

# QUALITY ACCOUNT 2015-2016



# Contents

## Quality Account 2015-2016

### **Page 3: Foreword**

Welcome from the Director of Nursing and Operations

### **Page 5: Our Vision and Values**

**Page 6: Who we are and what we do**

### **Page 9: Section One: Our Commitment to Quality - Our Priorities for 2016-2017**

### **Page 12: Section Two: Looking back at 2015-2016**

### **Page 18: Section Three: Quality at the Heart of the Organisation**

### **Page 35 Section Four: A Listening Organisation**

### **Page 39: Section Five: Statements from our Partners**



### **About this document**

We produce this document as required by the National Health Service (Quality Accounts) Regulations 2010.

Copies of this document are available from our website at

[www.shropscommunityhealth.nhs.uk](http://www.shropscommunityhealth.nhs.uk), by email to [communications@shropcom.nhs.uk](mailto:communications@shropcom.nhs.uk)

or in writing from: Chief Executive's Office, Shropshire Community Health NHS Trust, William Farr House, Mytton Oak Road, Shrewsbury, SY3 8XL.

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 on 0800 032 1107 or email [Soma.Moulik@shropcom.nhs.uk](mailto:Soma.Moulik@shropcom.nhs.uk)

# Foreword

Welcome from Steve Gregory, Director of Nursing and Operations



**Once again I have the great pleasure of introducing the Shropshire Community Health NHS Trust Quality Account.**

The purpose of the Quality Account is to provide the public and other interested parties with detail relating to the quality of care that we provide to our patients and the way that we support and develop our staff to provide that care safely and effectively.

We have continued to strengthen and develop the processes that underpin our services and therefore the quality of care provision. You will read about the developments that we have made in this

Quality Account which include:

- The publication of our Quality and Clinical Strategies during 2015
- Increasing the level of staff engagement in the form of Staff Away Days which have helped our staff understand and engage with our values and vision
- Including our Patient and Carer Panel in the work of the Trust to ensure that they provide us with a “patient’s eye view”

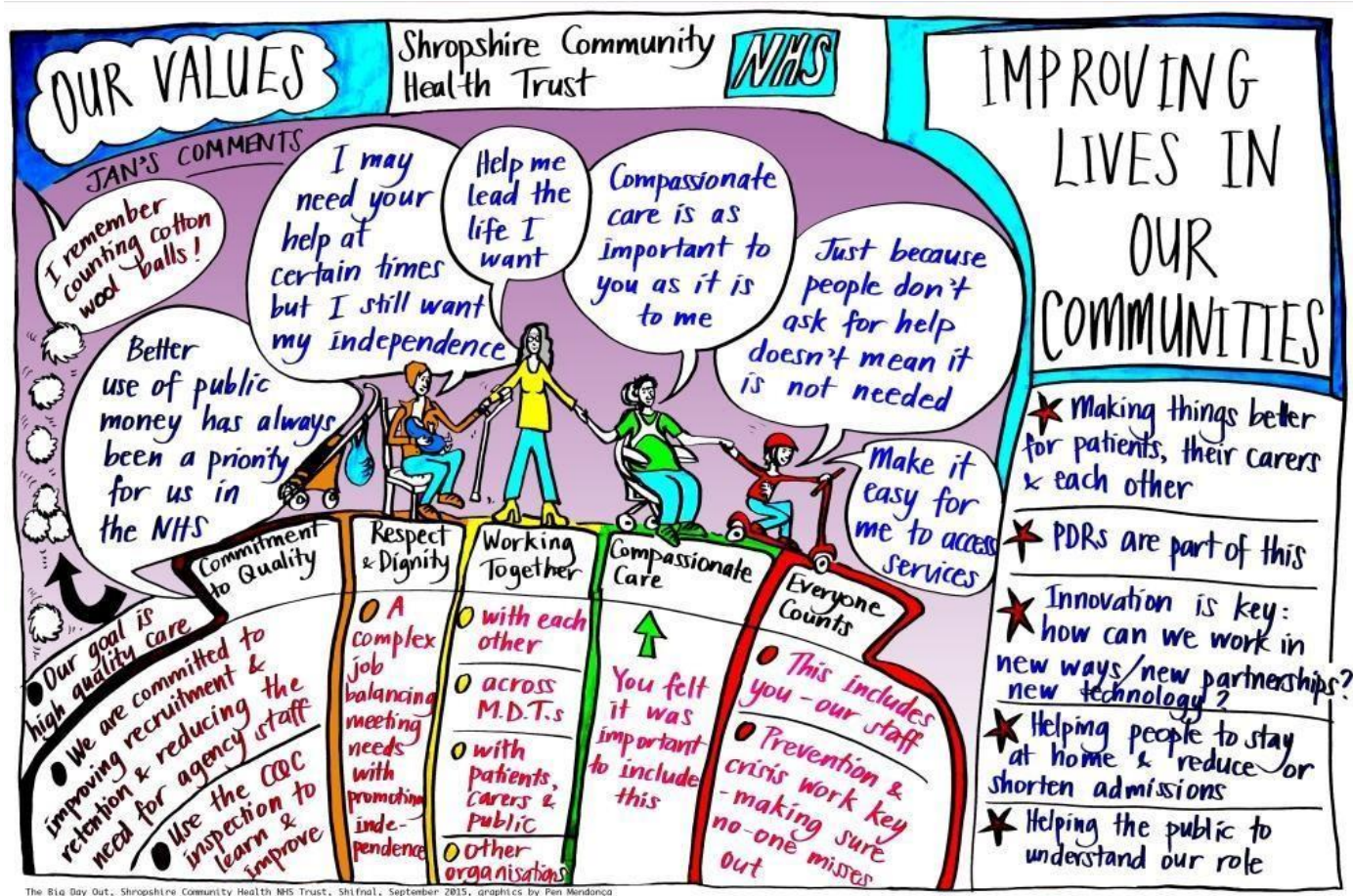
In March 2016 the Care Quality Commission (CQC) carried out an announced comprehensive inspection of our services. The CQC are the regulators of healthcare in England and therefore are the organisation to which we are accountable in terms of regulation. The inspection comprised of 60 inspectors visiting clinical services that we provide all over the county, talking to our staff, our patients and their families and carers, observing care, reviewing documentary evidence and considering that evidence in light of data that we had already provided to them. At the time of writing we have not received the report from the CQC but have had some initial feedback which was generally positive.

One area where the CQC did not visit in March 2016 was our Prison Healthcare service at HMP/YOI Stoke Heath. This is because the way the CQC inspects prison healthcare is slightly different and in fact they had visited the prison along with Ministry of Justice inspectors in April 2015. At that visit the inspectors felt that there were some areas that required improvement and challenged us to submit action plans about how we would go about this. They returned, unannounced, in February 2016 and found that the Prison Healthcare staff had made great improvements in all areas that they had identified.

So, it’s been a busy year for us taking our services forward to ensure that people stay as healthy as possible in the places they want to be and we remain as committed as ever to helping them to do so.

I hope that you find this Quality Account of interest and that it provides clarity for you on what Community Services are. The priorities that we have identified for ourselves during 2016-2017 have been identified through discussions with a range of people who have an interest in our services and therefore we are confident that they will help us to continue our development.

Steve Gregory  
Director of Nursing and Operations



# Our Vision and Values

Our Vision and Values set out our ambitions and the core set of behaviours and beliefs that guide us in what we say and do

## Our Vision:

“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 Values:

### **Improving Lives**

*We make things happen to improve people's lives in our communities*

### **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*





# Who we are and what we do

Shropshire Community Health NHS Trust provides community health services for adults and children in Shropshire, Telford and Wrekin, and some surrounding areas too.

Community health services cover 'cradle-to-grave' services that many of us take for granted. They provide a wide range of care, from supporting and advising families with young children, to treating those who are seriously ill with complex conditions.

Most community healthcare takes place in people's homes. Teams of nurses and therapists coordinate care, working with other professionals including GPs and social care. Although less visible than the larger acute hospitals, they deliver an extensive and varied range of services.

Shropshire Community Health NHS Trust provides a wide range of community health services to about 470,000 adults and children in their own homes, local clinics, health centres, GP surgeries, schools and our community hospitals in Bishops Castle, Bridgnorth, Ludlow and Whitchurch.

