



Quality Account

2014/15

Who are we?

We provide community-based services for adults and children in Shropshire, Telford & Wrekin and some surrounding areas. These range from district nursing, health visiting and running four community hospitals through to providing very specialist community care through talented and dedicated staff



Formed in 2011

About 700,000 patient contacts a year

Serve a population of about 475,000

Employ around 1,300 people



Spend about £76m a year delivering services



What do we do?



We serve one of the largest geographical areas in the NHS – 1,235 square miles.

This is more than twice the size of Greater London, although we serve a much smaller population spread across a rural county.

We work in partnership with children and adults to help them to:


- Live well with long term or complex health problems
- Realise their life ambitions despite illness, disability or vulnerability
- Avoid crisis or reduce crisis episodes
- Stay at home—when ill, when recovering or at the end of their life
- Manage their own health to maintain independence and wellbeing and support their carers to care and live well

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Speaking to the Trust Board in September 2014, one Carer who had shared the story of a friend who thought he would never walk again told us:

“You turned an existence into a life”



“We will work closely with our health and social care partners to give patients more control over their own care and find necessary treatments more readily available. We will support people with multiple health conditions, not just single diseases, and deliver care as locally and conveniently as possible for our patients. We will develop our current and future workforce and introduce innovative ways to use technology.”

Our Vision

Introduction



Steve Gregory, Director of Nursing and Operations

I have the pleasure of introducing the Shropshire Community Health NHS Trust Quality Account for 2014/15. Our Quality Account is an annual report that all providers of NHS services must publish to inform the public of the quality of the services they provide. This is so you know how we deliver on our commitment to provide you with the best quality healthcare services; and to what degree our actions are aligned with our Trust values and goals.

Over the previous 12 months, we have strengthened our patient and carer engagement. We established a patient and carer panel that not only meets but really influences the way we do things in the organisation. Examples of how we have listened and taken action are including within the Quality Account.

What does our Quality Account include?

Over the last year we have collected information on the quality of all of our services within the three areas of quality:

- Keeping everyone safe in our care
- Supporting our staff to do their jobs well
- Working with partners to ensure seamless care

We have used the information to look at how well we have performed over the past year (2014/15) and to identify where we could improve over the next year; we have defined four main priorities for improvement. These relate to:

- Continuing to improve the quality of the life of the patients in our care
- Developing our skills and pathways to better support patients across our local health economy
- Improve both patient, service user and staff experience
- Providing equally responsive care for everyone

Developing quality priorities for 2015/16

The development of the Trust's Quality Account and quality priorities has been undertaken in consultation with a variety of internal and external stakeholders. This is to ensure that our priorities matched those of our patients, carers, partners and Commissioners and the wider public.

How can I get involved now and in future?

At the end of this document you will find details of how to let us know what you think of our Quality Account, what we can improve on and how you can be involved in developing the report for next year as well as how to receive a printed copy of our Quality Account.

Our Values

Over the past 18 months a lot of work has been carried out with our staff and stakeholders to develop our new values.

This was all part of helping to reset the tone of the organisation, working with our staff and patients and carers to understand “how we do things round here” - our culture - and “what our guiding principles are” - our values.



All of us want to be proud of where we work and what we do. By building a core set of values that we can all buy into, and that guide us in what we say and do, this is something we can achieve.

Improving Lives

We will make things happen to improve people's lives.

Everyone Counts

We make sure no-one feels excluded or left behind - patients, carers, staff and the whole community.

Commitment to Quality

We all strive for excellence and getting it right for patients, carers and staff every time.

Working Together for Patients

Patients come first. We work and communicate closely with other teams, services and organisations to make that a reality.

Compassionate Care

We put compassionate care at the heart of everything we do.

Respect and Dignity

We see the person every time - respecting their values, aspirations and commitments in life - for patients, carers and staff.

Strategic Goals

Our overarching vision will be delivered through four strategic goals agreed by the Trust Board, these are:

- To deliver high quality care
- To support people to live independently at home
- To deliver integrated care
- To develop sustainable community services

Section One: Our Commitment to Quality

Statement from the Trust Board

This Quality Account aims to provide assurance to the people living in Shropshire, Telford & Wrekin and the surrounding areas that we provide caring, responsive, effective, well-led and safe services.

Our identified priorities for 2015/16 are shown in this report and have been discussed with members of our Patient and Carer Panel and other local organisations such as Healthwatch as well as our staff.

These priorities are:

- Continuing to improve the quality of life of the patients in our care
- Developing our skills and pathways to better support patients in our care
- Improving both patient and staff experience
- Providing equal and responsive care for everyone



Section Two: Looking back at 2014/15

Last year we set the following priorities for us to concentrate on over the year. This section of the Quality Account will show how we have done against the specific actions we identified.

The priorities were:

- Involvement of the Patient and Carer Panel in the work of the Trust
- Keeping everyone safe in our care
- Supporting our staff to do their jobs well
- Working with partners to provide seamless care



Involvement of the Patient and Carer Panel

What we said we would do	What we have done
The Patient and Carer Panel are to identify priorities for action in the coming year	The panel have identified their priorities for the first year. Examples of these are Sit and See, developing Patient Stories, Volunteer Induction and Recruitment and representation on Trust Groups.
Specific action groups are to be set up to address areas of interest	Panel members have been involved in activities that have now become part of how we do things round here—examples are Sit and See and Patient Stories - which have helped us to understand how our services impact on those who use them and how we can improve their experience

<p>The Trust is to continue to contribute to the Patient Engagement and Experience sub group of the Safe Care Shropshire project which involves working with our partners in care to improve patient experience across all providers</p>	<p>Our Patient Experience and Engagement Lead has contributed to this group and helped develop initiatives across organisational boundaries. These include the use of real time patient feedback systems so that we can work together to improve experiences</p>
<p>We will provide feedback to the Panel about patient experience and Trust actions in relation to it</p>	<p>We feedback information about activities and in addition Panel members are also represented on an increasing number of Trust groups. This means that the panel has been able to contribute to our day to day work as well as monitor and influence outcomes from patient feedback activities</p>
<p>We will provide specific training and support to volunteers</p>	<p>Mandatory and specific induction training delivered to all our volunteers and we are developing personal portfolios for them to have as a record. This means that our volunteers are supported and enabled to carry out activities safely in our services</p>
<p>We will ensure volunteers are involved in gathering patient feedback, collating patient stories and undertaking “Sit & See” and Mystery Shopper activities</p>	<p>Volunteers have been involved in all the planned activities with the exception of Mystery Shopper during this year. They have been able to feedback to us what they thought was good and not so good about a service on a particular day, enabling instant action to be taken and then a further observation to be done to ensure that improvements have been maintained</p>
<p>We will continue to involve patients, parents and service users in the development of services – for example, the ongoing involvement of parent groups in the development of Child and Adolescent Mental Health Services (CAMHS)</p>	<p>Patients, carers and volunteers were involved in a number of focus groups and coproduction sessions with CAMHS and parents meaning that understanding has been reached and that joint actions have been identified.</p> <p>Volunteers are now represented on the new Feedback Intelligence Group that will look at the development of services—this will be reflected more in the next Quality Account</p>

