* is specifically about hospital services, it is well recognised that the new way of working will also depend on having the right pattern of non hospital-based services. That means community health and social care teams, community reablement, and ever-closer working between GP and community services.

Developing community hubs

Our plans therefore include the development of a new style of community hospital or community health ‘hub’ offering proactive sub-acute care and both step up and step down reablement, alongside assessment, a wider range of ambulatory care, and offering facilities to the voluntary sector.

We are also working, in discussion with our CCG colleagues, on new styles of neighbourhood teams – community nurses, therapists and other agencies including social care “wrapped around” a group of GP practices.

Children’s and family services

For children’s and family services, we are working closely with partners on improving transitions to adult care for children with long-term health issues. For children with disabilities and special educational needs, we are jointly planning services with local authorities, including giving service users the option for personalised budgets and direct payments for support.

Performance standards

As we move forward, we will continue to place high priority on delivering key performance standards, especially those which we have not met in 2013/14, including waiting times in certain services.

Our workforce

Our workforce strategy involves the re-shaping of staff roles to work in integrated community teams; community hospitals offering a new range of services; and working closely with partners in the acute sector, local authorities and voluntary sector.



Chief executive appointed

In October 2013 following a national recruitment process, Jan Ditheridge was appointed as the new Chief Executive of Shropshire Community Health NHS Trust, having arrived in an interim capacity in the previous month following secondment from her role as Deputy Chief Executive and Director of Service Delivery for Worcestershire Health and Care NHS Trust.

Jan brings with her a wealth of knowledge and expertise and is an experienced strategic leader with a background encompassing a broad variety of clinical, operational and leadership roles.

She is dual qualified as a registered mental health nurse and registered general nurse and has worked in a range of services and settings, including A&E, intensive care and specialist burns units.

She has held a series of senior roles, including as quality lead for NHS Thames Valley and Northamptonshire, director of nursing and operations at NHS Direct, and clinical governance manager/lead nurse at the West Midlands South Strategic Health Authority.



Commenting at the time of her appointment, Jan said: "I am really excited about joining the Trust at such an important point in its development. The challenge ahead is to continue to develop excellent and effective community services in partnership and collaboration with others, and to meet the changing and growing needs of our communities."

Executive directors join the Trust

Two new executive directors joined the Trust in the summer of 2013 – Trish Donovan (pictured right) as Director of Finance, Performance and Information and Tessa Norris as Director of Operations.

Trish Donovan has had extensive experience across a range of NHS organisations – including acute and mental health Trusts. She has Board-level experience in finance, contracting, information management and technology and estates functions. She was previously Director of Finance and Performance and Deputy Chief Executive at North Staffordshire Combined Healthcare NHS Trust.

Tessa Norris has over five years of Board-level experience in NHS organisations and a track record in delivering a complex portfolio of community services. She was previously Director of Community Services and Integrated Care at the Dudley Group NHS Foundation Trust.



Our two new non-executive directors

Two new non-executive directors, Peter Phillips and Jane Mackenzie, were appointed to our Trust Board during the year by the NHS Trust Development Authority.



Peter Phillips, who lives in Shrewsbury, has extensive private sector financial and commercial experience and non-executive roles with Arts Council England (Midlands chairman), Southern Housing Group (social housing), and Quality Compliance Systems Ltd (care and health sector services). Peter took over from previous Non-Executive Director Chris Bird

Jane Mackenzie is a highly specialist speech and language therapist and art therapist with over 25 years' clinical experience in community settings across England and Wales. She has had particular experience working as a specialist speech and language therapist for people with learning disabilities in Shropshire, Powys and Ceredigion.