Our role is especially important in a large geographical area such as ours with increasing numbers of people, including children and young people, with long-term health conditions.

We have about 740,000 community contacts each year, the vast majority of which are with people in their homes, in community centres and clinics. A very small amount of people also receive inpatient care in our community hospitals (1,415 people received inpatient care in 2015).

Good community health services prevent the need for some patients to be admitted to hospital, including those with chronic conditions such as diabetes, asthma, chest disease, arthritis, hypertension, osteoporosis and stroke.

People have told us that we should help them manage their own condition and stay healthy enough not to have to spend time in hospital, unless they really need to. We have community teams that specifically work with patients who need additional or short-term care and support to help them return home from hospital as quickly as possible, or to avoid being admitted in the first place.

Formed in 2011

Serve a population of  
471,000

Employ 1,600 people

We had nearly  
740,000 community  
contacts in 2015/16

Spent £77.5m  
delivering services

# Our Partners in Care

Within the county of Shropshire there are two Clinical Commissioning Groups (or CCGs) which are responsible for buying (known as commissioning) a wide range of health services for the people of Shropshire and Telford and Wrekin. They are our main commissioners and commission the majority of our services such as community nursing, community hospitals and most of our other services such as our specialist community teams.



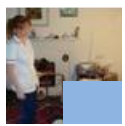
We have other commissioners that buy services from us including the local authorities who purchase school nursing and health visiting services and NHS England who buy dental services and our Offender Health services in HMP/YOI Stoke Heath.

We are known as a provider Trust in that we provide services in the same way that our colleagues at Shrewsbury and Telford Hospital NHS Trust and Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust are, and we work closely with them and other NHS Trusts, patient and service user groups and the voluntary sector to provide care that people need at different times.

The table below shows how we organise our clinical services into two Service Delivery Groups (SDGs). Supporting the SDGs are our Corporate and Support Services which include functions such as finance, human resources, information technology and many others.



## Adult SDG



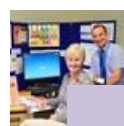
- Community Hospitals
- Minor Injury Units
- Integrated Community Services
- Inter-Disciplinary Teams
- Long-Term Conditions & Frail Elderly
- Diabetes
- Tissue Viability
- Continence Services
- Shropshire Wheelchair Service
- Rheumatology
- Physiotherapy
- Podiatry
- Advanced Primary Care Services
- Prison Healthcare
- DAART

## Children and Families SDG



- Health Visitors
- Child and Adolescent Mental Health Services (CAMHS)
- Community Children's Nurses
- School Nurses
- Family Nurse Partnership
- Child Development Centres
- Safeguarding
- New Born Hearing Screening
- Child Health and Audiology
- Community Paediatrics
- Immunisation and Vaccination
- Dental Services

## Corporate/Support Services



- Finance
- Workforce/HR
- Organisational Development
- IT and Informatics
- Hotel Services
- Administration Support
- Business Development
- Performance
- Complaints and PALS
- Emergency Planning
- Patient Experience and Involvement
- Assurance (non-clinical)
- Communications and Marketing

If you would like to find out more about all our services please do visit our website:

<http://www.shropscommunityhealth.nhs.uk/>

**"Organisations like Shropshire Community Health NHS Trust are making a real difference to the lives of so many people"**

**"The care we received from the Community Neuro Rehab Team was brilliant, there is no other word for it, and I couldn't have managed without them."**

**Percentage of respondents who would recommend  
October 2015 - January 2016**



**"Powerful patient story being told...lack of empathy, listening by clinicians in type 1 diabetes. Must Use patient stories!"**



# Section One:

## Our Commitment to Quality -

### Looking forward to our Quality Priorities for 2016 -2017

#### Statement from the Trust Board:

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

Our identified priorities for 2016-2017 are shown below and have been discussed and agreed with members of our Patient and Carer Panel and other local organisations as well as our staff and our Board.

The priorities are clinically driven and link closely with our strategic priorities and our values. Crucially they support the quality domains of safe, caring, responsive and effective services that are well led.

<b>Priority One: Urgent Care – Keeping People out of hospital or getting them home safely as soon as possible</b>
---

Shropshire Community Health NHS Trust has an important role within the economy to deliver urgent care. We do this by:
---

- |  |
|--|
| <ul style="list-style-type: none"><li>• Supporting people to remain at home</li><li>• Supporting people to leave A&amp;E and return home without being admitted</li><li>• Supporting people to return home from hospital</li><li>• Responding to the changing need of the population</li></ul> |
|--|

Over the next 12 months we want to further develop the services that contribute to this important work to make sure people are cared for in the place they want to be
---

<b>Activities we will undertake in 2016-2017:</b>
---

We will work with our partners in the acute Trust to enable people to access therapy services (such as physiotherapy) closer to home and not just when they are in hospital which will help them stay at home
---

Whilst recognising that it is acute focused, we will implement the principles of SAFER Patient Flow Bundle. A Bundle is a combined set of rules that if all
---

undertaken, mean that people have a better experience of care and get home safely and quickly. This includes things like review by senior clinicians and all patients having an expected discharge date.
We will ensure that some tests that mean people have to go into hospital can be done at home
We will work with our colleagues to ensure that people who are frail (this means people that may be elderly and have problems relating to their mobility or other health problems that are impacting on their ability to stay safely at home, are helped so that they can stay independent as far as possible for as long as possible

<b>Priority Two: Work together to further improve the care we provide to people at the end of their lives</b>
Getting care right at the end of people's lives is absolutely crucial. Nationally, end of life care has been a focus for improvement across all providers of care and particularly community services such as ours which play an important role to enable people with end of life needs to remain and die in their own home if this is what they choose to do.
We have already put into place a group that meets every month to ensure that we are doing all we can to ensure that the care we provide at the end of life is as good as it can be and over the next year we have identified some important actions to take.
<b>Activities we will undertake in 2016-2017</b>
We will work with our partners (such as GPs) to reduce the number of people admitted into the acute trust for care at the end of their lives by making sure they can be cared for at home if they wish
We will implement training within the Trust for our staff so that they can deliver that care making sure that all our teams have a set of core skills in end of life care
We will develop a process by which the carers of people who have been cared for by our staff are able to feedback about their experiences to help us make sure that we deliver responsive and effective services
We will carry out a clinical audit on an ongoing basis across our services based on the guidance from the National Institute for Health and Care Excellence (NICE) relating to the care of adults at the end of their lives to make sure our services comply with this guidance

**Priority Three: Acting upon feedback to change the way services are delivered**

There is a lot of detail in this Quality Account about how we are beginning to use feedback from different sources to change the way services are delivered – using feedback to shape our culture.

We would like to continue this vital work going forward over the next year and some of the things that we would like to do include:

**Activities we will undertake in 2016-2017**

Help and encourage our staff to access our feedback systems to make sure that we use that feedback to change our services for the better as an ongoing process

Recognise our volunteers for the fantastic support that they give us in relation to patient feedback

Roll out and use our Observe and Act observation tool for community services

Get more of our services using electronic means to collect Friends and Family test feedback which will enable those services to access information straight away and implement change immediately where that is needed.

**Priority Four: What does good look like? Helping our frontline staff to better understand and use information to make changes**

On 18 May 2016 the Chief Nursing Officer for England launched “Leading Change, Adding Value” a framework for Nursing, Midwifery and Care Staff. Within this document (a summary of which may be found at <https://www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework-summ.pdf>) is the importance of reducing “unwarranted variation” which can be a sign of waste, missed opportunity and poor quality which can affect how people experience healthcare and ultimately how effective that care is.

What we would like our frontline staff to do is to consider the data that they gather about their services more to really understand what it is telling them about their work, and where applicable to make changes to improve

**Activities we will undertake in 2016-2017**

Support our frontline staff to increase the number of clinical audits they undertake to measure their services against national standards and to improve the care that they provide

Help our frontline staff to understand the data that they collect and how they can use it to identify change at a local level

## Section Two:

# Reviewing the quality of care: Looking back at 2015 -2016

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.

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

This priority is at the core of what we mean by quality – ensuring that quality of life is improved by the continuous review and improvement of what we do and how we keep people safe.