Keeping everyone safe in our care

What we said we would do	What we have done
<p>We will report numbers of patient harms (for example, pressure ulcers and falls) both through incident reporting and through measurement using the NHS Safety Thermometer</p>	<p>We have seen a reduction in the overall number of pressure ulcers and falls being reported as being suffered by patients . For further detail please see pages 24 and 25</p>
<p>We will act upon concerns raised by our partners in the NHS to make sure patient safety is maintained and that any deficiencies in care are not repeated</p>	<p>The number of concerns raised by partner organisations (other NHS Trusts) is low, 10 incidents have been reported in the last year. Each has been investigated and a response has been sent to the referring organisation. Remedial actions have been taken where indicated.</p> <p>The Trust has worked with commissioners and partners to ensure that common themes across the health economy are identified and acted upon</p>
<p>We will ensure that staff attend all mandatory and specific training so that they provide safe care</p>	<p>We have increased the number of staff who are able to attend mandatory and other training during the year so that more of them are able to attend. This is by providing Mandatory Training days for specific staff groups. We will continue to develop this work further into 2015 and beyond</p> <p>For further detail please see page 16</p>

Supporting our staff to do their jobs well

What we said we would do	What we have done
<p>We will develop an overall strategy on Supporting Staff. This will help us to develop the potential of our staff so that they are supported and enabled to work differently in a way that makes them feel valued and gives them 'permission to act'</p>	<p>We have given detail of our Health and Wellbeing Strategy below. Another strand to the overall strategy is staff development and this has developed through the year. Examples include creating a culture of values driven care by involving our staff in the refreshing of our Trust values and behaviours, empowering teams and individuals via coaching to mentoring programmes and offering access to support and Promoting leadership and visibility via the Community Trust Leadership Group forum</p>
<p>We will increase the number of staff that receive an annual appraisal that is meaningful and supportive with clear developmental objectives to be delivered</p>	<p>HR are working with Operations Directorate managers to ensure there is a plan in place to ensure appraisals happen. An Appraisal audit has been undertaken and an action plan developed from the outcomes, which include review of the paperwork, training for both appraisees and appraisers and ensuring paperwork links to the Trust values. At the end of 2013-14 we reported 64% of staff had received an appraisal, this year it is 81%</p>
<p>We will develop and implement the Trust Health and Wellbeing Strategy</p>	<p>The strategy and implementation plan has been written to provide a consistent, pro-active and engaging approach to enhance the health and wellbeing of our staff. Staff were consulted on what they would like to see included. The strategy is a living document which will change as we learn and as national policy develops</p>
<p>We will carry out regular staff surveys during the year to measure staff engagement and how involved staff feel</p>	<p>Please see the Listening Section of this Quality Account for more detail—page 14</p>
<p>We will provide support for managers to reduce sickness absence.</p>	<p>HR and OH provide Essential Skills training for all managers. HR Managers attend divisional and team meetings and provide HR metrics to support managers to identify sickness absence hot spots and proactively manage attendance management cases, promoting health and wellbeing. New managing attendance policy is in place</p>

Working with partners to ensure seamless care

What we said we would do	What we have done
We will work to ensure that the process of young people cared for by our services moving into adult services is smooth and well managed	We have worked with our colleagues in Adult Mental Health Services to ensure that the process is carried out appropriately. We will continue to work closely with them over the coming year
We will raise concerns about communication issues that may occur with our partners and work with them to ensure that problems do not arise again	We work as part of the local health economy to ensure that any issues are highlighted and acted upon
We will continue to work with parent and carer groups as we develop the Child and Adolescent Mental Health Services (CAMHS)	We have had focus group and coproduction sessions with Telford parents and carers, Shropshire parents and carers and staff. We explored and actioned what works, considered what does not work and identified some collective solutions for moving forward
We will further develop Integrated Community Services (ICS) including the maturity of partnering/relationship	We have set up discussions with capacity managers to discuss how to improve the effectiveness of ICS time spent in the acute hospitals. We partake in patient focused conference calls or provide a physical attendance to acute discharge hubs twice a day. We are exploring how we can work in partnership with the Interdisciplinary Teams to avoid duplication of work, and ensure timely review of caseload
ICS will be further enhanced to be in more areas across the county and to develop ways of preventing admissions as well as helping with earlier discharge	An admission avoidance pathway is under development and we are aiming to provide an admission avoidance service in North and South localities from mid 2015

Section Three: A Listening Organisation

Patient and Staff Engagement in 2014/15



The success we have had working together to strengthen services in the past year is something we should be shouting about—so that is exactly what we have done.

The amount we have achieved since we set up the Patient and Carer Panel just over a year ago has been remarkable and we now have panel members and other volunteers involved in activities throughout the Trust.

It is not only locally that this success is being recognised. In April 2015 Steve Gregory, Director of Nursing and Operations, Mark Donovan, Patient Experience and Engagement Lead and Milly Smith, a member of our Patient and Carer Panel attended a national conference being hosted by the Kings Fund to lead a workshop on working with patients and communities. The work carried out by the panel was chosen from more than 100 examples of good partnership working and this was a great opportunity to show other healthcare professionals exactly what we are doing in Shropshire.

In a short space of time our Patient and Carer Panel has played an important part in shaping our plans for the future as well as supporting the services we deliver every day. Some of the ways the panel has been helping us include training staff in the use of the Sit and See Observational Tool, sitting on interview panels for new members of staff including Board Members, supporting staff and public events such as Celebrating Success, taking part in Trust Board development days, sharing patient stories, helping us to recruit and train volunteers and joining Trust committees, groups and workstreams.

About Sit and See.....

"It gives us the opportunity to pick up on and very quickly make changes to issues that we were unaware of and this can prevent an escalation to a complaint. It is also really nice to hear that it has been noticed when we do things well – this is really motivating for the staff and reassuring for me."

Karen Meal, Whitchurch Hospital Ward Manager

Celebrating SUCCESS

Staff Awards 2014



More than 100 people packed in to the Shropshire Education and Conference Centre in October for a day designed to showcase the great things our staff do for their patients and colleagues.