Membership of the Trust Board

As at 31 March 2014

Mike Ridley, Chairman

Michael Sommers, Non-Executive Director

Rolf Levesley, Non-Executive Director

Angela Saganowska, Non-Executive Director

Peter Phillips, Non-Executive Director

Jane Mackenzie, Non-Executive Director

Jan Ditheridge, Chief Executive

Trish Donovan, Director of Finance

Steve Gregory, Director of Nursing (interim)

Dr Alastair Neale, Medical Director

Tessa Norris, Director of Operations
(voting member since January 2014)

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

Disclosure of Interests - Board Members

Name	Interest
Mr Mike Ridley - Chair	Director, Crewe YMCA Daughter is a Senior Analyst with CHKS
Ms Jan Ditheridge – Chief Executive <i>(from 30 September 2013)</i>	Nil
Mr Michael Sommers – Non- Executive Director	Nil
Mr Rolf Levesley – Non-Executive Director	Non-Executive Director at South Staffordshire Housing Association and Housing Plus Group
Ms Angela Saganowska – Non-Executive Director	Hospital Manager under the Mental Health Act South Staffordshire and Shropshire NHS Mental Health Trust. Role is solely to review individuals detained under the Mental Health Act. Role has no strategic or operational responsibilities
Mr Peter Phillips – Non-Executive Director <i>(from 21 October 2013)</i>	NED/Chairman of Quality Compliance Systems LTD which provides compliance manuals for care homes, domiciliary care, GP and dental practices
Ms Jane Mackenzie – Non-Executive Director <i>(from 1 September 2013)</i>	Member of the Shropshire Older Peoples Assembly (SOPA) steering group Volunteer at Severn Hospice. Shropshire Councillor. Shrewsbury Town Council Councillor
Mrs Trish Donovan – Director of Finance <i>(from 1 August 2013)</i>	Nil
Mr Steve Gregory – Director of Nursing (interim) <i>(from 13 January 2014)</i>	Nil

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Name	Interest
Dr Alastair Neale – Medical Director	Trustee of Sebakwe Black Rhino Trust – a conservation and children’s charity in Zimbabwe I provide occasional private clinical work to Cruckton Hall School Hanwood which specialises in ADHD and ASD
Ms Tessa Norris – Director of Operations <i>(from 1 July 2013)</i>	Nil
Ms Julie Thornby – Director of Governance and Strategy	Nil
Mr Owen White – Interim Director of Finance, Contracting and Performance <i>(until 3 June 2013)</i>	Director at Julanowe Services Ltd
Mr Chris Calkin – Interim Director of Finance <i>(from 3 June 2013 to 29 July 2013)</i>	Chris Calkin Consulting – Sole Trader providing consultancy services to the NHS Healthcare Financial Management Association (HFMA) – Chair of Policy Forum and National Media Officer (Non Trustee Posts). HFMA is a registered charity. HFMA provide a range of educational services to the NHS Wife is Acting Director of Human Resources University Hospital of North Staffordshire NHS Trust Daughter is Senior Reporter on the Health Service Journal
Ms Nette Carder – Interim Director of Operations <i>(until 26 July 2013)</i>	Director at Athena Leadership and Management Ltd
Mr Chris Bird – Non-Executive Director <i>(until 18 October 2013)</i>	Voluntary Treasurer of Telford MIND. Vice Chair of Governors Southall School Active member of the MS Society
Ms Maggie Bayley – Director of Nursing, AHPs, Quality and Workforce <i>(until 17 January 2014)</i>	Nil
Mrs Julia Bridgewater – Interim Chief Executive <i>(Until 20 September 2013)</i>	Nil

Role and membership of Board Committees

Audit Committee

Role and Purpose

The Audit Committee oversees governance and risk management processes to ensure that they are comprehensive and fit for purpose, and that both clinical and non-clinical factors are taken into account. It scrutinises that Trust's annual accounts, seeks to maximise the contribution made by internal audit, and manages the relationship with the Trust's external auditors.

Membership

- Peter Phillips (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. Non-Executive Directors (excluding the Chairman) are invited to attend.

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 5 of the Foreword to this Annual Review.

Quality and Safety Committee

Role and Purpose

The Quality and Safety Committee oversees the review of quality assurance 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 provide assurance to the Trust Board.