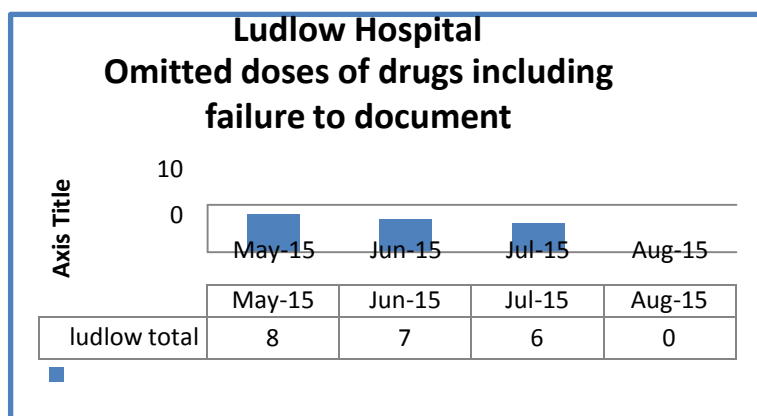
As part of this priority we said that we had “Signed up to Safety” – a national campaign aimed at reducing harm in the NHS by 50% over three years. We were clear that we wanted to make sure that our commitment to this project reflected our values and strategic goals and supported our new Quality Strategy which was published during 2015-2016.

As part of our commitment we said that we would develop a safety improvement plan (which is available on our website at <http://www.shropscommunityhealth.nhs.uk/content/doclib/12319.pdf> ) in which we identified four areas where we really wanted to concentrate, one of which was reducing the number of medication incidents in our services.



We found that within our District Nursing Teams some medicines were being missed. We introduced an electronic workload allocator that was available within our existing Patient Administration System which has dramatically reduced the number of omitted visits.

In our Community Hospitals our Pharmacy team looked back at all drug charts since





the last visit and recorded all missed doses where there was no reason documented to the ward manager and the Chief Pharmacist. By raising awareness of this issue the wards made simple changes to the way in which they work. A good example of how this has had a positive impact is at Ludlow Community Hospital where the staff implemented handover at the bedside. This was the only procedural change made during the time of data collection. The process highlighted medication issues at the time of shift change and any medication issues were addressed thereby correcting any potential omissions.

The Ludlow inpatient ward moved from eight omissions in May 2015 to zero omissions in August 2015. Handover at the bedside is being recommended as good practice in all four hospitals.

At our annual Celebrating Success event in October 2015 we were very pleased to welcome the National Campaign Manager for Sign up to Safety whose presentation to us clearly illustrated that our ambition to link the priorities of the campaign to our values was on track. Our work to address the other commitments we identified will continue over the next two years and we will report back in the next Quality Account about how we are getting on.



Also as part of this priority we said we would continue to accurately measure incidents and investigate when things go wrong to ensure that recurrence does not occur. There is more detail about this in “Quality at the Heart of the Organisation”.

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

As we have described in the “Who we are and what we do” section, our role is to care for people as close to home as possible, enabling them to stay out of hospital if at all possible.

We identified two ways that we would be able to measure our success for this priority – by helping our staff to have the right skills to keep people at home and by measuring how well we provide care to people at the end of their life and putting actions into place to improve this.

During the year we have ensured that our staff have the right competencies to care for people at home rather than in hospital. This includes the administration of

medication intravenously (directly into a vein). Where possible we will care for people in their own homes but we can also look after them in our Community Hospitals.

Additionally, we have really developed how we look after people who are at the End of their Lives. We have a senior nurse who is the lead for this aspect of care and who provides training to our and care home staff about the locally produced End of Life Plan which is used to ensure that people in the last days of their lives are cared for appropriately in the place that they want to be.

A large part of our work is about helping people to stay at home and not go into hospital at all – this is called Admission Avoidance. We are developing this area of work which has rolled out across Shropshire using our Integrated Community Services (ICS) team. Within Telford and Wrekin there have been changes as well with the move of our Reablement team (therapists who support people to stay at home) from being colocated with Local Authority colleagues to being with the Rapid Response Team who work to keep people out of hospital in Telford.

The way that we carry out admission avoidance is to have a higher presence in Accident and Emergency departments in the two main hospitals and also accepting referrals to the ICS team – a team made up of health and social care staff – who then can go and assess people at home and put in the support they need to stay there be it health or social care related.

The other element of ICS work is helping to get people who have been admitted to hospital to get home more quickly and this is something the team have been doing for some time. Over the next year we will continue to develop how ICS and Rapid Response help to keep people safe in their own homes.

## **Improving both patient and staff experience**

Feedback from both our patients, their carers and our staff is vital to us to ensure that we design and review our services to ensure they are really fit for purpose. We are very fortunate to have a vibrant and engaged Patient and Carer Panel who are really involved in our work and have become more so over 2015-2016.

One of our strategic initiatives for 2015-2016 related to further developing the Trust Patient and Carer feedback systems which underlines how important this is to us as a Trust. We really feel that we are using feedback as part of the way we are developing our culture. Since the last Quality Account we have:

- Developed the use of an electronic system to collate and analyse all the feedback that we receive from our patients, their families and their carers – we now have nearly 10,000 different responses entered onto it which is a fantastic resource

## Living our values and shaping our culture



- Implemented the use of a SharePoint site (a part of our computer system that many people can access) where we ask teams to consider any negative feedback and specify what actions they will take to address it so that we know that our frontline staff understand and act upon what their patients are telling them
- The Feedback Intelligence Group looks at all feedback – from staff as well as patients and that in different forms such as Complaints and Patient Advice and Liaison Service (PALS) contacts – in one place - to identify areas where we may have a problem and therefore can address it. Equally this shows us where we are doing really well and so teams can be congratulated for the good job they are doing
- Our Culture Working Group has sent out a “Pulse” survey – asking staff what it is like to work at the Trust and what would make it better. This is in addition to the annual national NHS Staff Survey and will be carried out during the year to make sure that staff can tell us where they think we can improve
- The Patient and Carer Panel have continued to influence and engage with us about not only feedback but the day to day work of the Trust. One example of this is panel members sitting on Board Committees and contributing to discussions and decisions, taking part in Staff Away Days, developing a bespoke observation tool that will help us to review services and provide instant feedback and therefore actions
- Used patient and staff stories more in meetings (not just Board) to stimulate discussion and reflection on how things feel for people and what we can do to improve things where we need to

## However:

- We know we still have a lot to do to really embed the principle of feedback being central to our culture. This includes:
- Helping all our staff to access feedback that we have received as soon as possible so that it becomes “business as usual” for everyone every day



- We have some wonderful volunteers and we need to make sure they know how much we appreciate them and all they do for our patients
- We will help our younger patients and their carers to feedback to us in ways that seem appropriate and easy to them
- We will work closely with people that might find it hard to feedback to us, perhaps because of a disability or language barrier to see how best we can help them to tell us what they think

## Providing equal and responsive care for everyone

One of our values is Everyone Counts – we make sure no-one feels left behind – patients, carers, staff and the whole community. Much of our work this year has been to embed this value in what we do as well as working more closely with members of the public that use our services

To this end we have carried out several actions this year including:

The development of a sub group of the Patient and Carer Panel made up of people from the protected characteristics as defined by the Equality Act 2010

[www.equalityhumanrights.com/en/equality-act/protected-characteristics](http://www.equalityhumanrights.com/en/equality-act/protected-characteristics)

Having “Equality Champions” in each of our three main service areas (see the diagram showing the Service Delivery Groups on page 8) who have carried out baseline assessments of our services as to how we are making reasonable adjustments for people who need them and where we think we can do better.



We have invited people from the protected characteristic groups to speak at our Staff Away Days. This has been with a view to raising awareness of the issues that people face in society today.

We have carried out an assessment of our compliance with the Equality Delivery System 2 – a document published by NHS England to help organisations, in discussion with local partners (including local people) review and improve their performance for people within the protected characteristics. If you would like to see how we have rated ourselves against the standards within that document and what we plan to do to improve where needed, it can be found on our website at [www.shropscommunityhealth.nhs.uk/content/doclib/12322.pdf](http://www.shropscommunityhealth.nhs.uk/content/doclib/12322.pdf)

Some examples of what we do are:

- Our Falls Prevention Service provide free transport for people that cannot access the classes independently due to disability
- Our specialist Continence Service provides specific care to meet the needs of transgender people.
- Our Health Visitors have an advice line for parents to ring for help

## Section Three:

# Quality at the Heart of the Organisation

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 2015 and 31 March 2016 represents 100% of the total income generated from the provision of relevant health services by the Trust during 2015-2016.

