Shropshire Community Health NHS Trust

QUALITY ACCOUNT

2016-2017

Contents

About this document

The Trust Board Shropshire Community Health NHS Trust produces this document as required by the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the NHS Quality accounts Amendment Regulations 2011 and reporting arrangements 2016/17. The Quality Account publication on the NHS Choices website fulfils the Shropshire Community Trust's statutory duty to submit to the account to the Secretary of State

Copies of this document are available from our website at www.shropscommunityhealth.nhs.uk , by email to 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 pals@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. In September 2016 the Care Quality Commission (CQC) published their report on their 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 CQC told us that we need to improve in some areas of our services. Although they also rated our Dental Services and Children's Services as "Good" and told us all our staff demonstrated care, compassion, respect and dignity and therefore rated us as "Good" for the Caring domain. We made a formal response to this report in the form of a high level action plan in which we committed to our aim to be an organisation providing outstanding care. You will read about the developments that we have made in this Quality Account which include:

- A strong focus on our commitment to be a provider of good or outstanding care with a comprehensive and robust response to our Care quality Commission report, with improvements made to achieve our aim to be an outstanding caring, responsive, effective, well led and safe organisation.

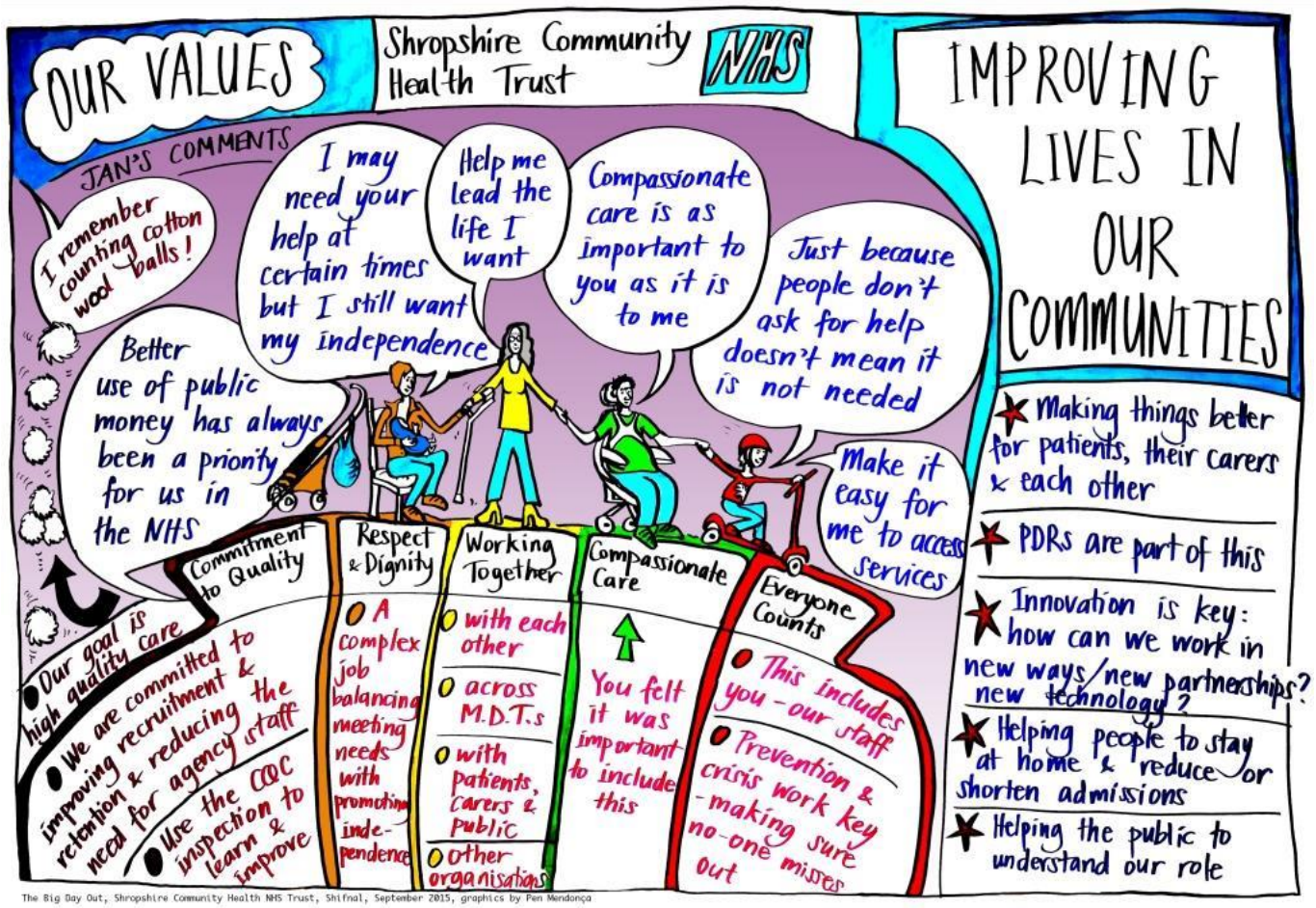
- We have worked hard to achieve an improved End of life governance structure, the publication of our End of Life Strategies for Children and Adults during early 2017 and

- We have committed to improve our care for our patients with dementia by the appointment of an Advanced Nurse Practitioner in Mental Health, who has extensive experience in care of patients with dementia and advanced training in person centred care for patients with dementia. We have also increased the use of volunteers to support our care for patients. We are also engaged in the recruitment of memory and wellbeing therapists.

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. We have had another busy and challenging year and I would like to take this opportunity to say thank you all our staff and volunteers who have helped us to deliver so many important services to our local population through their hard work and dedication.

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 2017-2018 have been identified through discussions with a range of people, both internal and external to our organisation 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 over 723,000 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 (1,841 people received inpatient care in 2016 which is over 400 more than the year previous). In prison healthcare there were 14343 contacts. We also supplied 283966 items of equipment or medical products.