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Membership

- Angela Saganowska (Chair) – Non-Executive Director
- Mike Ridley – Chairman
- Rolf Levesley – Non-Executive Director
- Steve Gregory (Executive Lead) Director of Nursing (interim)
- Dr Alastair Neale – Medical Director
- Jan Ditheridge – Chief Executive
- Tessa Norris – Director of Operations
- Julie Thornby – Director of Governance and Strategy

The Deputy Director of Operations, Deputy Director of Nursing and Quality, Quality Facilitator and 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, investment 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
- Peter Phillips – Non-Executive Director
- Trish Donovan (Executive Lead) – Director of Finance
- Jan Ditheridge – Chief Executive
- Tessa Norris – Director of Operations
- Steve Gregory – Director of Nursing (interim)

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

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Membership

- Rolf Levesley (Chair) - Non Executive Director
- Trish Donovan – Director of Finance
- Dr Alastair Neale – Medical Director (Caldicott Guardian)
- Ms Julie Thornby – Director of Governance and Strategy
- Head of Informatics
- Project Manager, Information
- Operations Directorate Representative

Nominations, Appointments and Remuneration Committee

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 and Quality or Deputy Director of Human Resources attended 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

- approve 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. Remuneration details are shown in tables at the back of this report.

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. Where required, performance matters are managed under the Trust's *Maintaining High Standards of Performance* policy and are not linked to remuneration.

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.

Remuneration – highest paid director

NHS 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.

Information below on 'pay multiples' is subject to audit.

The banded remuneration* of the highest paid director in Shropshire Community Health NHS Trust in the financial year 2013-14 was £152,500 (2012-13, £152,500). This was 5.5 times (2012-13, 5.5) the median remuneration of the workforce, which was £27,901 (2012-13, £27,625). (*Banded remuneration is the mid-point between £150,000 and £155,000, which is the band within which the remuneration of the highest paid director falls).

In 2013-14, no employees received remuneration in excess of the highest paid director. Remuneration ranged from £14,294 (2012-13, £11,891) to £152, 500 (2012-13, £152,500).

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

Off-payroll arrangements

The table below shows arrangements which the Trust had during the year with individuals who provided services for which they were paid on a self-employed basis or through their own companies.

Employment through agencies is not included. As required, only arrangements lasting six months or more, with a value of over £220 per day, are shown. The information below is not subject to audit.

	Number
Number of existing engagements as of 31 March 2014	9
<i>Of which, the number that have existed:</i>	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	2
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	7

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Number of new engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014	1
Number of new engagements which include contractual clauses giving the Shropshire Community Health NHS Trust the right to request assurance in relation to income tax and National Insurance obligations	1
Number for whom assurance has been requested (This is zero because the contract has come to an end.)	0
<i>Of which:</i>	
assurance has been received	0
assurance has not been received	0
engagements terminated as a result of assurance not being received	0

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	0
Number of individuals that have been deemed "board members, and/or senior officers with significant financial responsibility" during the financial year. Note: This figure includes both off-payroll and on-payroll engagements.	18

Risk management

The standard contract for self-employed workers contains binding clauses requiring the contractor to comply with all relevant statutes and regulations relating to income tax and national insurance contributions in respect of fees paid by the Trust, and indemnifying the Trust against any liabilities incurred in respect of such contributions. It also requires the contractor to demonstrate to the Trust his/her compliance with such legislation on request. The contractor's agreement to these terms is judged to constitute an appropriate level of risk assessment and management.

The Trust has a risk management system in place to manage organisational, financial and clinical risks. The system is set out within the *Risk Management Policy*.

Risks are identified through events that have happened – for example, through incidents and complaints, through meetings and by formal risk reviews. The risks identified are managed and monitored at a level which is appropriate to the risk rating. Mitigation measures are identified and, along with details of the risk, are recorded using a web based system. The Audit Committee, through its annual work plan, seeks assurance that risks are being effectively managed throughout the Trust. There is an annual audit programme in place to test the Trust's risk control systems.

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.

The Trust's accounts are prepared under the direction of the Secretary of State for Health which states that:

1. The Accounts submitted under Section 232 Schedule 15 of the National Health Service Act 2006 shall show, and give a true and fair view of the Trust's gains and losses, cash flows and financial state at the end of the financial year.
2. The Accounts shall meet the accounting requirements of the NHS Trusts Manual for Accounts in force for the relevant financial year, which shall be agreed with the Treasury.