During the year 01 April 2015 to 31 March 2016, 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.

## Participation in Audit and Research

Clinical audit is a method of improving our services by measuring what we do against national standards to see if we comply with them. If we find that we do not, then we put in actions to address shortfalls and then measure again. This is what is called the "audit cycle". There are two types of audit that we participate in:

### National Clinical Audit and the Patient Outcome Programme (NCAPOP)

The management of National Clinical Audits and NCEPOP are subcontracted to the Healthcare Quality Improvement Partnership (HQIP) by the Department of Health. Each year HQIP publish an annual clinical audit programme which organisations review and ensure that they contribute to those audits that are relevant to their services.

During 2015-2016 there were three national clinical audits and one national confidential enquiry that 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.

The national clinical audits and national confidential enquiries that Shropshire Community Health NHS Trust was eligible to participate in and did participate in are as follows:

- |   |
|---|
| • <b>National Audit of Intermediate Care (Integrated Care Services)</b>                                 |
| • <b>Sentinel Stroke Audit (Community Neuro Rehab Team)</b>   |
| • <b>Chronic Obstructive Pulmonary Disease Audit (Pulmonary Rehab Team)</b>                             |
| • <b>National Confidential Inquiry into Suicide and Homicide by people with mental illness (NCEPOP)</b> |

The national clinical audits and national confidential enquiries that Shropshire Community Health NHS Trust participated in and for which data collection was completed during 2015-2016 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

<b>National Audit of Intermediate Care (Integrated Care Services): Patient Reported Outcome Measures 100 responses returned (100% of registered cases required).</b>
<b>Sentinel Stroke Audit (Community Neuro Rehab Team). Organisational audit only, no case note entries.</b>
<b>Chronic Obstructive Pulmonary Disease Audit (Pulmonary Rehab Team): 40 patients were eligible, 93% of them were included in the audit.</b>
<b>National Confidential Inquiry into Suicide and Homicide by people with mental illness – one contact as part of this Inquiry.</b>

The reports of three of the national clinical audits are in the process of reviewed by Shropshire Community Health NHS Trust in 2015-2016 so that we will be able to identify any actions that we need to take to further improve the quality of the healthcare that we provide.

### **Local Clinical Audit**

Every year we develop our annual Clinical Audit Programme (which includes not only clinical audit but also surveys that we plan to carry out over the coming year). The programme is structured and is based on guidance from HQIP so shows national audits (as above), audits that we are contracted to carry out as part of our agreements with our commissioners, audits against national guidance such as that published by the National Institute for Health and Clinical Excellence (NICE) and

those audits that our clinicians have identified as ones that need to be completed based on identified risks, incidents that might have occurred in clinical areas or feedback from our patients.

Our audit programme is monitored by the SDG Quality and Safety meetings on a monthly basis as these are the groups that approve audit proposals and receive audit reports. The Quality and Safety Delivery Group (a newly formed group), will receive quarterly reports in relation to the progress of the Clinical Effectiveness Programme and will escalate any concerns to the Quality and Safety Committee.

A total of 84 projects were included on the Clinical Audit Programme during 2015-2016, 64 of which were new projects due to start during the year and 20 were carried over from the 2014/15 programme. As of 31 March 2016, 28 (33%) of these projects had been completed, 31 (37%) were still in progress and four (5%) had been abandoned. Twenty one projects (25%) due to start had not, the majority of these are included on the Clinical Audit Programme for 2016/2017.

The reports of 28 local clinical audits were reviewed by the Trust in 2015-2016 and in light of these reports we have identified actions to take to improve healthcare. Some examples of what we have done during the year are:

#### **Audit of Ferinject administration in Shrewsbury DAART**

**Issue identified:** Ferinject is used for the treatment of patients with iron deficiency, when oral iron preparations are ineffective or cannot be used. The audit showed that Ferinject is safer for the patient, cost effective compared to blood transfusion and also involves less nursing time, less patient time and is better tolerated.

**Action:** The use of Ferinject was actively promoted as a consideration for treatment for all patients referred for transfusion.

**Progress:** A re-audit carried out later in 2015 showed an increase in the proportion of patients prescribed Ferinject.

#### **Severndale School Downs Syndrome re-audit – is there an improving service?**

**Issue identified:** An audit to assess adherence to standards in the recommended model of care for children with Down's syndrome in Shropshire carried out in 2008 highlighted good practice in most areas but a need to improve in certain areas such as dental awareness and the recording of height and weight measurement. The re-audit showed an improvement in all areas but with no areas achieving a score of 100%, room for further improvement was identified.



**Action:** Downs Syndrome growth charts are now included in the records of all newly referred patients and the clinic proforma used routinely with this group of children and young people has been amended to facilitate improved documentation of important clinical information

### Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by Shropshire Community Health NHS Trust in 2015-2016 that were recruited during this period to participate in research approved by a research ethics committee was 18. We have participated in increased numbers of research activity this year as we identified as an action in our last quality account.

In addition to the studies that patients were recruited onto, several clinicians have carried out research projects as part of post graduate level study in which they have interviewed or asked their colleagues to complete questionnaires. No patients have been recruited to any of these studies.

### Commissioning for Quality and Improvement (CQUIN)

A proportion of our income in 2015-2016 was conditional on achieving quality improvement and innovation goals agreed between our commissioners (NHS England, Shropshire CCG and Telford and Wrekin CCG) through the CQUIN payment framework.

Some CQUINS are national in that they are based on national priorities and best practice and others reflect local priorities that aim to support and encourage improvement and innovation. These are the CQUINS that were agreed in 2015-2016:

#### **Shropshire CCG and Telford and Wrekin CCG:**

Dementia and Delirium – Find, Assess, Investigate, Refer (FAIR) – National CQUIN  
End of Life Care – Local CQUIN  
Transfer and Discharge – Local CQUIN  
Clinical Skills – Local CQUIN  
Clinical Communication – Local CQUIN

#### **NHS England:**

Prison Healthcare:

Reducing the number of patients who do not attend for clinic appointments



Further details of the agreed goals for 2015-2016 and for the following 12 month period are available on request from the Trust.

## 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 is 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 2015 –2016 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 2015-2016 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
- 99.3% for accident and emergency care

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

- 100% for admitted care
- 100% for outpatient care
- 99.9% 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 Information 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 – this will be reviewed as part of the Electronic Patient Record (EPR) implementation e.g. Position Based Access Controls (PBAC)
- Timeliness checks
- Annual accuracy audit of Trust Clinical Information Systems in line with information governance guidance – data quality audits will be completed, in line with the Information Governance requirements, as part of the Electronic Patient Record (EPR) implementation plan.
- Ensuring the Trust Information Systems and any associated procedures are updated in line with national requirements for example, as currently notified by Information Standards Board (ISB)
- 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 Trust score for 2015-2016 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; however, there is an action plan in place for some of the requirements.

## 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 2015/16	Q4 2015/16
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 (venous thromboembolism or blood clot) during the reporting period	94.8%	96.18%
	Apr to Sep 2015	Oct 2015 to Mar 2016
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	10 severe harm and one death 1.1%	Not yet available on HSCIC

## Incident Reporting

We continue to monitor any incidents reported on our electronic incident reporting system (called Datix) 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. Two areas that have been given special attention are pressure ulcers and patient falls in community hospitals. More detail is given below.



## Mortality Reviews

We have a process by which all deaths in community hospitals are reviewed. This process is overseen by the Trust Mortality Group whose remit it is to ensure that patient safety, clinical effectiveness and user experience form the core practice and principles of services by monitoring and reviewing mortality related issues.



The group undertake reviews of all deaths and provides a regular report to the Quality and Safety Committee and the Trust Board as part of the assurance around management of risk within the Trust. Additionally, findings are disseminated to the Adult Service Delivery Group Quality and Safety meetings, Community Hospital Medical Advisors Group, Clinical Services Managers, Clinical Leads and Team Leaders for further dissemination to medical and healthcare staff within each Community Hospital.