Patient Activity Figures 2016/17	
Community contacts	723285
Outpatient attendances	63209
Inpatient and day cases	1115
Inpatient Rehabilitation Episodes	1841
Radiology examinations	11387
Minor injuries attendances	28232
Equipment and products supplied	283966
Prison healthcare contacts	14343

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.

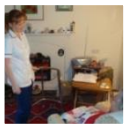
Our Partners in Care

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) (transferred to oanother organisation in May 2017)
- Community Children's Nurses
- School Nurses
- Family Nurse Partnership
- Child Development Centres
- Safeguarding
- 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 visit our website: **www.shropscommunityhealth.nhs.uk**

Section One:
Our Commitment to Quality - Looking forward to our Quality Priorities for 2017 -2018

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 2017-2018 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.

As an overarching theme our stakeholders wanted ourselves and fellow providers to explore how we can improve our collaborative working and be clear how we learn better from each other. Can we better use the learning from initiatives such as exemplar ward and patient stories across the Local Health Economy?

Priority One : Continue our Work to be a provider of good or outstanding Caring, Responsive, Effective, Well Led and Safe services for patients using Quality Accreditation and Assurance Tools
Following our Care Quality Commission inspection in March 2016 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. Our priority is to achieve all of the actions we set out to do and continue to strengthen and develop the processes that underpin our services and therefore the quality of care provision.
Activities we will undertake in 2017-2018:
Introduce and Roll out a Quality Assurance and Accreditation Scheme in all Services
Develop an evidence and assurance platform as a resource for shared learning and audit the impact of introduction of 'Meridian' productivity reviews which explore how we can work better, more efficiently whilst maintaining or improving quality and safety
Develop a standardised competency approach for clinical skills
Implement our End of Life Strategy
Identify and develop key clinical outcome indicators for our Inter disciplinary teams (Community Nurses and Therapists)
Demonstrate clear understanding and analysis relating to patient experience, patient and staff satisfaction, our staffing and quality indicators
Priority Two : Improving the Discharge from Hospital Experience
This was identified as a priority from our patient's panel at a stakeholder meeting and is also a priority for the local health economy and should be considered as a system wide process.
Activities we will undertake in 2017-2018:
Implement the 'What matters to me' conversations with patients. Provide information and opportunity for discussion with patients and carers in relation to discharge, such as timings, transport, and self-care.
Improve our clarity of message re discharge dates, patient and family responsibilities. A clear 'going home chat'. This should help people to not be frightened about going home but to feel more secure at the point of discharge. Measurable through our specific Friends & Family Test (FFT) questions around discharge and communication and discharge audits

Goal setting – We will improve collaborative working between nursing and therapy teams on wards, improve the inpatient nursing / therapy handover process and strengthen liaison between inpatient and community based teams, with demonstrable clear milestones agreed between the patient, and the teams.
We should ensure that we do not disempower people or their carers when they come into hospital (e.g. take over insulin administration for existing diabetics except for the times when they physically cannot manage). We will teach people when appropriate to do so, who are newly diagnosed to manage their condition themselves so they are not reliant on community services/local authority carers when they go home. We will promote a safe self-administration of medicines regime for those patients where it is appropriate to do so
Conduct a clinical audit for discharge process and experiences using some of the measures outlines in the West Midlands Quality Review Service standards
Priority Three: Transition of Care – Ensuring patients transfer from one service to another, safely, easily and without disruption or gaps in service provision
Key priority for all children and young people (CYP) across all services including mental health and those with complex and long term health conditions such as diabetes and asthma. Three main strands to this: • Early preparation for transition within children and young people services • The transition process – ensuring effective communication with young people, their family/carers and other health and social care professionals involved in their care. • Post transition – ensuring positive outcomes and experience for young people and their families/carers that transition to adult services.
Activities we will undertake in 2017-2018:
• Involve parent carer groups and young people to ensure engagement and co-production of pathways. • Baseline audit, using the National Institute of Clinical Effectiveness (NICE) Quality Standard, to establish current transition processes within all children's services who have young people transitioning to adult services
• Prospective audit, using NICE Quality Standard, of young people who transition during the month of May, June & July 2017. Sample criteria will be established for each service area
• Develop young person/parent/carer satisfaction survey for distribution during Autumn 2017
• Involve acute, primary care, Local Authority and education to improve transition across Shropshire, Telford & Wrekin

Priority Four: Sign up to Safety: Putting Safety First. Safer care of the deteriorating patient. Recognising and responding to deterioration and promoting successful recovery from an ill health
Patients of all ages are known to suffer harm if deterioration in their condition is not detected or acted upon in a timely or effective manner. This is a clinical issue contributing to death and severe harm. Research has shown that 26% of preventable deaths were related to failures in clinical monitoring. These included failure to set up systems, failure to respond to deterioration and failure to act on test results (Hogan et al, 2012).1 In 2015 around 7% of patient safety incidents reported to the National Reporting and Learning System (NRLS) as death or severe harm were related to a failure to recognise or act on deterioration. Deteriorating Patient.
Activities we will undertake in 2017-2018
Continue to provide Intermediate Life Support training (ILS) and Early Warning Score training to all inpatient and Minor Injury Units and Inpatient Staff to achieve > 95% compliance
Continue to provide training and support for staff to use the National Early warning Score System (NEWS) & the Paediatric Early Warning Score (PEWS) as appropriate.
Provide staff with training and tools for Sepsis risks, recognition and management.
Conduct an audit between July- September for the management of Sepsis in our Minor Injury Units and identify and implement any further learning or changes needed
Conduct an Audit of the care & management of patients on our wards with an Early Warning Score of 3 or above which may indicate they are becoming unwell, and identify and implement any further actions or learning
Continue to focus on Mortality and Morbidity, including further progress with organisational oversight of mortality reviews, and a focus on evaluation of avoidable deaths which ties in with the findings of the Mazars Report into deaths at Southern Health NHS and compliance with NHS England's Learning Disability Mortality Review Programme (LeDer) programme
Developing culture to be a learning organisation. Linked to priority one, develop a robust system of evidencing how we are sharing and embedding learning both within the organisation and from external incidents

Priority Five: Service redesign and change & Optimising the use of technology

This is reflective of the Community trusts three key strategic priorities.