Financial Duties

NHS Trusts are required to deliver statutory and other financial duties. For the year ended 31 March 2014, the Trust met these duties, as summarised below and set out in more detail within the financial statements:

- to break-even on Income and Expenditure – achieved
- to maintain capital expenditure below a set limit (the CRL) – achieved
- to remain within an External Financing Limit (the EFL) - achieved

Our Finances at a Glance

Total income for the year: £76 million

Of which

£72 million relates to patient care including

Shropshire CCG £41 million

Telford and Wrekin CCG £15 million

Other Commissioners £16 million

£4 million relates to non-patient care, most notably training and education.

Total expenditure for the year: £76 million

Of which

(i) Pay expenditure represents £54 million

(ii) Non-pay expenditure represents £22 million

Management Commentary including Finance and Business Report

End of year position

The Trust achieved the planned financial position for 2013/14 including delivery of statutory and other financial targets, as described below.

Financial performance for 2013/14:

Financial headlines include:

- NHS Trusts are monitored at an adjusted performance level, which excludes technical accounting items. For the Trust the target at adjusted performance level was a surplus of £212k against which a surplus of £234k was achieved. Including technical accounting items, an overall surplus of £45k was achieved for the year
- The Trust therefore delivered its statutory duty of breakeven or better on income and expenditure for the year.
- Financial targets in relation to cash, capital expenditure and prompt payment of creditors were all achieved.

- The Trust's gross capital expenditure was £541k for the year including expenditure on improvements to the community hospitals, energy efficiency and healthcare equipment.
- Efficiencies totalling £2.5m were delivered during the year, as required. However, a number of savings were non-recurrent.
- A revised financial risk assessment tool was introduced during the year called the Continuity of Service (COS) rating. This assessment aims to test whether Trusts are able to stay solvent and maintain the continuity of services provided. Performance is rated on a scale of 1 to 4 (1 being the highest risk and 4 the lowest). The results achieved meant that the Trust reported a rating of 4 for the year. This replaces the Financial Risk Rating (FRR) previously used.

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

In line with national guidance prices paid to the Trust for delivering healthcare services were reduced by 1.3% in 2013/14. This reduction in income, together with inflationary cost pressures were the key factors in driving the need for the Trust to deliver efficiencies. The Trust has delivered £2.5m efficiencies during the year, although some of this was delivered non-recurrently in-year.

Following national changes in commissioning arrangements the Trust received the majority of its healthcare income (81%) from Clinical Commissioning Groups (CCGs). We are now also commissioned to deliver a number of healthcare services by neighbouring Local Authorities (for example – School Nursing and Substance Misuse services) and by NHS England (including Prison healthcare services, Dental services and Health Visiting services).

Main trends and factors affecting future development, performance and position

National guidance for 2014/15 will see a further drop in prices paid to the Trust of 1.8% 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. Progress is already underway against a number of schemes whilst others are being discussed with main commissioners; any changes will be considered in relation to the overall position of the local Health Economy. Each scheme is subject to review to ensure there is not an unacceptable impact on quality or safety.

The Trust is working actively with local partner organisations to develop a clear vision for high quality, sustainable acute and community hospital services. This programme, called Future Fit, aims to find a sustainable way to meet changing demands for healthcare and to deliver first-class services.

It is anticipated that options for the future will be presented during 2015, following engagement with local communities and clinical experts. This work will enable the local NHS to set a clear and sustainable vision for the future, and the Trust is committed to working together with others to deliver this.

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Comment on predictions made in previous years

As expected, the financial constraints within the NHS resulted in a challenging efficiency programme for the Trust during 2013/14. Savings of £2.5m were delivered, although a number of savings were non-recurrent.

As predicted, the changes to the commissioning structure within the NHS added complexity to the landscape within which the Trust operates.

Development and performance of business for the period under review and in the future

Following the abolition of Primary Care Trusts on 1 April 2013 a number of land and building assets transferred to the Trust with a net book value of approximately £16.9 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 £1.1 million on capital during 2014/15 including maintenance of existing assets and in technology to aid mobile working and support transformation which will help to deliver future efficiencies.

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 financial plan for 2014/15 includes efficiencies totalling approximately £3.5 million. Detailed plans to deliver a number of savings schemes are in place, whilst other potential efficiency programmes are being discussed with commissioners. Delivery of the required level of efficiency savings, whilst maintaining service quality and safety, remains a key financial risk.