The all day, Celebrating Success event featured key note speakers Jenny Stevens, Clinical Research Manager at the Clinical Research Network (CRN) West Midlands, and Chris Connell, Implementation Consultant (West) for the National Institute of Health and Care Excellence (NICE). There were also presentations and displays from staff and interactive workshops.

The 'crowning glory' of the day was the Staff Awards ceremony, which featured some great examples of individual and team excellence from a large field of nominations made by members of staff, patients and carers.

Jan Ditheridge, Chief Executive, said: "The event was a real success and was a great way for us to recognise the hard work and dedication of our staff, and to thank them for everything they do".

Health and Wellbeing

Staff from across the organisation had the chance to get some good advice and a bit of pampering at a number of Health and Wellbeing events across the county.

The events were held to mark the launch of our Health & Wellbeing Strategy. People were able to get advice about healthy living, have their flu jab and indulge themselves with pedicures and massages.

The four events took place in Craven Arms, Whitchurch Hospital, William Farr House and Halesfield during the last week of November.



Staff Engagement

During 2014-2015 we carried out a lot of events and activities to help support staff. Examples of these are the Health and Wellbeing Week in November when pamper days were held across the county and a regular newsletter—"Putting our staff first" was published with lots of news and helpful hints to keep staff healthy. More events are planned for 2015 including Away Days for specific staff groups to enable them to be involved in the ongoing development of our values and also to be able to have conversations with senior members of staff including the Trust Board.

We also concentrated on ensuring that more members of staff were given the opportunity to have an appraisal meeting with their manager—in March 2015 **more than 81% of staff had received an appraisal in the last year**—a big improvement from the year before. We know that we need to make these meaningful for staff, helping them to move forward in their careers—in the NHS staff survey 2014 more staff felt that this was the case so plans for next year include ensuring that appraisals are meaningful and useful.

We also wanted to improve on the number of people that had completed all their mandatory training so we designed days for specific staff groups to attend to carry out all their core mandatory training (some staff have additional specific mandatory training depending on their role or their location). **In March 2015, more than 79% of staff had attended the appropriate mandatory training for their role.** The days are popular with staff and managers. Training was also noted as having improved and more staff had accessed it.

Our staff survey results in the 2014 survey (published early 2015) told us that we are doing well in areas such as being recommended by staff as a place to work, care of patients and service users being the organisation's top priority and the extent to which the organisation values staff's work.

Last year we told you that our Staff Engagement Score (which is a measure of how well a trust is performing) was just below the average score for Community Trusts (3.69 compared to 3.71). Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.76 was average when compared with trusts of a similar type and has increased from 2013.

Shropshire School Nurses win top national award

There were congratulations all round when the Trust's school nurses won national recognition as the School Nursing Team of the Year 2014 in the prestigious Nursing Standard awards.

The award, presented at a glitzy ceremony in London to local nurses Kirsten Ellmore and Gayle Fitzpatrick, especially recognized the team's outstanding work in partnership with local schools to support children and young people with asthma.

All schools now have a member of staff with special knowledge about asthma, together with special equipment to help childrens' breathing in an acute asthma attack. Teachers and parents now say they feel more confident about the care of children with asthma at school, knowing that there are staff on hand with special knowledge.

The Award was presented by Wendy Nicholson, Professional Lead for community and school nursing at the Department of Health and Viv Bennett, Director of Nursing at Public Health England.

Jan Ditheridge, Chief Executive, said: "We are delighted that our school nurses have been recognised in this way for their leading-edge work on one of the most common and potentially serious children's health conditions."

Jo France, School Nurse Manager and Professional Lead at the Community Trust said: "I am very proud of the whole team whose hard work and dedication have contributed to Kirsten & the team winning this award. The awards ceremony was an emotional evening with lots of very worthy winners across all areas of nursing and we felt very honoured to be part of the celebration. It was great to see that promoting good health and preventing illness featured strongly."



Pictured, left to right, are Wendy Nicholson, Professional Lead for School Nursing DH; Gayle Fitzpatrick, School Staff Nurse; Kirsten Ellmore, School Nurse; Jo France, School Nurse Manager and Professional Lead; Viv Bennett, Director of Nursing Public Health England; Jane Cummings, Chief Nursing Officer; Fiona Phillips, TV presenter



You said

We did

Friends and Family Question. We are required to ensure that all people that use our services have the opportunity to feedback every time they do so. This means that people can feedback many times or only once or twice—its up to them.


The feedback is one question “How likely are you to recommend this service to your friends and family should they require it” but we also give them the opportunity to provide comments to back up the score (ranging from extremely likely to extremely unlikely) that

they have given to the Friends and Family question.

Shropshire Community Health **NHS**
NHS Trust

Date _____ Location _____
Service _____

Would you like your friends and family to use this service if they needed to?

Yes No Don't know

☐ ☐ ☐

Please turn over

This gives us two forms of feedback—the percentage of people that are either extremely likely or likely to recommend our services and some narrative—what people actually say about a service. Of course we hope that everyone feels that our services are just right but we are keen to know when this is not the case so we can do something about it.

The numerical feedback is submitted nationally and published by NHS England and we use the narrative feedback for services to improve how we do things.

Our volunteers are crucial in helping patients in our community hospitals complete these feedback cards.

Feedback Intelligence Group (FIG)

The FIG will oversee, monitor and action information from the various ways we gather feedback from our patients, their families and carers to make sure that we have acted upon this feedback and made a difference to the services people receive.

Some examples of comments that have been made about our services:

Paediatric Speech and Language Therapy: Very informative professional and calming put all my worries for my son at ease—very thankful and grateful

Ludlow Minor Injuries Unit: Seen quickly, treatment excellent

Bishops Castle Hospital: So helpful and super food and friendly

We collect feedback through various methods including our comment cards, service questionnaires, complaints and contacts made with our Patient Advice and Liaison Service (PALS). We are fortunate in that many people take the time to give us their feedback and their helpful comments about our services are really valued. In the three months from January to March 2015 an average of 95% of respondents were likely or extremely likely to recommend our services representing nearly 2500 pieces of feedback. An example of the results of a patient questionnaire is on page 21 of this Quality Account.

Example of actions taken following contact with PALS:

A patient left one of our Minor Injuries Units without being seen due to the length of time they were waiting. This was despite being informed of their position on the waiting list on arrival at the unit but also due to lack of information whilst they were waiting.