This priority focuses on Implementing Electronic Patient Record, and our 5 year plan for Sustainability and Transformation, and

Activities we will undertake in 2017-2018

Implement our Electronic Patient Record system and monitor its impact on teams and the quality of services provided to patients

Audit the impact of the changes we have implemented following recommendations for productivity and service redesign : How did our services respond to a big service change and did it have an impact our service to patients and on quality indicators

Section Two:
Reviewing the quality of care: Looking back at 2016 -2017

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.

Priority One: Urgent Care – Keeping People out of hospital or getting them home safely as soon as possible. Over the last 12 months we wanted 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

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

- Supporting people to remain at home
- Supporting people to leave A&E and return home without being admitted
- Supporting people to return home from hospital
- Responding to the changing need of the population

Activities we undertook in 2016-2017:

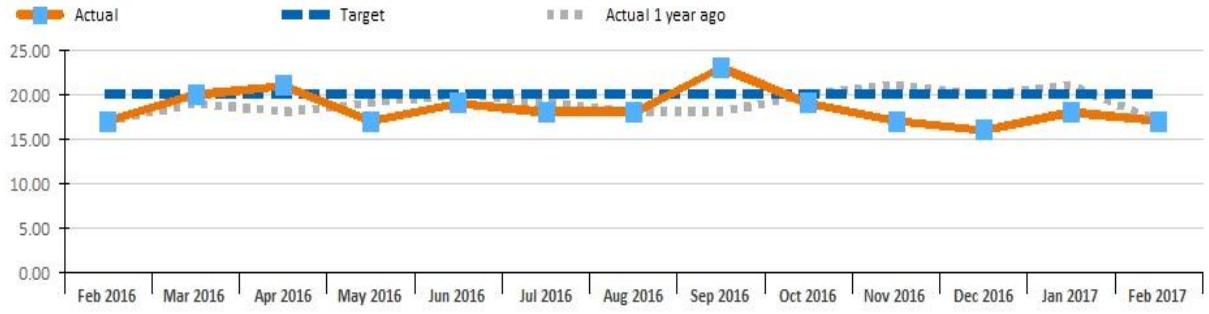
We continued to increase our input into urgent care and work with our partners in the acute care hospitals to enable people to access therapy services (such as physiotherapy) closer to home and not just when they are in hospital which will help them stay at home.

We implemented the principles of SAFER Patient Flow Bundle which promotes, for example an initiative to ensure every patient has actions in place every day to ensure a timely discharge from hospital. This includes things like review by senior clinicians and all patients having an expected discharge date.

As a result of our activities our own community hospital length of stay has reduced, and is maintained below target, and remains well below the national average for similar hospitals. This means people are, on average, spending less time in our community hospitals, and experiencing fewer delays to being discharged, as more treatments can be provided in the home settings and our discharge planning

improved. The graph below shows how our average length of stay in a hospital bed has on the whole been maintained below target.

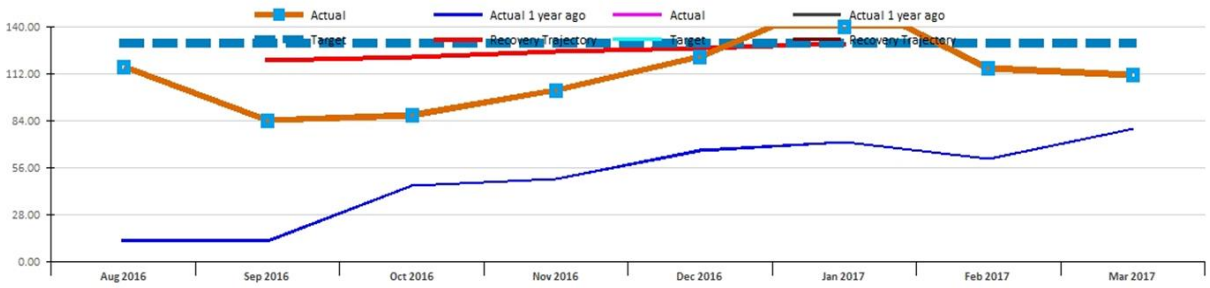
Community Hospital Length of Stay



We ensured that some tests and treatments that mean people have to go into hospital can be done at home or in an ambulatory setting. For example blood transfusion, diagnosis and management of a Deep Vein Thrombosis (DVT) and rehabilitation programmes. With our colleagues we ensure that people who are frail, 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.

This is demonstrated by our Integrated Community Service (ICS) admission avoidance numbers;

The graph below shows the numbers of patients who have been able to be treated at home as opposed to requiring a hospital bed.



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

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.

Increasingly people working in social care and health who are not specialists in end of life find themselves working with people who are dying. In our training we utilize the skills for health Common Core Principles and competences for social care and health workers working with adults at the end of life. Used alongside occupation-specific guidance, these 'common core principles' form a framework to guide managers and workers, helping to define the additional knowledge and competences needed when supporting someone who is dying. A link to this document is available here:

http://www.skillsforcare.org.uk/Documents/Topics/End-of-life-care/Common-core-principles-and-competences-for-social-care-and-health-workers-working-with-adults-at-the-end-of-life.pdf

The End of Life lead is providing training within clinical settings and localities to improve access to End of life training, attendance has been challenging through the winter months in particular for community hospitals, due to periods of high demand some sickness and a focus on patient flow.

We had already put into place an End of Life operational 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. This group reviews the training, the development of an End of Life Strategy, which is now complete, and any end of life related incidents and any risks to delivery. The group reports to the Quality and Safety Delivery Group and in turn the quality and Safety committee and Board.