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

As expected the Trust's asset base increased significantly in 2013/14 as a number of land and building assets transferred to the Trust following the abolition of Primary Care Trusts. These assets are buildings and properties already utilised by the Trust and during 2013/14 the Trust has invested £291k from its capital resource to improve and enhance premises.

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The Trust's liquidity has remained strong throughout 2013/14 and the cash balance at 31 March stood at £5.7m.

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. Note 10.6 in the accounts provides further details on pension costs.

Severance payments

No severance payments were made to any staff.

Exit packages

Exit packages and non-compulsory departures disclosures are included in the full annual accounts at Notes 10.4 and 10.5.

Note that details of compensation payable to former senior managers is subject to audit.

Commentary on Summary Financial Statements

1. Introduction

The attached Summary Financial Statements 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

NHS Trusts are required to meet statutory and other key financial duties:

- 2.1 Statutory breakeven duty – the Trust achieved a surplus of £0.2m and therefore met this duty.
- 2.2 To achieve a capital cost absorption rate of 3.5%. This duty did not apply to the Trust this year. A dividend is paid to the Department of Health as a return of 3.5% on the average relevant net assets held. The value of land and building assets received from the PCTs which ceased to exist on 1 April 2013 were excluded from the calculation for 2013/14, therefore resulting in a dividend of nil.
- 2.3 To remain within the External Financing Limit (EFL), which is a limit on the level of external finance the Trust can access. The Trust was within this by £0.3m and therefore met this duty.
- 2.4 To remain within the Capital Resource Limit (CRL), which is a limit on the level of capital expenditure the Trust can incur. The Trust was within this by £0.2m and therefore met this duty.

3. The Statement of Comprehensive Income

The Statement of Comprehensive Income shows the retained surplus for the year of £0.2m. The majority of income is healthcare income received from the 2 local CCGs. The majority of 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 (£19.3m). The land and buildings assets were transferred from the 2 local PCTs on 1 April 2013. The required 5 yearly revaluation of land and buildings was carried out as at 31 March 2014, resulting in a downwards revaluation of £0.2m.

The main item in the Current Assets section relates to the Trade and Other Receivables (i.e., amounts owed to the Trust), which have increased by £2.2m. This is mainly an increase in amounts owed by other NHS organisations which we expect to collect. The increase reflects that the value was particularly low at the end of the previous year as a result of the reorganisation of some NHS bodies.

Trade and Other Payables (i.e., amounts owed by the Trust) have increased by £0.8m due to estimates of payments owed for leased properties, where invoices were awaited at year end.

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Provisions have increased by £0.5m. This is due to a provision for restructuring costs.

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

5. Statement of Changes in Taxpayers' Equity

The Statement of Changes in Taxpayers' Equity shows the movement on reserves that finance the Trust's net asset position. Overall taxpayers' equity increased from £4.5m to £21.4m this year, with key movements relating to assets transferred to the Trust, revaluation of assets and the annual retained surplus reported.

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 remained stable, decreasing by £0.1m in the year.

7. Better Payment Practice Code

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

There are two measures of performance – numbers of invoices and value of invoices. 98% of the total number of invoices and 98% of the total value of invoices were paid within the 30 day target. More detail is shown on page 84. The Department of Health expects 95% as a minimum.

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

8. Audit

The Trust's external auditors are Grant Thornton. External audit work has related entirely to statutory audit requirements and cost £54,000.



Summary Financial Statements

These statements are a summary of the Annual Accounts produced by the Trust for the year ended 31st March 2014