What we did:

A display was produced on the public noticeboard in the waiting area outlining the triage system and the process from arrival to discharge

We use the existing electronic board more effectively giving details about waiting times and informing service users of the likely waiting time, not what order in the queue they are

Finally, all staff were made aware of the need for effective communication with service users at all times

Complaints. We hope that people do not wish to formally complain about our services but if they do we aim to provide a comprehensive and supportive service to them. The table below compares the numbers of complaints and PALS contacts in 2015-16 compared with the previous year:

	13/14	14/15	Difference
Complaints	78	72	-5%
PALs enquiries	287	383	+ 33%

Section Four: Quality at the heart of the Trust

This section of the Quality Account will show how we measure our day to day work in order to meet the requirements and standards that are set for us and how we evaluate that the care we provide is of the highest standard.

Much of the wording of the statements in this section of the Quality Account is mandated by the NHS (Quality Accounts) Regulations.

The income generated by the NHS services reviewed between 1 April 2014 and 31 March 2015 represents 100% of the total income generated from the provision of relevant health services by the Trust during 2014/15.

During the year 01 April 2014 to 31 March 2015, the Trust provided and/or subcontracted 54 relevant health services across three divisions of Community Services, Community Hospitals and Outpatients and Children's and Family Services . The Trust has reviewed all of the data available to it on the quality of care in 100% of these relevant health services .

National Audit

During 2014-2015 three national clinical audits and one national confidential enquires covered NHS services that Shropshire Community Health NHS Trust provides. During that period Shropshire Community Health NHS Trust participated in 100% national clinical audits and 100% national confidential enquiries in which it was eligible to participate. These are:

- National Audit of Intermediate Care (Integrated Care Services)
- Sentinel Stroke Audit (Community Neuro Rehab Team)
- Chronic Obstructive Pulmonary Disease Audit (Pulmonary Rehab Team)

At the time of writing this report, the data collection for those audits requiring such is still in progress and the reports not yet available

- National Confidential Inquiry into Suicide and Homicide by people with mental illness

Research

The number of patients receiving relevant health services provided or sub-contracted by Shropshire Community Health NHS Trust in 2014/15 that were recruited during this period to participate in research approved by a research ethics committee was 0.

However, we have received several applications for research to be carried out during 2015/16 and several research projects have already begun.

Clinical Audit

We have continued to manage a diverse clinical programme 2014-2015. The programme has a mixture of differing priorities including national priorities such as auditing our services against national guidance, contractual priorities that support the activity required by our commissioners and services priorities that have been identified by clinicians. These may have come about as a result of an incident or patient feedback or to ensure that a service complies with a Trust policy or guideline.

Whilst the programme is put together at the beginning of each year it is added to throughout the year as priorities change and incidents occur. The reports of **42** local clinical audits and patient experience questionnaires were reviewed by the Trust in 2014/15. In light of these audits, we intend to take actions to improve the quality of healthcare. Here are just two examples of audits/patient surveys and the actions that have been taken as a result of them:

Parent feedback on their experience of paediatric occupational therapy treatment sessions. The aim of this survey was to obtain feedback from parents and carers about their experience of paediatric occupational therapy treatment sessions in order to improve the service provided to children and their families.

The comments received were overwhelmingly positive with parents expressing satisfaction most frequently about their child's enjoyment of the sessions and the progress that their child had made.

Some parents were concerned about a perceived lack of flexibility around appointment times, communication about treatment sessions aims and objectives and parental understanding of their child's progress. In relation to appointment times, all sessions are now booked via direct telephone call and a piloting of treatment timetabling across Shropshire has been undertaken in order to increase availability.

Leaflets about the treatment sessions containing information about aims and format are now provided and this information is available on the OT webpage. Parents are now invited to sit in on one session per block so as to gain a better understanding of their child's progress and the service is piloting a system of goals and outcome measures.

Audit of NICE guidance on preventing falls in older people admitted to hospital.

The aim of this audit was to assess compliance against NICE guidance and selected elements of the Fallsafe Care Bundle and to make recommendations where non-compliance was found. Results showed that all patients were assessed for falls risk although there was low compliance in completion of multi-factorial risk assessments and interventions. Compliance against some elements of the Falls Safe Bundle was good but low compliance was identified around the need to carry out lying and standing blood pressures. So actions taken include:

New falls documentation has been introduced as well as additional mandatory falls awareness training sessions at Community Hospitals.

The importance of taking lying and standing blood pressures is now included in mandatory falls awareness training and Ward Managers are responsible for ensuring that lying and standing blood pressures are being undertaken.

A re-audit of this guidance will be carried out in the summer of 2015 to ensure that recommendations have been implemented and improvements in practice maintained.

Our Commitment to Data Quality

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

Shropshire Community Health NHS Trust submitted records during 2014 –2015 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Shropshire Community Health NHS Trust was not subject to the Payment by Results clinical coding audit during 2014-2015 by the Audit Commission .

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

- 100% for admitted care
- 100% for outpatient care
- 99.4% for accident and emergency care

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

- 99.6% for admitted care
- 100% for outpatient care
- 100% for accident and emergency care

Shropshire Community Health NHS Trust recognises the importance of reliable information as a fundamental requirement for the speedy and effective treatment of patients.

Data quality is crucial and the availability of complete, accurate and timely data is important in supporting patient care, clinical governance and management and service agreements for healthcare planning and accountability. We are taking the following actions to improve our data quality:

- Processes and procedures implemented to support delivery of high quality include:
- Revision and ratification of the Trusts quality assurance policy.
- Scheduled (Daily/ weekly) data quality checks using a wide spectrum of measures and indicators, which ensure that data is meaningful and fit for purpose. Measures and indicators used to monitor data quality include:
- Completeness checks
- Accuracy checks
- Relevancy checks
- Accessibility checks
- Timeliness checks

- Annual accuracy audit of Trust Clinical Information Systems in line with information governance guidance
- Ensuring the Trust Information Systems and any associated procedures are updated in line with national requirements for example, as currently notified by Data Set Change Notices (DSCNs)
- Ensuring that the Trust policies and procedures are updated in line with any national changes and following an annual review of the Information Governance requirements
- Ensuring that the Trust's key information systems have a documented data quality procedure which describes how data quality is maintained monitored and improved

There are a number of different roles and groups which have some responsibility for data quality in the Trust:. The Trust Board has overall responsibility for monitoring data quality, they monitor data quality via key performance indicators (KPIs) included in the performance report. All staff who record information, whether on paper or by electronic means, have a responsibility to take care to ensure that the data is accurate and as complete as possible. Individual staff members are responsible for the data they enter onto any system.

Information Governance

Shropshire Community Health NHS score for 2014-2015 for Information Quality and Records Management was assessed using the Information Governance Toolkit.

The Trust achieved a final score of 66% against a target of 66% meaning it achieved Level 2 compliance on all requirements. This score remains the same from the previous year.