We measure effectiveness of services through audit, carer and service user feedback through surveys and focus groups, incident reporting, NHS to NHS concerns and complaints and Patient Advise and Liaison Service (PALS) contacts. For example, the development of our bereavement survey has involved patients and carers in both content and how it's used. In addition we are working collaboratively with SAND (Safe Ageing, No Discrimination) who have agreed to provide four sessions across Shropshire and Telford and Wrekin (two in each area) to discuss issues for people that are lesbian, gay, bisexual or transsexual (LGBT) at the end of

their lives. Whilst contributing to the end of life work, this also relates to the work of the Everyone Counts group of the Trust. These modules will be available to all staff that care for people at the end of their lives. The need for this was the recent document by Marie Curie 'Hiding who I am' and the Care Quality Commission report which highlighted isolation and poor end of life experience for the LGBT community.

The baseline assessment of our compliance with the National Institute for Health and Care Excellence (NICE) Guideline NG31 Care of the Dying Adult in their Last Days of Life shows that we considered ourselves to be 72% compliant (as at June 2016). Actions and timescales for completion against the areas that we are not compliant with are within the baseline assessment document and are reflected in the audit report. We have achieved 90% compliance with recommendations compared to 72% in the baseline. In conclusion, the wider use of the end of life plan will improve consistency in care and for documenting important conversations

Each admission to our community hospitals for End of Life care and any patient on an End of Life pathway over the last 12 months has been subject to a basic root cause analysis based on 5 the why's enquiry technique. This can identify the precursor to admission, highlight any service gaps and provide variance analysis from an agreed pathway. This supports the culture of questioning, quality management and service improvement.

In addition we report and review all community hospital deaths, whether expected or unexpected deaths. This review is chaired by the Medical Director and includes senior nursing representation, hospital managers, GPs and the end of life lead, Risk Manager and Records manager. These reviews include:

- Referral / Transfer of Care Information
- Admission Assessment
- Communication (with all relevant parties)
- Facilities
- Spirituality
- Medication
- Current Interventions
- Nutrition
- Hydration
- Skin Care
- Explanation of Care plan or Care Pathway
- Review of current management plan (incl. reviews of Do Not Attempt Cardio Pulmonary Resuscitation DNACPR and appropriate Care Plan reviews)
- Were all appropriate observation charts completed and any variations noted and acted upon?

Care after Death

- Verification of Death (persons present, relatives, coroner likely to be involved
- Certification of Death (cause of death)
- Patient Care Dignity
- Relative / Carer Information
- Organizational Information: Notified GP, Healthcare / Multi-disciplinary Teams (MDT) and other appropriate services

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 using feedback from different sources to change the way services are delivered – using feedback to shape our culture.

Activities we have undertaken 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

We have recognised our volunteers for the fantastic support that they give us in relation to patient feedback

We rolled out and use our Observe and Act observation tool for community services. The purposes of observe and act is to look at a person's total experience from the service user / carer's perspective, learn from it, share good practice and where necessary to act to make improvements.

We will get even 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 when needed. We will be using hand held tablets in the community for this purpose.

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

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 have undertaken 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 and improve the audit feedback process at our Service deliver group Quality and safety meetings

Helping our frontline staff to understand the data that they collect and how they can use it to identify change at a local level. We have developed ways to analyse data in our service dashboards so that we are able to validate it and verify the information understanding the links between risks, learning from feedback, performance and staffing.

The Trust identified the following four priorities to concentrate on as part of the Sign Up to Safety U2S pledge:

- Reduce Medication Errors
- Improve Transition between paediatric and adult services
- Handover and Discharge

- Reduce the number of people absent from work through sickness

The Trust aims to have demonstrable improvement against these by the end of 2017 in order to contribute to the national campaign's aspiration of reducing avoidable harm in the NHS by 50% over three years. Below is an update under each heading – plan with dates and timescales being developed to map over the three year period and will be completed and distributed when all detail entered.

As a result of the data provided to staff and subsequent actions, from sign up to safety we have:

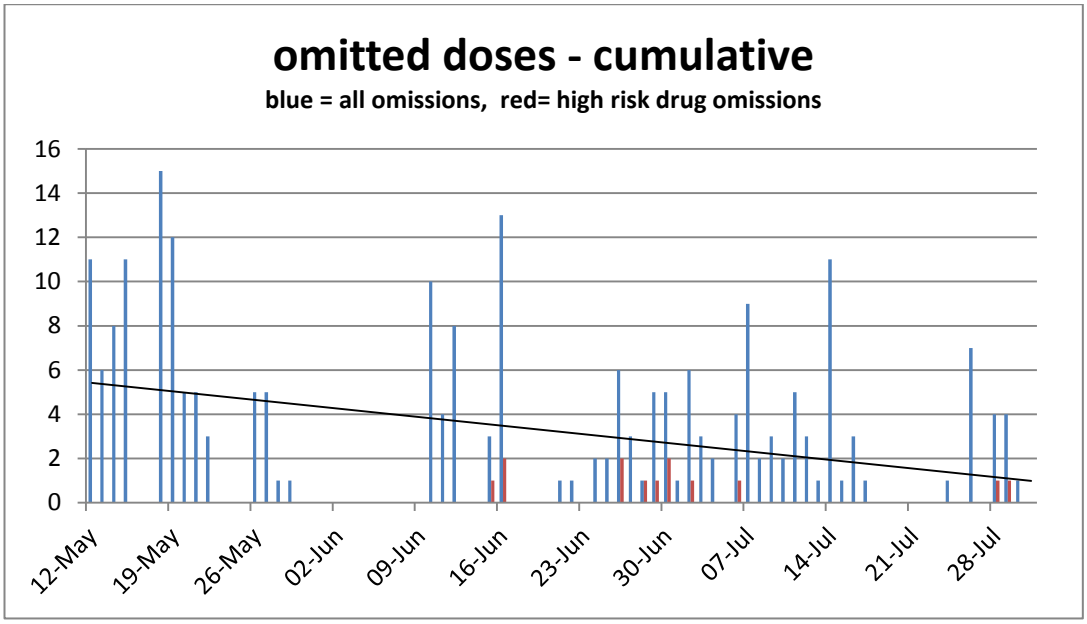
Reduced Medication Errors

In 2015 the Medicines Safety Thermometer showed a higher than expected level of unjustified omitted doses of any medicine in our community hospitals (where the administration was not recorded on the drug chart). Rates of omission for high risk drugs (anticoagulants, insulin or controlled drugs) were low anyway (Figure 1)
The pharmacy team over a period of several months reported all unjustified omitted doses on Datix (which is the Trusts adverse Incident reporting) system which led to the ward managers undertaking further work and changes so that these incidents were eradicated.