The Trust's Community Hospitals Mortality Review Process details the process for reviewing both expected and unexpected deaths within Community Hospitals. In brief, local mortality reviews are carried out on all expected deaths to review aspects of care and treatment of the patient including any additional needs (e.g. Learning Disabilities), spiritual support, End of Life Care planning, completion of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision and of the involvement of family and carers. Any issues and trends are identified and actions agreed to follow these up. All unexpected deaths are investigated by the Mortality Group with a review meeting convened within seven working days. The Mortality Group will review all unexpected death patient notes and investigation review reports and identify and instigate relevant actions required.

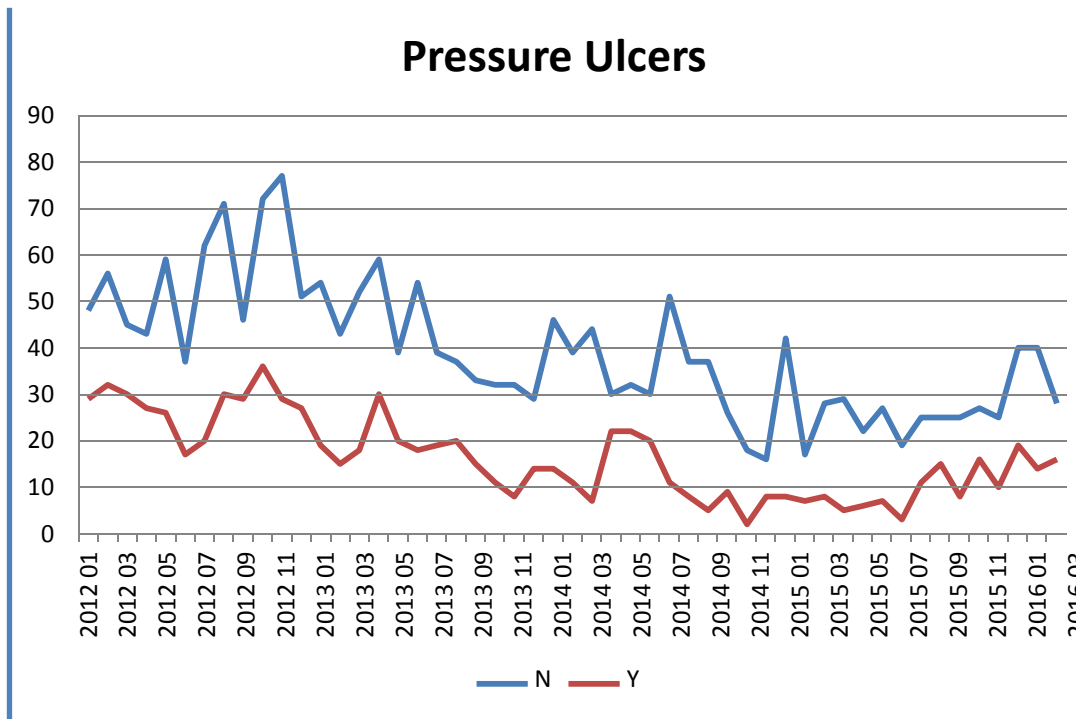
The Mortality Group also monitor any reported "Deaths in Custody" from HMP Stoke Heath and are linked into the standard Death in Custody process and receive any investigation reports.

Reports are also received from the Child Death Overview Panel (CDOP) on Child Death Notifications.

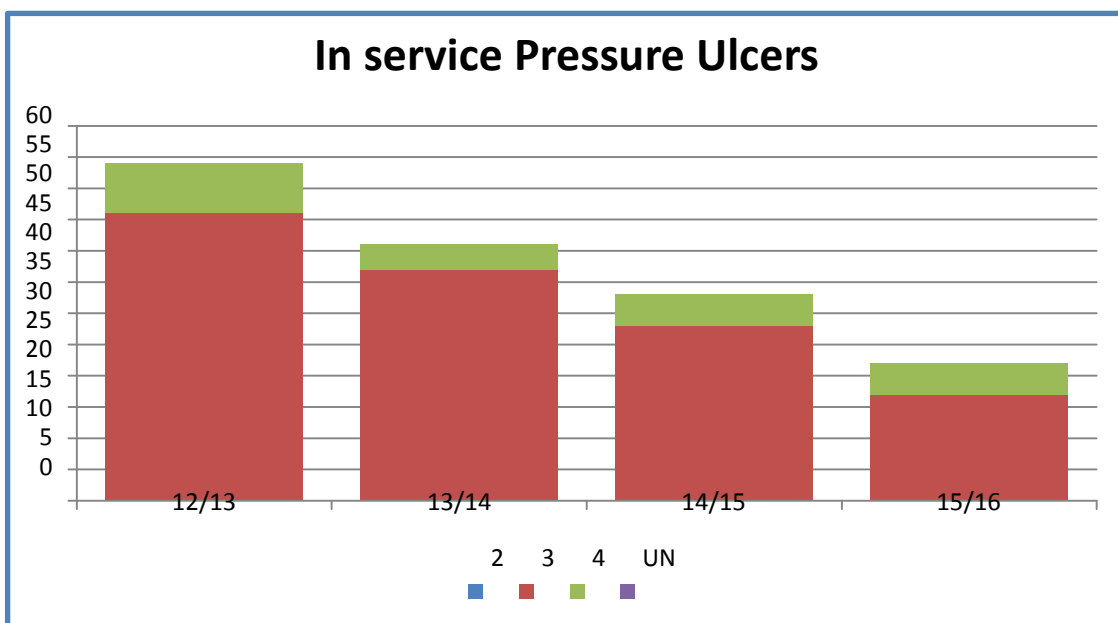
Mortality data is also reported monthly on the Trust's performance management system (In Phase) so that the information is available to be monitored at an organisational level.

## Pressure Ulcers

Across all local health providers initiatives have been in place for the last three years to reduce the number of ulcers occurring. The chart below shows ulcers present when patients access our services (N) and those occurring under our services care (Y). From January 2012 both have reduced in number significantly. However we are mindful there has been a recent increase and that we will need to continue with our reduction initiatives.



The chart below shows all ulcers developed under the care of our services from grade two to the more serious grade three and four. These have reduced from 54 in 2012/13 to twenty three in 2015/16.



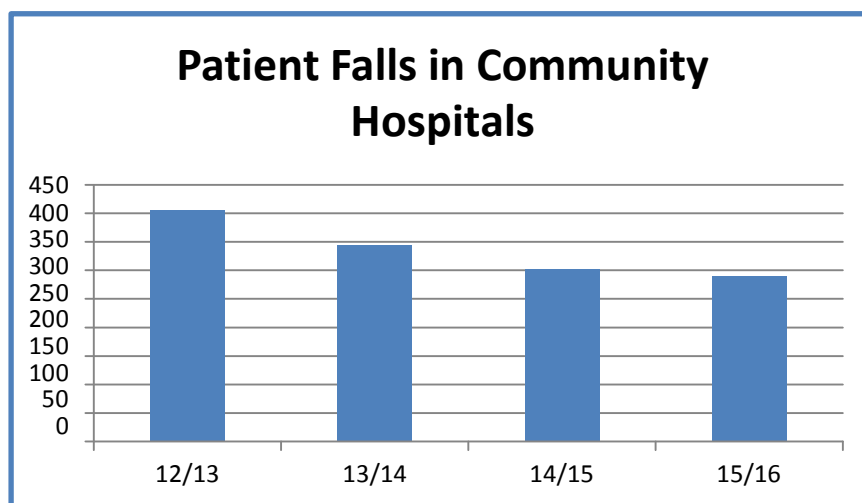
Some of the actions that we have identified and taken forward during 2015-2016 are:

- Amending our Datix system to make sure that staff are enabled to accurately report pressure ulcers
- Our monthly challenge meetings which encourage clinicians to discuss cases with their colleagues and identify solutions
- Cascading of learning through team meetings to make sure that learning is shared
- Having specialist members of staff (such as our Community Equipment Advisor) at the meetings to make sure clinicians know what equipment is available

All of these are fully investigated and 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. As mentioned above, we have a very successful review process which helps us to keep improving our ways of preventing ulcers.

## Patient Falls

The chart below shows the patient falls that have occurred in the community hospitals over the last three years. This shows a reduction from 405 in 2012/13 to 290 in 2015/16. We will continue to reduce this figure with on-going actions.