Prescribed information - mandatory reporting requirements

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

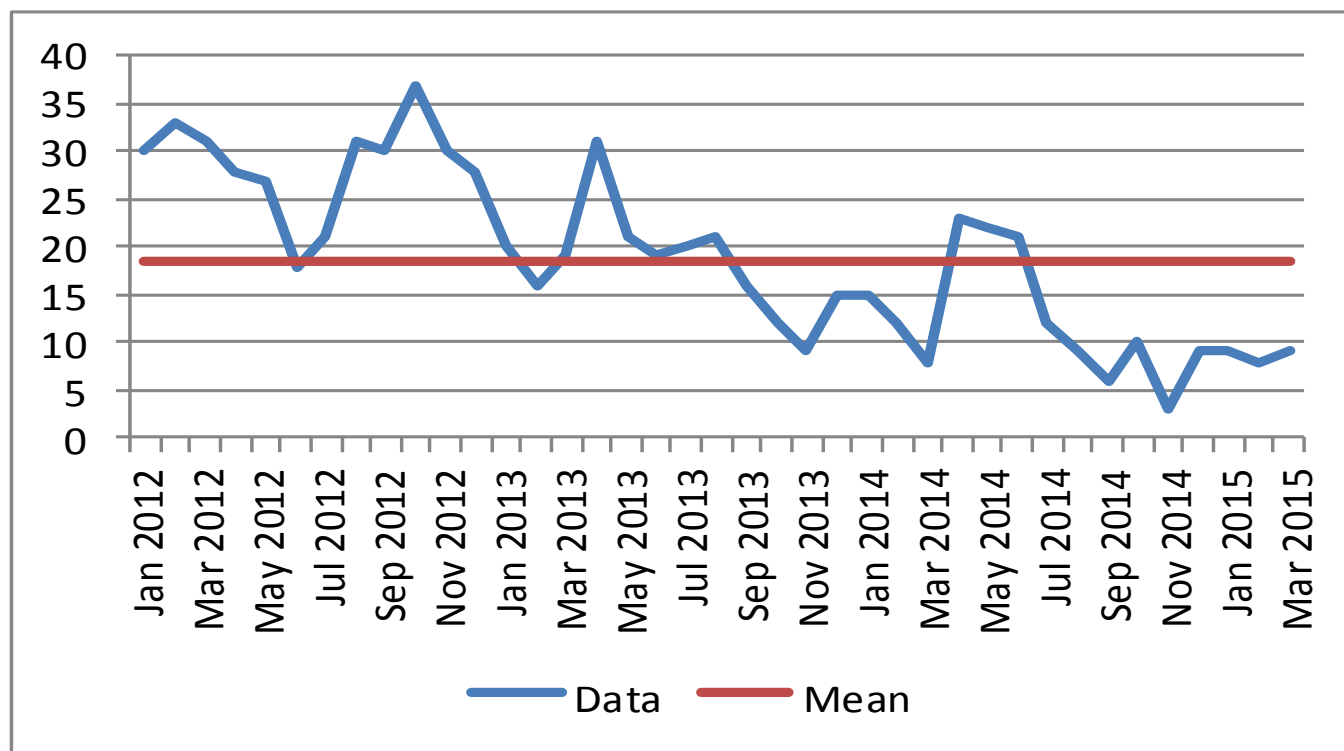
- This data is collated onto the Trust Risk Management system prior to submission

The Trust intends to improve this and so the quality of its services by continuing to ensure that incidents are validated and submitted correctly.

Prescribed information	Q3 2014/15	Q4 2014/15
The data made available to the Trust by the HSCIC with regard to the percentage of patients who were admitted to hospital and who were risk assessed for VTE during the reporting period	95%	95%
Prescribed information	Oct 13—Mar	Apr 14—Sep
The data made available to the Trust by the HSCIC with regard to the number and where available rate of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death	883 3.1% (28) severe harm or death	887 2.7% (24) severe harm or death

Incident Reporting

We continue to monitor any incidents reported on our electronic incident reporting system very closely. Not only does this enable the Trust to identify trends but it also allows us to ensure that investigations into serious incidents are carried out and actions taken to ensure that learning takes place and most importantly is embedded in practice to ensure that the causes of incidents, once identified are addressed and not permitted to recur. In our Quality Accounts over the last four years we have shown our determination to reduce the number of pressure ulcers that we record. We are very aware that such injury is painful and debilitating for our patients.



We are pleased to show that we are being successful in reducing these as shown in the chart above which shows the trend since January 2012. In 2014-2015 we reported the following pressure ulcers in total:

	2013/14	2014/15
Grade 2	165	112
Grade 3	36	31
Grade 4	5	6

All of these are fully investigated and the most serious discussed and reviewed with our commissioners. We agree actions that should be taken and these are shared across our services to make sure that learning takes place everywhere. We have a very successful review process which has really helped to help us to show this improvement.

We have also seen the number of falls in Community Hospitals reduce over 2014—2015 but we are keen to see even greater improvement in this area and falls are one of our

priorities during 2015/16 to show improvement.

	2013/14	2014/15
Number of falls	346	301
Patients that sustained serious harm	2	2

Safety Alerts

In addition to incident reporting Datix enables the Trust to monitor and distribute National Safety Alerts which are managed appropriately by the Risk Manager. Any actions that we take on alerts are monitored in the same way as serious incidents. **Between 01 April 2014 and 31 March 2015 a total of 70 safety alerts have been received by the Trust, all of which have either been actioned or are in progress and if the latter, are still within the timescale set.**

Commissioning for Quality and Innovation (CQUIN)

CQUINs are projects agreed between us and our Commissioners (who buy our Services). The projects are set up to improve quality standards in key areas.

A proportion of the Trust's income from 1 April 2014 to 31 March 2015 was conditional on achieving quality improvement and innovation goals that had been agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services through the Commissioning for Quality and Innovation payment framework. The goals that we agreed with our main commissioners related to:

The Friends and Family Test—rolling the test out across all our services

The NHS Safety Thermometer - demonstrating improvement in the number of harms

Optimal Transition from CAMHS to Adult Mental Health Services—improving how our CAMHS teams liaise with their adult mental health colleagues

Medicines Management - using a similar measure to the NHS Safety Thermometer in relation to medication administration

Reduced Length of Stay in Community Hospitals - working together to help people return home as quickly and safely as possible.