Once of the improvements made was to use a different method of handover was adopted sequentially by the community hospitals and the concept of "safety huddles" was introduced. This resulted in both proactive and reactive response to medicines incidents e.g. omitted doses.

Bridgnorth Hospital was the last to adopt the handover at the bedside and this was reflected in the data that showed that until the hospital adopted this method, their rates of omitted doses were still above those of the other hospitals.

The graph below shows the reduction of medication omissions in community hospitals following bedside handover.



The rates of omission of medicines in community hospitals are periodically monitored by pharmacy staff, and have been reported to remain at low levels. A Root Cause Analysis is done for any omissions of high risk drugs that present a potential patient safety issue. They are discussed at the Medicines Incident Review meeting chaired by the Medicines Safety Officer and lessons learnt are shared amongst clinical teams.

Are aim of course is ultimately to have zero omitted medicines. The introduction of Electronic Prescribing and Medicines Administration (EPMA) system will highlight in real time any omissions so that immediate action can be taken. The various commercial products available all have the capacity to give a dashboard style report that the ward sister can view at any time and the pharmacy team are currently reviewing the different systems. .

Her Majesty's Prison (HMP) Stoke Heath has made significant progress with reduced omissions –monitored via another IT system; System One. The numbers of unjustified omitted doses (where there is no System One record of administration) remains very low. In March 2017 there were in excess of 16500 doses of drug administered with only 11 being unjustified omissions.

There were a number of omissions due to refusals or failure to attend and initiatives are being put into place to provide these patients with medication reviews to explore alternative treatment regimens.

Improving Transition

Transition is identified as a key priority for all children and young people (CYP) across all services including mental health and those with complex and long term health conditions such as diabetes and asthma**.**

- Three main strands to this that we explored in 2016 - 2017:
- Early preparation for transition within children and young people services
- The transition process – ensuring effective communication with young people, their family/carers and other health and social care professionals involved in their care.
- Post transition – ensuring positive outcomes and experience for young people and their families/carers that transition to adult services.
- The first meeting has been held to consider the National Institute for Clinical Effectiveness (NICE) Guidance NG43 – Transition from children's to adult service for young people using health or social care services. Second date being planned
- Individual services have been mapping compliance against the guidance to establish baseline to inform actions going forward.

Activities we will undertake in 2017-2018:

- Involve parent carer groups and young people to ensure engagement and coproduction of pathways.
- Baseline audit, using NICE Quality Standard, to establish current transition processes within all children's services who have young people transitioning to adult services
- Prospective audit, using NICE Quality Standard, of young people who transition during the month of May, June & July 2017. Sample criteria will be established for each service area
- Develop young person/parent/carer satisfaction survey for distribution during Autumn 2017
- Involve acute, primary care, Local Authority and education to improve transition across Shropshire, Telford & Wrekin
- Individual services mapping compliance against the guidance to establish baseline to inform actions going forward.

Handover and Discharge

- Handover in Community Hospitals is now at the bedside – shift times have been changed to facilitate this. A shift review has been carried out to explore the impact on staff. Bedside handover, facilitated by this shift change has been identified as a key positive factor, improving communication and highlighting key issues for the shift. A standing operation procedure for Handover is being developed to ensure key elements for effective handover are included.

- Enabling time for Handovers in Community Teams has been part of the productivity work we have undertaken. There is now a standardised format for this handover and clinical review meetings are now operationalised across Interdisciplinary Teams (IDT's). These are routinely scheduled to take place 5 times a week with a minimum occurrence of 3 times a week. In addition all new patients onto caseload have an expected date of discharge set from the service. This new process is being monitored weekly at present and documented using a standardised template as a record of the meetings for all staff to review the clinical discussion //key points if they miss a scheduled handover. We have also standardised the process of message taking across teams.

Reduce the number of people absent from work through sickness

- Health and Wellbeing Strategy has been developed to support healthy lifestyles

- National Commissioning for Quality and Innovation (CQUIN) about Health and Wellbeing – will continue as part of Five Year Forward plan

- Help for managers to better support our staff to return to work as soon as they are able or to keep them at work through better support. There has been a sustained focus throughout 2016/17 to implement the operational plan for year one of our Health and Wellbeing Strategy. .

- To ensure that our staff understand our focus on their health and wellbeing from the start of their employment with us, our Staff Induction Handbook, which is issued to all new starters in the Trust, contains a health and wellbeing section.

- Physical Activity and Healthy Lifestyle
  We have promoted healthy travel to work through our Cycle to Work Scheme which is open year-round to all eligible staff. This is publicized at Corporate Induction, and through regular communications to staff (such as computer desk-top banners). The Cycle to Work scheme is offered alongside other salary sacrifice benefits which enable staff to purchase IT equipment and mobile phones.

- Four Health and Wellbeing days were held across the county with over 180 staff attending staff were able to access advice on staff benefits, have health checks (Body Mass index, cholesterol, and blood pressure), access advice on a healthy lifestyle and experience a massage to aid musculoskeletal issues and promote relaxation. We have recruited staff Health and Wellbeing Champions who have encouraged colleagues to become more active and to focus on healthy eating. Champion-led activities have included; standing meetings, walking meetings and one to one supervision, and a support group for weight management.