In the last year the number of falls leading to fractures in our Community Hospitals has increased. From 2012 to 2015 two fractures occurred in each year, In 2015/16 this increased to nine. Each of these was investigated using Root Cause Analysis and discussed with the clinicians involved at our monthly challenge meetings. No common themes have been found which have contributed to this increase but this

is clearly a concern for us. Some of the actions that we have put into place as a result of these falls include:

- “Stay Steady” posters in our bathrooms to remind people to call for help before trying to stand unaided
- Reviewed our falls risk assessment document to make sure everyone in our hospitals is assessed properly when they are admitted. We will be auditing compliance with this during 2016-2017
- Changing the pedal bins in our bathrooms for handtowels from pedal bins to open bins so that people do not lose their balance opening the bins

## **Duty of Candour**

Since November 2014 all health and social care organisations registered with the CQC have had to demonstrate how open and honest they are in telling people when things have gone wrong. This process is called “Duty of Candour” and as a measure of its importance it is the sole element of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We help our staff to have these conversations with patients and their families by providing support through our risk manager and Complaints team. We require staff, when completing an incident form on Datix, to say whether they think the incident is applicable to the Duty of Candour and therefore that they will need to comply with the regulation. Examples of a Duty of Candour appropriate incident could be when a patient has developed a pressure ulcer and our investigations conclude that it could have been avoided by our staff, or that a patient has fallen and suffered a fracture in one of our community hospitals.

## **Safety Alerts**

In addition to incident reporting, our electronic system called 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 2015 and 31 March 2016 a total of 102 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. One alert was carried over from 2014/15, beyond it’s scheduled due date. This related to fire stopping and fire damping, the most important being the community hospitals. Surveys showed significant work needed to be carried out, which was completed by the end of 2015.

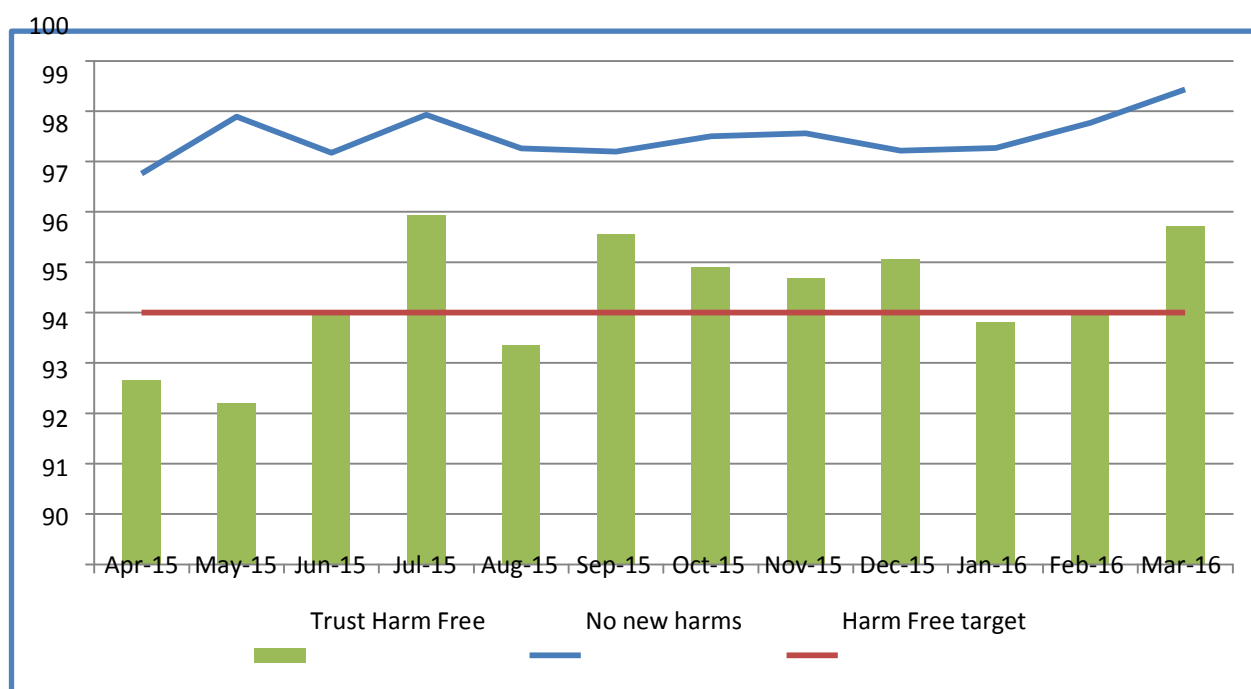
## Safety Thermometer

We have contributed to the national data collection via the NHS Safety Thermometer throughout the past 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.

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.





## Registration with the CQC

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

When the CQC visited HMP/YOI Stoke Heath in April 2015, they felt that there were some areas where improvements were required. As a result of this the CQC issued “Requirement Notices” to the Trust in relation to the following:

- Regulation 9: Person Centred Care
- Regulation 12: Safe Care and Treatment
- Regulation 15: Premises and Equipment
- Regulation 16: Receiving and acting upon complaints



As a result of receiving the requirement notices, we implemented detailed action plans to address the areas of concern. The CQC carried out an unannounced re-inspection of our service on 18 February 2016 and looked only at those areas that were mentioned in the requirement notices in 2015 and found that with the exception of two small actions in relation to complaints management we had carried out actions that assured them that our services at the prison are safe, effective, caring, responsive and well led.

In March 2016 the CQC carried out an announced comprehensive inspection of our services (less HMP/YOI Stoke Heath). The CQC inspectors were with us for a week,

carried out numerous site visits talking to and observing our staff, talking to patients, their families and carers and cross referencing what they saw and heard with data that we provided to them before and during the inspection. We received initial feedback from the inspection team at the end of their time with us and are now awaiting our formal report from them.

At present, 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)**

Patient-Led Assessments of the Care Environment (PLACE) are a self-assessment of non-clinical services which contribute to healthcare delivered in both the NHS and independent/ private healthcare sector in England. The self-assessments are carried out voluntarily and were introduced in April 2013 to replace the former Patient Environment Action Team (PEAT) assessments which ran from 2000 – 2012 inclusive. These are the third results from the revised process.

The criteria for inclusion in the programme are that a site has ten or more inpatient beds and therefore all four of our Community Hospitals take part. The aim of PLACE assessments is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care. The non-clinical activities of concern are:

- Cleanliness
- Food and Hydration
- Privacy, Dignity and Wellbeing (the extent to which the environment supports the delivery of care with regards to the patient's privacy dignity and wellbeing)
- Condition, Appearance and Maintenance of healthcare premises
- Dementia (whether the premises are equipped to meet the needs of dementia sufferers against a specified range of criteria)

The table on the next page gives detail of how our hospitals scored when compared with the national average at site level. It should be noted that the attached report gives a lot of detail about the different levels of scoring, the methodology utilised and the numbers and types of locations that were assessed.

The table shows that we did not achieve the national average in some areas, particularly in relation to catering but also in relation to privacy, dignity and

wellbeing and condition, appearance and maintenance but generally exceeded the national average scores.

Organisation Name	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia
National Average Score (Site Level)	<b>97.57</b>	<b>88.49</b>	<b>87.21</b>	<b>89.27</b>	<b>86.03</b>	<b>90.11</b>	<b>74.51</b>
<b>Overall Trust Score</b>	99.81%	87.84%	NA	NA	86.91%	94.60%	83.27%
<b>Ludlow</b>	100.00%	91.47%	85.40%	100.00%	89.87%	90.14%	78.87%
<b>Bridgnorth</b>	99.56%	91.81%	91.20%	93.33%	85.42%	98.76%	94.12%
<b>Bishops Castle</b>	99.46%	63.13%	74.92%	52.21%	75.51%	86.84%	76.20%
<b>Whitchurch</b>	100.00%	93.14%	91.20%	97.21%	90.63%	98.74%	82.42%

Following receipt of the report we identified specific actions for each hospital based on the findings. The action plan has been monitored through the SDG Quality meeting and we have also shared it with our commissioners to show what we have done to improve. This will be measured by the next PLACE inspections which take place in 2016. Examples of some of the actions are:

#### **Bishops Castle Hospital:**

- Tidying the ward especially areas where equipment is stored
- Provision of grab rails in the outpatients areas
- Putting a vending machine in the hospital for relatives to access snacks and drinks

#### **Bridgnorth Hospital:**

- Exterior signage updated
- Changes to how we serve food on the ward to make sure hot food stays hot

#### **Ludlow Community Hospital:**

- Improvements to the ward lighting made
- Better seating provided in outpatients and the Minor Injuries Unit

### Whitchurch Community Hospital:

- Large face clocks installed in all areas on the ward
- Dementia friendly adjustments to wards such as colour schemes and signage made
- Car park lighting improved

There are still some actions that are not complete, mainly relating to estates work but these are on our 2016-2017 capital bid programme.