Further detail of the agreed goals for 2014—2015 and the following 12 month period are available on request from Shropshire Community Health NHS Trust

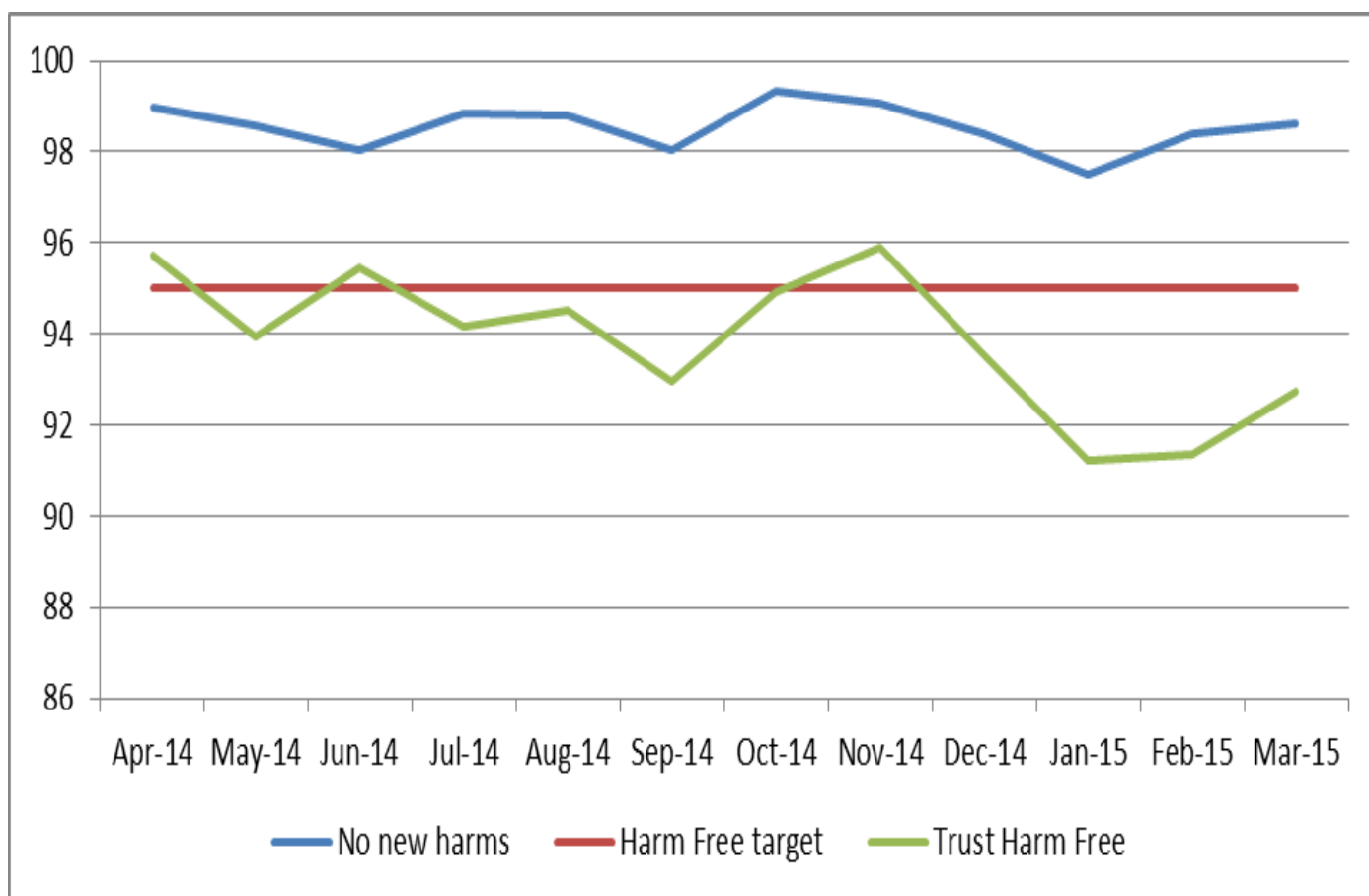
NHS Safety Thermometer

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

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

The national target for the Safety Thermometer is that it demonstrates that more than 95% of patients are free from any of the four harms on the data collection day.

During 2014-15 the percentage of patients within the Trust (in Community Hospitals, being cared for by Community Teams and those being seen by our nursing team in HMP Stoke Heath) are shown in the chart below. The chart shows “Trust harm free” scores which relates to all patients with one of the four harms whether they came into our care with it or developed it under our care and the “no new harms” score which relates to the percentage of patients in our care that did not develop one of the four harms whilst in our service. The latter has stayed around 98% across the whole year. We will continue to work hard to make sure all our patients are kept free from harm in our care.



Promoting and supporting health campaigns

Throughout the year we regularly promote and support campaigns aimed at keeping people healthy.

This involves things like campaigns to raise awareness of issues such as hand hygiene, infection prevention and control, World COPD Day, Flu Safe, diabetes and many more.



As always, our staff were happy to give what time they could to help work with the media and help us to deliver these important messages to the communities we serve.

One of these involved a radio interview asking people planning to visit hospitals and healthcare facilities in Shropshire to stay away if they have experienced any symptoms of Norovirus. It was just one of many activities we carried out during the year.

Protecting our patients, colleagues, families and friends



We said a big 'thank you' to all of our staff who helped to protect their patients, colleagues, family and friends by getting the flu jab.

This year, thanks to the efforts of the Occupational Health Team and our Flu Champions, our final flu vaccination uptake was 67.2%. This is an increase from 64.8% last year. We were also in the top three performing NHS community trusts behind only our colleagues in Wirral and Leeds.

You can keep up-to-date with what the Trust is doing on our website at www.shropscommunityhealth.nhs.uk or follow us on Twitter at [@ShropCommHealth](https://twitter.com/ShropCommHealth)



Registration with the Care Quality Commission (CQC)

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



The CQC has not taken any enforcement action against the Trust during 2014-2015

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

Patient Led Assessments of the Care Environment (PLACE)

The 2014 Patient-Led Assessments of the Care Environment (PLACE) was the second undertaken following its replacement of the former Patient Environment Action Team process which ran from 2000 –2012. The report was published in August 2014.

The chart below shows how we performed in the assessment compared to the national scores for the NHS overall. We put together an action plan following the assessment which has been completed. The PLACE assessments for this year are in progress at the moment which will show how well we have progressed.

	Cleanliness	Food and Hydration Overall	Food and Hydration		Privacy Dignity and Wellbeing	Condition, Appearance and Maintenance
			Ward Food	Org Food		
National	97.25%	88.79%	90%	86.09%	87.73%	91.97%
Trust	99.06%	92.82%	NA	NA	85.48%	93.53%
Bishops Castle	99.57%	91.39%	96.49%	89.24%	95.68%	96.61%
Bridgnorth	99.11%	95.65%	100%	92.66%	95.28%	98.26%
Ludlow	98.11%	90.82%	94.71%	85.35%	76.74%	86.30%
Whitchurch	99.87%	93.72%	96.85%	91.12%	83.86%	96.92%

Infection Prevention and Control (IPC)

Our Infection Prevention and Control Team work across the Trust to ensure that no person is harmed by a preventable infection whilst in our care or in our facilities. We are contracted by our commissioners to comply with national and local targets related to Infection Prevention and Control measures.