- A '5k Every-day – Any Way' challenge was undertaken by some of our staff during January 2017. This involved committing to take any kind of physical activity such as running, walking or swimming every day for 5 days in a row.

- Weekly Pilate's classes are provided at our William Farr House site, these are primarily aimed at Corporate staff that have desk-based roles, to support their musculoskeletal health but all staff were invited to join.

- 25 staff completed a virtual cycle and running event completing 125 miles in a day. More events are planned this year.

- Supporting Positive Mental Health
  We continue to provide a confidential counselling service through Network of Staff Support (NOSS) to staff that require this. In addition to this Positive Mental Health and Resilience sessions supporting psychological wellbeing have been attended by 149 staff. Initial feedback from our staff was that these have been helpful and we are in the process of undertaking further evaluation.

- Our Human Resource Training and Trust Leadership Development Programme includes advice on supporting teams to be resilient, In addition we are strengthening our supervision offer to staff and we are about to roll-out Schwartz Rounds , a confidential monthly meetings , across the Trust.

- Through our Health and Wellbeing newsletter (copy attached) all staff have access to signposting information for emotional wellbeing resources. This was initially sent by email to all staff, but has been handed out at all opportunities during large meetings and staff away days.

- Access to Physiotherapy
  275 staff accessed our fast track physiotherapy service during the year.
  Analysis of this has shown that this has kept people in work rather than going-off sick.

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 2016 - 2017.

During the year 01 April 2016 to 31 March 2017, the Trust provided and/or subcontracted 50 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

The Trust is committed to a process of continuous quality improvement in the services we provide to our patients and recognises clinical audit as a validated and reliable means of achieving this. The CQC inspection of 2016 identified certain service areas within the Trust where a culture of commitment to this process was lacking as well as a lack of robustness in the processes around governance of the audit programme. The Trust has taken action in response to these findings. Projects have been identified for services areas not previously undertaking audit and now all areas are required to carry out at least one audit per year. The audit programme is monitored at Service Delivery Groups Quality and Safety meetings monthly. Relevant service leads and representatives on Service Delivery Quality and Safety Groups are required to present the findings and recommendations of completed audits for the services they manage and implementation of recommendations are now monitored closely by those groups. A system of prioritising audits based on guidance produced by Healthcare Quality Improvement Partnership (HQIP) has been introduced to ensure that high priority projects included on the forward plan are actually undertaken. A report on our audit programme is discussed at the Trusts Audit Committee.

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 2016/2017 the Trust participated in two national clinical audits. Details of these are listed below:

National audit of dementia in community hospitals. This audit involved a review of direct care, carers and patient's views and staff views. The results of the audit for the Trust were positive. The newly appointed Advanced Nurse Practitioner (ANP) for Mental Health is in the process of drawing up an action plan in response to the findings.
Chronic Obstructive Pulmonary Disease Audit (Pulmonary Rehab Team): 71 patients were eligible to take part in the audit, 100% were approached and asked to consent to be included, 94% gave consent and were included in the audit

Local Clinical Audit

Each year, service areas agree a programme of planned clinical audit and quality improvement activity for the forthcoming financial year based on considerations such as Trust quality objectives, National Audits, commissioning priorities, national guidance and local clinical priorities. The structure of the programme is based on best practice guidance produced by HQIP on developing a clinical audit programme. Projects not listed on the forward plan at the start of the year are accepted onto the programme on an *ad hoc* basis as the year progresses.

The forward plan is approved at Service Delivery Group (SDG) Quality and Safety meetings and progress against the plan monitored on a monthly basis. A quarterly report on progress is also provided to the Quality and Safety Delivery Group and any problems not resolved there escalated to the Quality and Safety Committee.

A total of 89 projects were included on the programme during 2016/17, 63 of which were new projects and 15 carried over, i.e. started but not completed during 2015/2016. Eleven projects were carried out on a continuous or ongoing basis such as the Friends and Family Test or the Inpatient Survey. As at 31 March 2017, 31 of

these projects had been completed, 32 were still in progress and 2 had been abandoned. Twelve (19%) new projects listed on the forward plan had not started during the year; the majority have been carried over to the 2017/2018 programme.

The reports of 31 clinical audits were reviewed by the Trust in 2016/2017 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:

Measuring the impact of the Child Sexual Exploitation (CSE) checklist

Issue identified: A CSE checklist has been introduced locally to enable School Nurses to identify and support vulnerable young people who are at risk of CSE. An audit undertaken to evaluate use of the checklist, identified excellent uptake by School Nurses and more effective identification of young people at risk of CSE as a result of its use.

Progress: The checklist has now been adopted in a number of other services, both at Shropshire Community Health Trust and Shrewsbury & Telford Hospitals and a further audit of its use planned for 2017/2018.

Audit of NICE guidance CG171 on the management of urinary incontinence in women

Issues identified: An audit was undertaken to ensure that all women assessed by the Continence Specialist Nurses are offered an equitable and high quality assessment as determined by NICE guidance and the Community Trust Policy on assessing continence. The audit results indicated positive outcomes suggesting that the continence service is working in line with current NICE guidance. However, a lower than expected proportion of women received a vaginal examination.

Progress: Training to be provided to staff on providing vaginal examination in order to improve knowledge

Audit of NICE guidance NG38 on the management of simple (non-complex fractures) in Minor Injuries Units (MIU's)

Issues identified: Non-complex fractures present an enormous challenge to the NHS, both in terms of numbers and variety of injuries involved. The audit undertaken in MIUs identified much good practice but also concerns around the regularity of pain assessment, provision of analgesia appropriate to pain score and inconsistency in x-ray reporting times.