Statement of Comprehensive Income for Year ended 31st March 2014

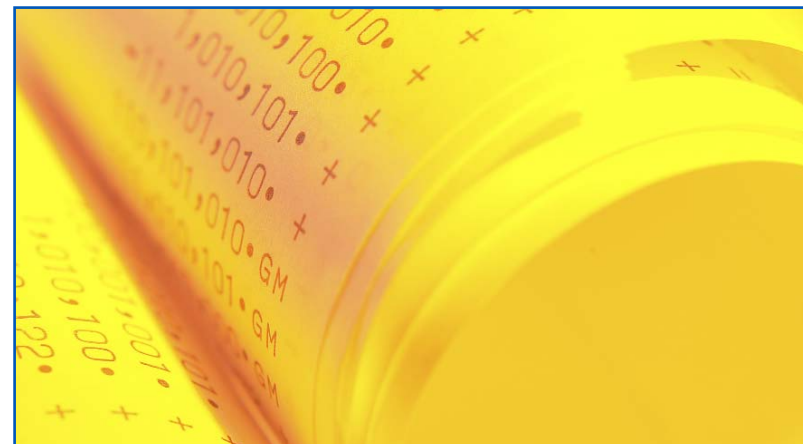
	2013/14 £'000
Gross employee benefits	(54,368)
Other operating costs	(21,682)
Revenue from patient care activities	72,569
Other operating revenue	3,536
Operating surplus/(deficit)	55
Investment revenue	19
Other gains/(losses)	(29)
Surplus/(deficit) for the financial year	45
Retained surplus/(deficit) for the year	45
Other Comprehensive Income	
Impairments and reversals taken to the Revaluation Reserve	(480)
Net gain/(loss) on revaluation of property, plant and equipment	494
Total other comprehensive income for the year	14
Total comprehensive income for the year	59

Financial performance for the year

	2013/14 £'000
Retained surplus/(deficit) for the year	45
Impairments	184
Adjustment in respect of donated asset/government grant reserve elimination	5
Adjusted retained surplus (deficit)	234

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.
- the impairment of Trust land and buildings following the required 5 yearly revaluation.



Statement of Financial Position as at 31st March 2014

	31 Mar 2014 <u>£'000</u>
<u>Non-current assets</u>	
Property, plant and equipment	19,344
Trade and other receivables	104
Total non-current assets	19,448
<u>Current assets</u>	
Inventories	462
Trade and other receivables	3,225
Cash and cash equivalents	5,713
Total current assets	9,400
Total assets	28,848
<u>Current liabilities</u>	
Trade and other payables	-6,844
Provisions	-545
Total current liabilities	-7,389
Non-current assets plus/less net current assets/liabilities	21,459
Total assets employed	21,459

	31 Mar 2014 <u>£'000</u>
Financed by :	
<u>Taxpayers' equity</u>	
Public dividend capital	1,489
Retained earnings	16,757
Revaluation reserve	3,213
Total taxpayers' equity	21,459

The financial statements were approved by the Board and signed on its behalf by:

Chief Executive: 

Statement of Changes in Taxpayers' Equity for the Year ended 31st March 2014

	<u>Public Dividend</u>	<u>Retained</u>	<u>Revaluation</u>	<u>Total</u>
	<u>Capital</u>	<u>Earnings</u>	<u>Reserve</u>	<u>Reserves</u>
	<u>£'000</u>	<u>£'000</u>	<u>£'000</u>	<u>£'000</u>
Balance at 1 April 2013	1,000	3,401	95	4,496
Changes in taxpayers' equity for 2013/14				
Retained surplus/(deficit) for the year		45		45
Net gain/(loss) on revaluation of property, plant, equipment			494	494
Impairments and reversals			-480	-480
Transfers between reserves		44	-44	0
Transfers under modified absorption accounting - PCTs/SHAs		16,415		16,415
Reserves eliminated on dissolution	77			77
Originating capital for Trust established in year	412			412
Net recognised revenue/(expense) for the year	489	16,504	-30	16,963
Transfers between reserves in respect of modified absorption - PCTs/SHAs		-3,148	3,148	0
Balance at 31 March 2014	1,489	16,757	3,213	21,459

Statement of Cashflows for the Year ended 31st March 2014

	2013/14
	<u>£'000</u>
Cash flows from operating activities	
Operating surplus/(deficit)	55
Depreciation and amortisation	1,184
Impairments and reversals	184
(Increase)/decrease in inventories	-132
(Increase)/decrease in trade and other receivables	-2,176
Increase/(decrease) in trade and other payables	298
Provisions utilised	-59
Increase/(decrease) in provisions	540
Net cash inflow/(outflow) from operating activities	-106
Cash flows from investing activities	
Interest received	19
(Payments) for property, plant and equipment	-517
Proceeds of disposal of assets held for sale (PPE)	1
Net cash inflow/(outflow) from investing activities	-497
Net cash inflow/(outflow) before financing	-603
Cash flows from financing activities	
Public Dividend Capital received	489
Net cash inflow/(outflow) from financing activities	489
Net increase/(decrease) in cash and cash equivalents	-114
Cash and cash equivalents (and bank overdrafts) at start of period	5,827
Cash and cash equivalents (and bank overdrafts) at year end	5,713