## Infection Prevention and Control

The 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 Meticillin Resistant *Staphylococcus aureus* (MRSA) bacteraemia (bloodstream infections) with a zero tolerance, no more than two *Clostridium difficile* infections (CDI) and at least 97% of patients to be screened on admission for MRSA each month.

To reduce the risk of patients acquiring MRSA while in one of our community hospitals, all patients on admission are screened. SCHT have exceeded the 97% target with a compliance with over 99% compliance across the four community hospitals during 2015-2016.

During 2015-2016 SCHT recorded zero cases of pre 48 hour MRSA bacteraemia and five cases of post 72 hour *Clostridium difficile* infection (CDI) in the Community Hospitals. Following all CDI a Root Cause Analysis (RCA) is undertaken with a review meeting held with relevant staff and attended by the CCG IPC team for assurance purposes. The five CDI in 2015-2016 were considered to be unavoidable and SCHT could not have prevented them. In all cases the patients had received antibiotics for underlying infections which elicited the CDI. All five patients were discharged home following treatment of the CDI. As in most RCA's a number of lessons were learnt from the patients' post-diagnosis care and in all cases a service improvement (SIP) was developed to address these.

Meticillin Sensitive *Staphylococcus aureus* (MSSA), Carbapenemase-producing Enterobacteriaceae (CPE) and Vancomycin Resistant Enterococci (VRE) bacteraemias are recorded but currently there is no target. In 2015-2016 SCHAT recorded zero MSSA, CPE and VRE bacteraemias.

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

- Achieve Health care associated infections (HCAI) targets of zero pre 48 hour MRSA bacteraemia and no more than two post 72 hour CDI in the community hospitals
- Ensure compliance with the Health and Social Care Act (2008: revised 2015) Code of Practice on the prevention and control of infections
- Complete the IPC team annual programme which is aligned to the 10 criteria in the above code of practice
- Support staff to complete the Trust IPC annual programme also aligned to the 10 criteria in the above code of practice
- Continue to develop the role of IPC link staff to act as a resource and role model for IPC in the clinical area



## Section Four: A Listening Organisation

### How we use feedback to develop our culture

Over the past year we have used different methods of feedback from both patients and staff to help us develop our culture and support our staff to demonstrate our values. This section will show some of the ways that we have done this.

From January 2015 we have rolled out the national Friends and Family Question across all our services so that people have the opportunity every time they have contact with our staff to tell us about that experience. Since then we have received an amazing 10,000 different pieces of feedback through this method alone from our patients, their families and their carers who have told us that over 97% of them would be either extremely likely or likely to recommend the service they received to their friends and family if they needed it. Most importantly many people took the time to give us written feedback as well so where things were not quite right we could do something about it. We call this You Said....We Did.



**You said** that the chairs in one of the waiting rooms where we hold clinics were not suitable. **We have** purchased some chairs of different heights and with arms which are better for some people to use.

**You said** it was difficult to be heard through the reception screen at Castle Foregate Dental Surgery. **We have** put in a new intercom to make this easier

**You said** that the environment and awareness about how to care for people with dementia needed improving at Whitchurch Community Hospital. **We have** trained more than 25 staff in how to better communicate with people living with dementia and have decorated the ward in a dementia friendly way

**You said** it was difficult to find the Minor Injuries Unit in Oswestry. **We have** liaised with Shropshire Council and they will provide new road signs in June 2016.

## Complaints and Patient Advice and Liaison Service Contacts

The table below shows the difference in numbers of Complaints and PALS enquiries between 2014/15 and 2015/16:

	2014/15	2015/16	Difference
<b>Complaints</b>	<b>71</b>	<b>88</b>	<b>+24%</b>
<b>Compliments</b>	<b>596</b>	<b>482</b>	<b>-19%</b>
<b>PALs enquiries</b>	<b>394</b>	<b>368</b>	<b>-6%</b>

There have been **88** complaints during the year which is a **24% increase** on the number of complaints received during the previous year (71). PALS received **368** contacts during the year in comparison to 394 received between 1 April 2014 to 31 March 2015, this is a **very slight drop of 6%**.

CAMHS remained the top service area in terms of numbers of complaints and PALS contacts received. The themes of delay in getting appointments, access and clarity about the service were common to both complaints and PALS in relation to CAMHS. The theme of communication/staff attitude and behaviour continued to feature through both PALS and complaints contacts either as primary or secondary issues. This has been highlighted in reports to the Trust's Quality and Safety Committee throughout the year.

Both the complaints and PALS services continue to ensure they remain visible and accessible to patients and to welcome feedback about our services. We value and recognise the opportunity that feedback provides in helping us to learn lessons from patients' experiences and in turn developing and improving the services that we provide to them.

If you would like to see more about our Complaints and PALS work and the action we have taken to ensure that people's concerns are addressed, please visit our website where you will find our annual Complaints and PALS report.

### Other achievements in 2015 – 2016:

Sit and See observations in clinical areas – we have volunteers and staff trained to carry out this observation technique and do so on a weekly basis. We can then use the feedback that we get from this along with that from patients, for example through the Friends and Family Test to identify areas that need to act to improve their service.

We have increased the number of patients that can tell us about their experience of care through the use of information technology such as kiosks and tablets in our

Community Hospitals. We are indebted to our volunteers who gather a lot of this information by helping patients to complete surveys. The great thing about this is that the clinical staff can see this feedback really quickly

We have developed the way that we gather patient stories – we have volunteers and staff trained by volunteer input which is now recognised and used by NHS England as a best practice resource pack.



We have developed a new home grown Observe and Act observation tool which has been designed by our volunteers and staff and is specifically designed to be used in community services. We will be able to tell you more about this next year when it will have been up and running for several months.

We have patient and carer volunteers on Committees which has added to the conversations and challenge at these meetings which include:

- Quality and Safety Committee
- Resource and Performance Committee
- Infection Control Group
- Minor Injuries Unit (MIU) Forum
- Culture Working group
- Feedback Intelligence Group (FIG) which has six volunteer members.

In addition, volunteers involved interviewing at all levels in the Trust.

Volunteers are actively involved in training our staff, for example dementia training and training on the new feedback method Observe and Act.

Over the last year we have worked hard to improve the health and wellbeing of our staff. A health and wellbeing strategy was introduced with a dual focus which was to work with staff to help them to improve their physical and mental health and wellbeing, and to work with our managers to improve how we manage attendance.

In May 2015 we launched our TenTen challenge, which was a walking challenge which encouraged our staff to increase their activity to 10,000 steps per day over a ten week period. Over 300 staff took part and during the ten weeks they walked the equivalent of going around the world more than twice. We plan to run this again in 2016.

We have also held health promotion events throughout the county for our staff, have introduced a cycle to work scheme, and at our 'Big Day' Health and Wellbeing event, held a five a side football tournament. In 2016 we plan to build on our successes with a refresh of the health and wellbeing strategy and a focus on our two highest reasons for absence which are stress and musculoskeletal issues.

Our staff take part in the national staff survey every year, and actions from this are steered by the Culture Working Group. We have also introduced a new quarterly 'pulse' survey in 2016 to take more regular feedback from staff.

The response to Key Finding 19 of our staff survey in autumn 2015 is 3.6 out of a possible score of 5, which is equal to other Community Trusts.

In response to Key Finding 27, 38% of respondents said that they reported their last experience of bullying, harassment or abuse, this is below the national average of 43% for Community Trusts. We are working with our staff to improve this score.

Six successful staff development days and a Celebrating Success event were held around the county during 2015 to engage and involve staff and to celebrate achievements. In addition to this, we run a 'Values into Action' programme which enables staff to identify projects which would improve patient care, and then support staff to develop these.



## 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

A handwritten signature in dark ink, appearing to read 'J Ditheridge', with a stylized flourish at the end.