Progress: A&E-specific training package to be provided to staff as well as training on the use of the Abbey Pain Score. We introduced and directed staff on the appropriate use of analgesia a repeat audit will be undertaken to assess practice.
We were non-compliant with one element : A definitive x-ray report to be provided prior to patient discharge - discussions are being held with our local acute radiology reporting provider with regard to how we may work together to resolve this issue.

Participation in Clinical Research

Health services provided or sub-contracted by Shropshire Community Health NHS Trust in 2016-2017 have participated in research activity this year and projects that we have been involved with have included 'How do Health Visitors perceive the integrated two year review, a quality perspective', 'Prophylactic antibiotics to prevent recurrent lower respiratory tract infections in children with neurological impairment' we have also supported researchers from Arthritis UK and 'Prospective cohort testing methods of case-mix-adjustment and cost measurement to develop a cost-consequences framework to underpin future musculoskeletal service benchmarking'

In addition to the studies that our 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 including 'How do Health Visitors perceive the integrated two year review, a quality perspective',

Shropshire community Health are engaged with the Clinical Research Network and have requested to be included as part of the Research Operational Group (ROG), and we have access to addition support for our staff who wish to undertake research with their engagement with the Early Contact and Engagement with Researchers (ERCER) service

Commissioning for Quality and Improvement (CQUIN)

Some CQUINs for 2016/17 were based on national priorities and best practice and applied across all of our commissioners. This included:

- Introduction of staff health & wellbeing initiatives (achieved)
- Healthy food for NHS staff, visitors and patients (achieved0
- Improving the uptake of flu vaccinations for frontline clinical staff (partially achieved)

Others were agreed with specific commissioners to reflect local priorities that aim to support and encourage improvement and innovation. This included:

Shropshire Clinical Commissioning Group and Telford & Wrekin Clinical Commissioning Group

- End of Life: Care of dying adults in the last days of life (achieved)
- Improving hospital discharge (achieved)

NHS England (Prison Healthcare)

- The effective identification and appropriate referral of anabolic steroid use in prisoners to the Hormone Enhancement and Clinical Health (HENCH) Project lead nurse to minimise anabolic steroid use and harm, and also improve the screening for blood borne virus in this hard to reach cohort. (achieved)

Further details of the agreed goals for 2017/18 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 2016 –2017 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

- 100% for admitted care
- 100% for outpatient care
- 99.2% for accident and emergency care

The percentages of records in the submitted 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:

- Scheduled (Daily/ Weekly) data quality checks using a wide spectrum of measures and indicators, which ensure that data is meaningful and fit for purpose
- Data Quality/Validation exercises are being undertaken with our services in support of the electronic patient record RiO implementation and data migration.

Measures and indicators used to monitor data quality include:

- Completeness checks
- Accuracy checks
- Relevancy checks
- Accessibility checks – access to clinical systems 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 2016-2017 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. There is a Trust strategy to improve upon the 66% score and aspire towards level 3 compliance for the Information Governance Toolkit.

Incident Reporting

We continue to monitor any incidents reported on our electronic incident reporting system (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 less likely to recur. Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. We reported and investigated 20 serious incidents in 2016/17 compared to 29 in 2015/16. All of our investigations are then subject to scrutiny by our commissioning colleagues. . Our incident review group will ,going forward, have a real focus on learning and sharing the learning and as such the group will be re-named to include 'Lessons Learned' as part of the groups identity.

Mortality Reviews

We have a process by which all deaths in community hospitals and prison services 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.

With the recent publication of the Care Quality Commission's review into the way NHS Trusts review and investigate deaths of patients in England, Learning, Candour and Accountability the Mortality Group has reviewed the recommendations and actions taken include:

- Appointment of a Non-Executive Director to the Mortality Group who will act as an independent member to oversee the mortality process on behalf of the Trust Board to ensure we have effective governance arrangements to drive quality and learning from deaths of patients.
- Appointment of an Associate Director with GP knowledge, who is independent of the Community Hospitals to provide an additional insight from that perspective
- Review of how we ensure the involvement of families and carers in the relevant mortality reviews and investigations (to the extent that they wish). This has included working with the EOL Working Group in preparing to implement a Bereavement Feedback survey
- Members of the Mortality Group have attended training on being Learning Disability Mortality Reviewers as part of the National Learning Disability Mortality Review programme (LeDeR)

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 Mortality Group also works closely with the End of Life (EOL) Working Group to identify any associated risks and work on implanting resolutions.

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.