These relate to Methicillin Resistant Staphylococcus aureus (MRSA) bacteraemia (bloodstream infections), Clostridium difficile infections and MRSA screening compliance. To reduce the risk of patients acquiring MRSA while in one of our community hospitals, all patients on admission are asked to agree to being screened. The national target for MRSA screening compliance is at least 95% of patients to be screened each month. We have exceeded this requirement with a compliance of over 99% across the four community hospitals during the past year.

During 2014-2015 the Trust recorded zero cases of pre 48 hour MRSA bacteraemia and three cases of post 72 hour Clostridium difficile infection (CDI) in the Community Hospitals against an annual target of no more than three.

The main Infection Prevention and Control priorities for the Trust in the coming year are to:

- Achieve HCAI targets of zero pre 48 hour MRSA bacteraemia and no more than two post 72 hour CDI in the community hospitals
- Complete the IPC annual programmes



IPC Information Boards

Every quarter the IPC Link Workers on the wards create an information board on a relevant topic within Infection Prevention and Control. This is the board put together by Dinham Ward at Ludlow Hospital giving information about the micro-organism Staph. Aureus.

Section Five: Priorities for 2015/16

As in previous years we held engagement sessions with our partners including the acute Trust, patient representatives, Healthwatch and the voluntary sector to consider what we should identify as our priorities for Quality over 2015-2016. We discussed these priorities with our Patient and Carer Panel as well as our staff via the Community Trust Leadership Group. **The priorities we have agreed are:**

Continuing to improve the quality of life of the patients in our care

Nationally, this links in to Sign Up to Safety specifically around medication errors, pressure ulcers and falls

This links to our Strategic Goal to deliver high quality care and our values: “Commitment to Quality—we all strive for excellence and getting it right for patients, carers and staff every time”.

We have “Signed up to Safety” which means that we are contributing to a national drive to reduce avoidable harm to patients across the NHS by 50%. As part of this we are developing a Safety Improvement Plan which will be available on our website and will demonstrate clearly how we aim to contribute to this important piece of work through measurement and indicator reporting along with patient experience feedback. We will also keep accurately measuring incidents, investigating when things go wrong and learning what we can do to prevent such incidents happening again.



Developing our skills and pathways to better support patients across the local health economy

Nationally this links with the intent to provide care closer to home, the aspirations of the Department of Health document “Five Year Forward View” (October 2014) and Sign Up to Safety.

This links to our Strategic Goal to deliver integrated care and our values “Working together for patients. Patients come first. We work and communicate closely with other teams, services and organisations to make that a reality” and “Compassionate Care—we put compassionate care at the heart of everything we do”.

We will link this priority to the CQUIN scheme for 2015-2016 both around helping our staff to provide specific care (such as intravenous medication) and also embedding the principles of One Chance to get it right for End of Life Care for people at home or in our community hospitals. Success will be measured through achievement of the CQUIN and through audit relating to the care we provide to those at the end of their lives.

Within our Sign up to Safety Improvement plan we will include transitional care from children to adult services over three years and improving transfers from and to other services which will relate to the development of a clear strategy over the next three years. We will feedback regularly to show our progress.

Improve both patient and staff experience

Nationally, this links to the Friends and Family Test for both patients and staff and how we take action as a result of feedback. We gain feedback from staff through the Staff Survey which is completed annually as well as periodically asking our staff whether they would recommend the Trust as a place to work.

This links to our Strategic Goal to develop sustainable community services and our values “Improving Lives—we make things happen to improve peoples lives in our communities” and “Respect and Dignity—We see the person every time—respecting their values, aspirations and commitments in life—for patients, carers and staff”.

We are already working hard to improve staff experience - for example helping managers to support staff who are absent through illness and the implementation of our Health and Wellbeing Strategy. We also have other forms of activity relating to our values into action group who will be working with volunteer teams to address and solve the difficult issues that they face by using tried and tested methods that some people in the organisation have experience of using.

We are really excited about the amount of feedback our patients, their families and their carers are giving us—over the next year we will, through the Feedback Intelligence Group—really look at that feedback and use it to shape our services so they are responsive and appropriate for those that use them. We have invested in an IT solution that will help us do this and also enable services to view feedback instantly when completed electronically so that changes, if needed, can be made straightaway.

Providing equal and responsive care for everyone

Nationally this links to the Equality Delivery System (EDS) 2 specifically relating to those groups of people with characteristics protected by the Equality Act 2010.

This links to our strategic goal to support people to live independently and our values “Everyone Counts—we make sure no one feels excluded or left behind—patients, carers, staff and the whole community” and “Respect and Dignity—We see the person every time—respecting their values, aspirations and commitments in life—for patients, carers and staff”.

We are working with our teams to measure our performance against the goals and outcomes of EDS2 specifically about those groups of people that may need our services but for whatever reason find it hard to access them.

Our Patient Experience and Engagement Lead is also working with specific patient and carer groups to see what else we can do to enhance our services for people and to make sure that we are responsive to all needs

Statement of Directors' Responsibilities in Respect of the Quality Account

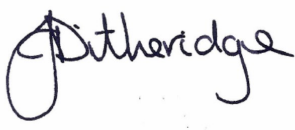
Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirement in the Health Act 2009 and the National Health Service (Quality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