Jan Ditheridge, Chief Executive  
30 June 2016



## Section Five: Statements from our Partners

### Healthwatch Shropshire response to draft SHT Quality Account 2015-16

Healthwatch Shropshire is pleased to be invited to consider and comment on the Trust's Quality Account for 2015-16. We congratulate the Trust on a well presented and readable report. We were impressed by the clearly presented priorities for the coming year and the fact that the patient has clearly been placed at the centre of these priorities. We would also like to congratulate you on the work carried out to develop an electronic resource to capture and analyse patient feedback.

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 concerned to read that the overall number of pressure ulcers and falls has increased from 2014-15. However, it was very good to see some of the actions which have been taken to reduce the number of falls. Often seemingly small initiatives can make a big difference.

With regard to the CQC inspections carried out at HMP/YOI Stoke Heath, we were concerned that the Trust has not fully addressed the issues faced by prisoners in relation to complaints management. Healthwatch Shropshire took part in a focus group with prisoners at Stoke Heath in January. Concerns were raised around availability and effectiveness of health services for people in prison. Of particular concern was a lack of confidence in the complaints system. We would like to work with the Trust to address these issues.

It would have been useful to have some statistics on whether admission avoidance plans are actually working in practice. Comments we received in 2015 suggested concerns about the effectiveness of the Integrated Community Services Team in helping to keep people out of hospital. We look forward to seeing developments and improvements in this area.

We were concerned to read that the number of safety alerts had increased from 70 in the previous year to 102 between 01 April 2015 and 31 March 2016. Is this increase down to better reporting? No mention is given as to why there has been an increase and how it may be addressed.

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.

**Comments from Telford & Wrekin Council Health and Adult Care Scrutiny  
Committee on the Shropshire Community Health NHS Trust Quality Accounts  
2015/16**

Scrutiny of the work of the Shropshire Community Health NHS Trust has been undertaken by the Joint Health Overview and Scrutiny Committee for Shropshire and Telford & Wrekin (Joint HOSC). However, some of the issues covered in the Trust's Quality Account report for 2015/16 also relate to the work of Telford and Wrekin's Health and Adult Care Scrutiny Committee and Children and Young People's Scrutiny Committee.

**Quality Priorities for 2016/17**

**Priority 1: Urgent Care - Keeping people out of hospital or getting them home safely as soon as possible**

Over the last 18 months the Joint HOSC has raised concerns about the pressures placed on the hospital by the number of patients that are in hospital who do not need to be there for medical reasons. The Committee recognised that this is an issue that can only be resolved through a joint approach across the health and social care system. The Committee identified lack of clarity regarding the terms 'Delayed Transfer of Care' and 'Medically Fit for Discharge' and also asked all the organisations involved ensure that the focus on reducing the number of patients who were in hospital without a medical need did not result in a reduction the quality of the discharge process.

**Priority 2: Work together to further improve the care we provide to people at the end of their lives**

The Health and Adult Care Scrutiny Committee continues to monitor the implementation of the recommendations which were made during the review on NHS Continuing Healthcare. The fast track process for NHS Continuing Healthcare is for patients who have a "rapidly deteriorating condition and the condition may be entering a terminal phase". (Department of Health Fast Track Pathway Tool for NHS Continuing Healthcare *November 2012* (Revised))

The Committee has been informed that a working group has been established with partner agencies to gain a greater understanding of issues relating to the CHC process from all perspectives. The committee will continue to monitor how the CHC process is operating and the Department of Health Guidance is implemented locally. As part of this work the committee will consider how information about the CHC Fast Track is included in the training that will be provided to staff at the Community Health Trust.

**Priority 3: Acting upon feedback to change the way services are delivered**

Neither Telford & Wrekin Health and Adult Care Scrutiny Committee or the Joint HOSC have scrutinised this specific issue during the last 12 months.

**Priority 4: What does good look like? Helping our front line staff to better understand and use information to make changes**

Shropshire Community HealthTrust contributed to the review on multi-agency working against child sexual exploitation (CSE) undertaken by the Telford & Wrekin Council's Children and Young People's Scrutiny Committee. The Committee concluded that agencies in the Borough are working well together to respond to known cases of CSE. The Committee recommended that information sharing systems are put in place to improve the child protection information available to Community Health Trust staff.

**Additional work undertaken by the Joint HOSC:**

The Shropshire Community Health Trust has provided assurance to the Joint HOSC that it is participating fully in the Future Fit Programme. The Committee has asked all the organisations involved in the Future Fit programme for assurance regarding the provision primary care services and community services so that sufficient capacity and resources are available to support the transfer of activity planned in the Future Fit Programme.

**DRAFT Statement from Representatives of the Health & Adult Social Care Scrutiny Committee, Shropshire Council, on the Draft Quality Account 2015/16 for the Shropshire Community Health Trust**

Members welcomed the quality priorities identified for 2016 – 2017.

With regard to Priority 2, 'Work Together to further improve the care we provide to people at the end of their lives', Members were pleased to note the involvement of the hospice in the provision of training around end of life care. They were also reassured that the clinical aspect was being addressed.

In looking back at 2015 – 2016, Members congratulated the Trust on doing so well in the Friends and Family Test.

Members noted the improvements made to missed medication incidents, especially as use of Bank Nurses could sometimes mean lack of continuity of staff. They were also pleased to see the reduction in pressure ulcers and good news around infection prevention and control.

Members noted that the number of falls had reduced, although the severity of them had increased. They expressed interest in any initiatives brought forward to address this.

In discussing the lower scores for dementia in PLACE assessments at Ludlow and Bishop's Castle Community hospitals; Members noted that actions related to this, mainly estates work, were on the 2016 – 2017 capital bid programme. It was also noted that all community hospitals in Shropshire had scored higher than the national average for premises being equipped to meet the needs of dementia sufferers. Members also noted the issues related to food at Bishop's Castle Community Hospital had now been addressed.

Members welcomed the initiatives undertaken to encourage staff fitness, including a health and wellbeing day. They also noted the improving uptake on flu vaccine by members of staff.

Members congratulated the Trust on the involvement of volunteers in a variety of ways, including 'sit and see', helping patients complete surveys, gathering patient stories, on committees, and interviewing. They were particularly impressed by the involvement of volunteers in training staff in relation to dementia and the Observe and Act observation tool, designed by volunteers and staff specifically for use in community services.

Members noted that extra resources had been put into the neurodevelopmental service in CAMHS and it was anticipated that Scrutiny would request a report on progress within this service in the coming year.

The Committee continues to welcome engagement between the Trust and the Health and Adult Social Care Scrutiny Committee in the forthcoming year.

**Present at the Meeting:** Councillors Gerald Dakin (Chair) and Madge Shineton (Vice Chair)

## **Statement from Shropshire Clinical Commissioning Group and Telford & Wrekin Clinical Commissioning Group**

Shropshire CCG acts as the co-ordinating Commissioner working closely with Telford & Wrekin CCG for Shropshire Community Health NHS Trust. We welcome the opportunity to review and provide a statement for the Trust's Quality account for 2015/16. This Quality Account has been reviewed in accordance with the relevant Department of Health and Monitor guidance and in line with the Gateway Reference: 04730 reporting arrangement for 2015/16 Quality Accounts.

Both CCGs remain committed to ensuring with partner organisations, that the services it commissions provide the highest of standards in respect to clinical quality, safety and patient experience.

Commissioners recognise the Trusts commitment as set out in the Vision Statement to work collaboratively with health and social care partners to improve people's lives in our communities.

During 2015/16 SCCG and TWCCG have jointly conducted a number of patient safety and assurance visits to Shropshire community hospitals. Feedback following has been well received and any issue requiring further assurance has been acted upon by the Trust as necessary.

We note the achievement of the Trusts key priorities for 2015/16 including continuing to improve the quality of life of patients in their care by continuous reviewing clinical practice and care delivery. This is also demonstrated in their 'Sign up to Safety Campaign' and the Trusts Safety Improvement Plan.

We are pleased to see the Trust's priorities for 2016/ 17 include, continued collaboration with health and social care partners to keep people out of hospital or to get them home safely as soon as possible and also to improve End of life Care to individual patients.

### Accuracy of Information contained with the Quality Account 2015/16

The CCG with the CSU has taken the opportunity to check the accuracy of relevant data presented in the draft version of the document and can confirm they are in agreement.



**David Evans**  
**Accountable Office**



**Linda Izquierdo**  
**Director of Nursing**