Better Payment Practice Code

	2013/14 <u>Number</u>	2013/14 <u>£'000</u>
<u>Non-NHS invoices</u>		
Total invoices paid	23,875	17,834
Total invoices paid within the target	23,268	17,464
Percentage of invoices paid within target	97.5%	97.9%
<u>NHS invoices</u>		
Total invoices paid	1,583	11,039
Total invoices paid within the target	1,544	10,547
Percentage of invoices paid within target	97.5%	95.5%

Staff Sickness Absence

	2013/14 <u>Number</u>
Total days lost	13,607
Total staff years	1,286
Average working days lost	10.6

Sickness absence information, provided by the Department of Health is for a calendar year, i.e. the 13/14 figures are for Jan-Dec 2013.

Shropshire Community Health NHS Trust - Remuneration Report 2013/14 Senior Managers' Remuneration and Pensions (information subject to audit)

Remuneration: 2013/14

Name and title

		Salary (bands of £5,000)	Taxable expense payments (to nearest £100)	Performance pay and bonuses (bands of £5,000)	Long-term performance pay/bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
		£000	£00	£000	£000	£000	£000
Jan Ditheridge (Chief Executive)	From Oct 13 only	65-70				72.5-75	135-140
Julia Bridgewater (Interim Director of Finance)	To Sep 13 only	35-40				N/A	N/A
Trish Donovan (Director of Finance)	From Aug 13 only	70-75				30-32.5	100-105
Chris Calkin (Interim Director of Finance)	Jun-Jul 13 only	40-45					
Owen White (Interim Director of Finance)	To May 13 only	35-40					
Alistair Neale (Medical Director)		150-155				122.5-125	275-280
Tessa Norris (Director of Operations)	From Jul 13 only	65-70				50-52.5	115-120
Nette Carder (Interim Director of Operations)	To Jul 13 only	80-85					
Maggie Bayley (Director of Nsg, AHPs, Quality and Workforce)	To Jan 14 only	105-110				17.5-20	100-105
Julie Thornby (Director of Governance and Strategy)		85-90				15-17.5	100-105
Steve Gregory (Director of Nursing)	From Jan 14 only	20-25				N/A	N/A
Mike Ridley (Chairman)		20-25					
Chris Bird (Non-Executive)	To Oct 13 only	0-5					
Angela Saganowska (Non-Executive)		5-10					
Mike Sommers (Non-Executive)		5-10					
Rolf Levesley (Non-Executive)		5-10					
Jane Mackenzie (Non-Executive)	From Sep 13 only	0-5					
Peter Phillips (Non-Executive)	From Oct 13 only	0-5					

Notes

1. The salary figure for Maggie Bayley includes £25k for pay in lieu of notice. This is included in the exit package notes to the accounts (notes 10.4 & 10.5)
2. There was no remuneration waived by directors or allowances paid in lieu to directors in 2013/14.
3. Owen White, Chris Calkin and Nette Carder are interims paid via agencies. Therefore the reported salary is actually the full cost to the Trust.
4. Pension related figures for Julia Bridgewater (current and prior year) and Steve Gregory (prior year) are not available as they were not employed by this Trust.

Remuneration: 2012/13

Name and title

Name and title	Salary (bands of £5,000)	Taxable expense payments (to nearest £100)	Performance pay and bonuses (bands of £5,000)	Long term performance pay/bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000
Jo Chambers (Chief Executive)					-7.5—10	120-125
Stuart Rees (Director of Finance & Performance)	80-85				12.5-15	95-100
Owen White (Interim Director of Finance, Contracting & Performance)	55-60					
Alistair Neale (Medical Director)	150-155				-15—17.5	135-140
Ted Wilson (Director of Operations)	85-90				2.5-5	85-90
Nette Carder (Interim Director of Operations)	30-35					
Maggie Bayley (Director of Nsg, AHPs, Quality & Workforce)	95-100				-5—7.5	90-95
Julie Thornby (Director of Governance & Strategy)	80-85				7.5-10	90-95
Paul Draycott (Director of Organisation Develop & Workforce)	10-15				-27.5—30	-15—20
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.