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

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

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

By order of the Board



Jan Ditheridge Chief Executive

30 June 2015

Section Six: Glossary of Terms

Care Quality Commission (CQC)	The CQC is the independent regulator of health and social care in England. It regulates health and adult social care provided by the NHS, local authorities private companies and voluntary organisations.
Commissioners	Commissioners are responsible for ensuring that the correct services for the local population are in place by assessing need and purchasing services from provider organisations such as Shropshire Community Health NHS Trust. The two commissioning organisations in Shropshire and Telford & Wrekin are Shropshire County Clinical Commissioning Group and Telford and Wrekin Clinical Commissioning Group.
Commissioning for Quality and Innovation (CQUIN)	The CQUIN scheme means that a proportion of the income of providers of NHS services is conditional on meeting agreed targets for improving quality and innovation.
Healthwatch	Healthwatch England is the national consumer champion in health and care. They have statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Locally we work with Healthwatch Telford and Wrekin and Healthwatch Shropshire
Information Governance Toolkit	The Information Governance Toolkit is a tool to support NHS organisations to assess and improve the way they manage information.
Integrated Care Services	Integrated Community Services (ICS), combines health and social care cultures and values. The team provides short-term support when patients have been discharged from hospital to home or their usual place of residence. We support them to leave hospital and recover independence at home more quickly through a short-term targeted reablement programme. We can also support them if they need temporary focussed reablement to maintain independence, avoiding a hospital stay.
National Confidential Enquiries	National Confidential Enquiries collect evidence on aspects of care, identify any shortfalls and make recommendations based on their findings.
Patient Advice and Liaison Service (PALS)	The Trust PALS offers a patient-friendly, easy to access, confidential service designed to provide a personal contact to assist patients, relatives and carers.
Real Time Feedback	Real time feedback is a way of collecting patient and service user feedback at the point of time that they access our services.
Sit and See	Sit and See is a simple observation tool that captures and records the smallest things that make the biggest difference to patient care. After just 2.5 hours training, an observer will see tiny examples of care or compassion and using a simple recording system can identify positive, passive or poor care. For staff who use the tool, they see care through the patient's eyes which gives them an understanding of the difference their interactions can really make to patient dignity, care and compassion.

Section Seven: Statements from our Partners

Statement from Representatives of the Health and Adult Social Care Scrutiny Committee, Shropshire Council on the Draft Quality Account 2014/15 for the Shropshire Community Health NHS Trust Submitted: 15 June 2015

Members are satisfied with the contents of the Quality Account document, and feel that the priorities set by the Trust for 2015 – 2016 reflect the priorities of the people of Shropshire. Members were pleased with performance in 2014 – 2015 and particularly commend achievements related to:

- Reduction in pressure sores
- Infection control which is at or below targets
- The high quality of the Patient and Carer Panel; training of Panel Members and volunteers; involvement of Panel members in 'Sit and See'; and establishment of quarterly meetings of the Panel with the Chief Executive
- The increase in numbers of meaningful annual appraisals
- The expansion of the staff training programme – (both in numbers and breadth of offer, especially in Minor Injury Units in Community Hospitals where it is intended that all staff are moving towards Advanced Practitioner level)
- Good scores in the Friends and Family Test
- An increase in the numbers of staff who recommend the Trust as an employer (Members would find it useful to see the actual figure)

National recognition of the quality of the School Nursing Team

Members were pleased to see that meaningful action is taken following complaints or contacts through the Patient Advice and Liaison Service, Sit and See and other forms of feedback. They welcomed the formation of a Feedback Intelligence Group which will consider ways to use the large amounts of feedback gathered in the best possible way.

Members noted the close relationship of the Trust with the Integrated Community Services Project. The outcomes of the ICS project will be an area which comes under scrutiny by the Committee in the coming year.

Members have also asked for more information about the working relationship between CAMHS and SSSFT and transition arrangements from one service to another. As there are no CAMHS beds available in Shropshire, they have asked for information about the number of out of county placements.

Members note that the NHS Safety Thermometer is primarily aimed at Acute Trusts and understand that the Community Health Trust needs to use this in conjunction with other indicators.

Members appreciate the Trust's commitment to data quality and accuracy and recognise the good progress made to date. They recognise this has been challenging due to the use of several different systems.

Members recognised the contribution the Trust has made to three national audits over the course of the year and pleased to note the increase in demand in conducting research using the Trust.

Members felt it would be helpful to include more detail about the role of the Trust, the areas it covers, and the number of patients it sees at the outset of the document. They welcomed the inclusion of a glossary and suggest that this be moved from the back to the front of the document

Telford and Wrekin Health Oversight and Scrutiny Committee:

The Telford and Wrekin Council's Health and Adult Care Scrutiny Committee is unable to provide comments on the 2014/15 Quality Account due to the fact that the national timetable for the HOSC to comment on the Quality Account coincides with the pre-election period for the Borough elections and the appointment of the new Scrutiny Committee at Annual Council.

Healthwatch Shropshire response to draft SHT Quality Account 2014-15

Healthwatch Shropshire is pleased to be invited to consider and comment on the Trust's Quality Account for 2014-15. We congratulate the Trust on a well presented and readable report. We were impressed by the presentation of the review of last year's priorities; on the whole the tables clearly showed what has been done. We were pleased to read the detail under staff engagement and to see the improvement in staff appraisal rates and mandatory training.

We recognise there is compliance on all requirements for the Information Governance Toolkit, however, it is disappointing that the overall percentage is still low and that there has been no improvement from last year. We were pleased to note that overall the number of pressure ulcers has decreased this year, as have the number of falls.

We were pleased to see the inclusion of the section on Patient Led Assessments of the Care Environment and the clear table showing good results. This is also a good example of partnership working and Healthwatch Shropshire was pleased to have been involved. However, we were disappointed in the lack of detail about PALS concerns and complaints e.g. categories, trends, and whether there have been any dealings with the Ombudsman.

We were disappointed to read that the Trust has not recruited any patients to participate in research during the year. However, we look forward to reading the outcomes of this year's research participation.

We welcome the developing relationship with the Trust. We look forward to increasing the sharing of information and to collaborating on the development of our Enter & View visit programme.

Shropshire Clinical Commissioning Group is pleased to have the opportunity to comment on the Shropshire Community Health NHS Trust Draft Quality Account.

As the local lead commissioning organisation and in partnership with TWCCG and other partner organisations, we continually monitor the quality of the services delivered by the Trust. This is undertaken by utilising a range of methods, including quality and safety visits and the review and triangulation of data from a number of other sources.

We believe that the Quality Account is an accurate reflection of the organisations performance against its key priorities for 2014/15. The values and strategic goals of the organisation resonate with public, patient and carer expectations. The Trust is to be congratulated on its continued improvement in the percentage of patients considered 'Free from Harm' whilst receiving care and also the development and implementation of its Health and Wellbeing Strategy.

Priorities for 2015/16

The CCG is pleased to support the Trusts key priorities including 'Developing our skills and pathways to better support patients across the local health economy' which is aligned to the CQUIN Scheme indicators agreed with local Commissioners. The CCG looks forward to receiving progress reports during the coming year and continued strengthening of its partnership working with the Trust over the coming year.

Accuracy of Information contained with the Quality Account 2015/14

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



Accountable Officer



Director of Nursing, Quality and Patient Experience

29 June 2015

Improving Lives in Our Communities



**Commitment
to Quality**

**Respect
& Dignity**

**Working
Together**

**Compassionate
Care**

**Everyone
Counts**

If you would like this report in a different format, such as large print, or need it in a different language, please contact our Patient Advice and Liaison Service who can arrange that.

Telephone 0800 032 1107 or email PALS@shropcom.nhs.uk.

www.shropscommunityhealth.co.uk