Pension entitlements

Name and title

Name and title		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 2014 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2014 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2013 £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Real increase in Cash Equivalent Transfer Value £000
Jan Ditheridge (Chief Executive)	From Oct 13 only	2.5-5	7.5-10	30-35	100-105	557	628	58
Trish Donovan (Director of Finance)	From Aug 13 only	0-2.5	2.5-5	35-40	105-110	568	622	41
Alistair Neale (Medical Director)		5-7.5	2.5-5	45-50	130-135	734	790	40
Tessa Norris (Director of Operations)	From Jul 13 only	0-2.5	5-7.5	25-30	75-80	460	530	59
Maggie Bayley (Director of Nsg, AHPs, Quality and Workforce)	To Jan 14 only	0-2.5	0-2.5	35-40	115-120	662	710	33
Julie Thornby (Director of Governance and Strategy)		0-2.5	0-2.5	30-35	90-95	524	564	28
Steve Gregory (Director of Nursing)	From Jan 14 only	N/A	N/A	40-45	120-125	N/A	676	N/A

Notes

1. As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for these members.
2. Pension figures for Julia Bridgewater (current and prior year) and Steve Gregory (prior year) are not available as they were not employed by this Trust.
3. There are no additional benefits that will become receivable by the individual if they retire early.

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

We have audited the financial statements of Shropshire Community Health NHS Trust for the year ended 31 March 2014 under the Audit Commission Act 1998. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

We have also audited the information in the Remuneration Report that is subject to audit, being:

- the table of salaries and allowances of senior managers and related narrative notes
- the table of pension benefits of senior managers and related narrative notes
- the pay multiples and related narrative notes

This report is made solely to the Board of Directors of Shropshire Community Health NHS Trust in accordance with Part 14 of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 44 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2014. 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 auditors

As explained more fully in the Statement of Directors' Responsibilities in respect of the accounts, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards also require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trust; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report which comprises the sections entitled: Foreword, Who we are and what we do; Performance overview for 2013/14; Our finances at a glance; Vision and objectives; Our community services; Our children's and family services; Our community hospitals; Our staff; Quality and safety; Putting patients at the heart of what we do; Sustainability; Emergency planning, Disclosure of serious untoward incidents; Measures to combat fraud; Our future plans; Corporate information; Financial duties; Management commentary including finance and business report, Commentary on summary financial statements; Summary financial statements; and Remuneration report, to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of Shropshire Community Health NHS Trust as at 31 March 2014 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health service in England.

Opinion on other matters

In our opinion:

- the part of the Remuneration Report subject to audit has been prepared properly in accordance with the requirements directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England; and
- the information given in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we report by exception

We report to you if:

- in our opinion the governance statement does not reflect compliance with the Trust Development Authority's Guidance;
- we refer the matter to the Secretary of State under section 19 of the Audit Commission Act 1998 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 8 of the Audit Commission Act 1998.

We have nothing to report in these respects.

Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources Respective responsibilities of the Trust and auditors

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

We are required under Section 5 of the Audit Commission Act 1998 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires us to report to you our conclusion relating to proper arrangements, having regard to relevant criteria specified by the Audit Commission.

We report if significant matters have come to our attention which prevent us from concluding that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trusts arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our audit in accordance with the Code of Audit Practice, having regard to the guidance on the specified criteria, published by the Audit Commission in October 2013, as to whether the Trust has proper arrangements for: • securing financial resilience • challenging how it secures economy, efficiency and effectiveness.

The Audit Commission has determined these two criteria as those necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2014.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Conclusion

On the basis of our work, having regard to the guidance on the specified criteria published by the Audit Commission in October 2013, we are satisfied that in all significant respects Shropshire Community Health NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2014.

Certificate

We certify that we have completed the audit of the accounts of Shropshire Community Health NHS Trust in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.

Grant Patterson
Director, for and on behalf of Grant Thornton UK LLP, Appointed Auditor
Colmore Plaza, 20 Colmore Circus, BIRMINGHAM, West Midlands B46AT

6 June 2014