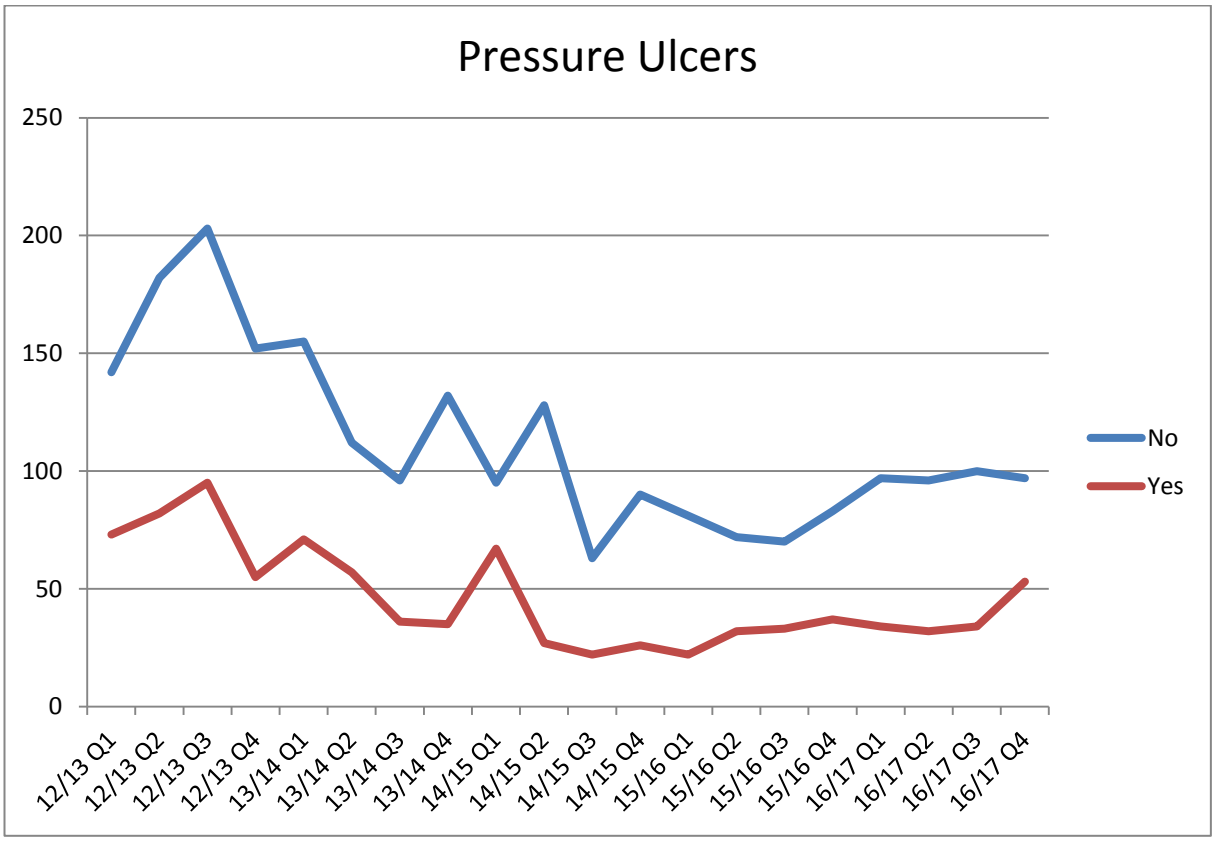
The Mortality Group also monitor any reported "Deaths in Custody" from HMP Stoke Heath and are linked into the standard Death in Custody process and receive any investigation reports.

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

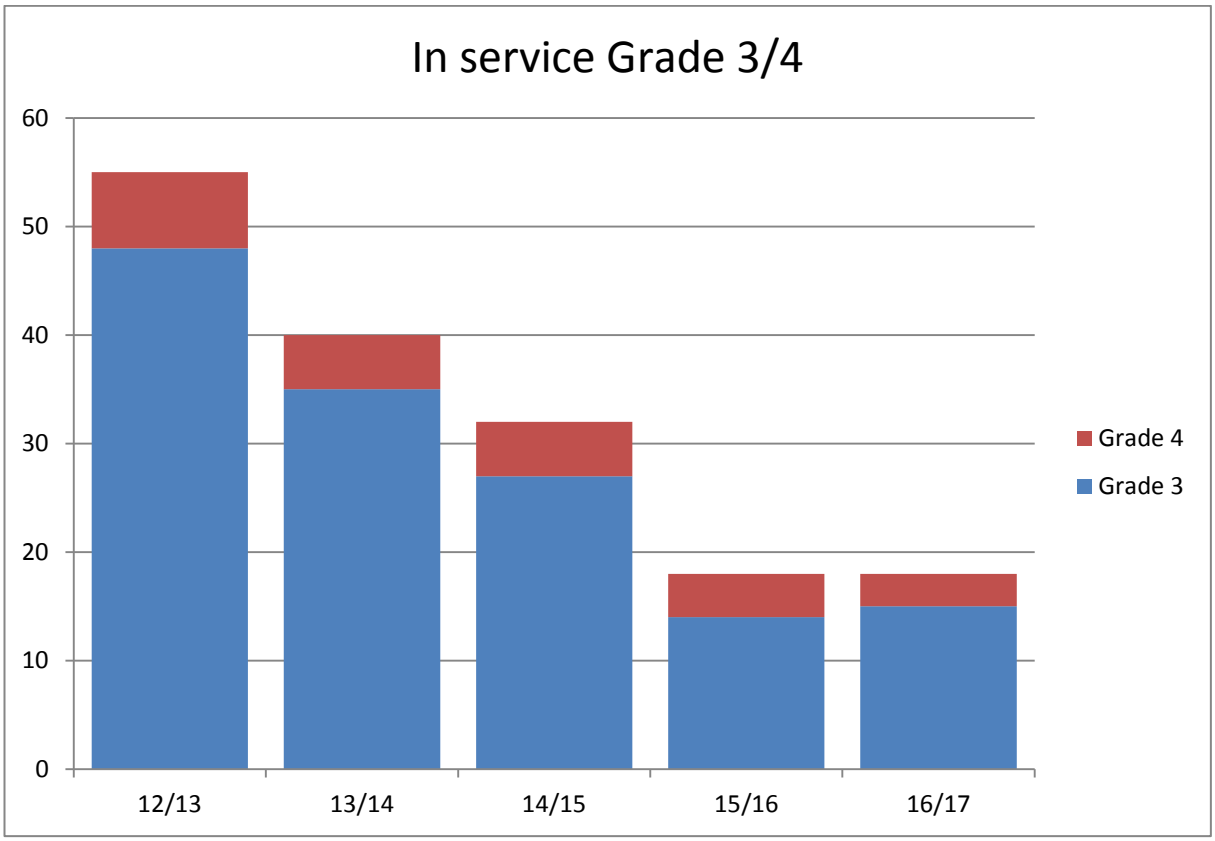
Mortality data is also reported monthly on the Trust's performance management system (In Phase) so that the information is available to be monitored at an organisational level.

Pressure Ulcers

Across all local health providers initiatives have been in place for the last four years to reduce the number of ulcers occurring. The chart below shows numbers of ulcers present when patients access our services (No) and those occurring under our services care (Yes). From Quarter 1 2012/13 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 the numbers of all ulcers developed under the care of our services for grade the more serious grades three and four. These have reduced from 55 in 2012/13 to 18 in both 2015/16 and 2016/17



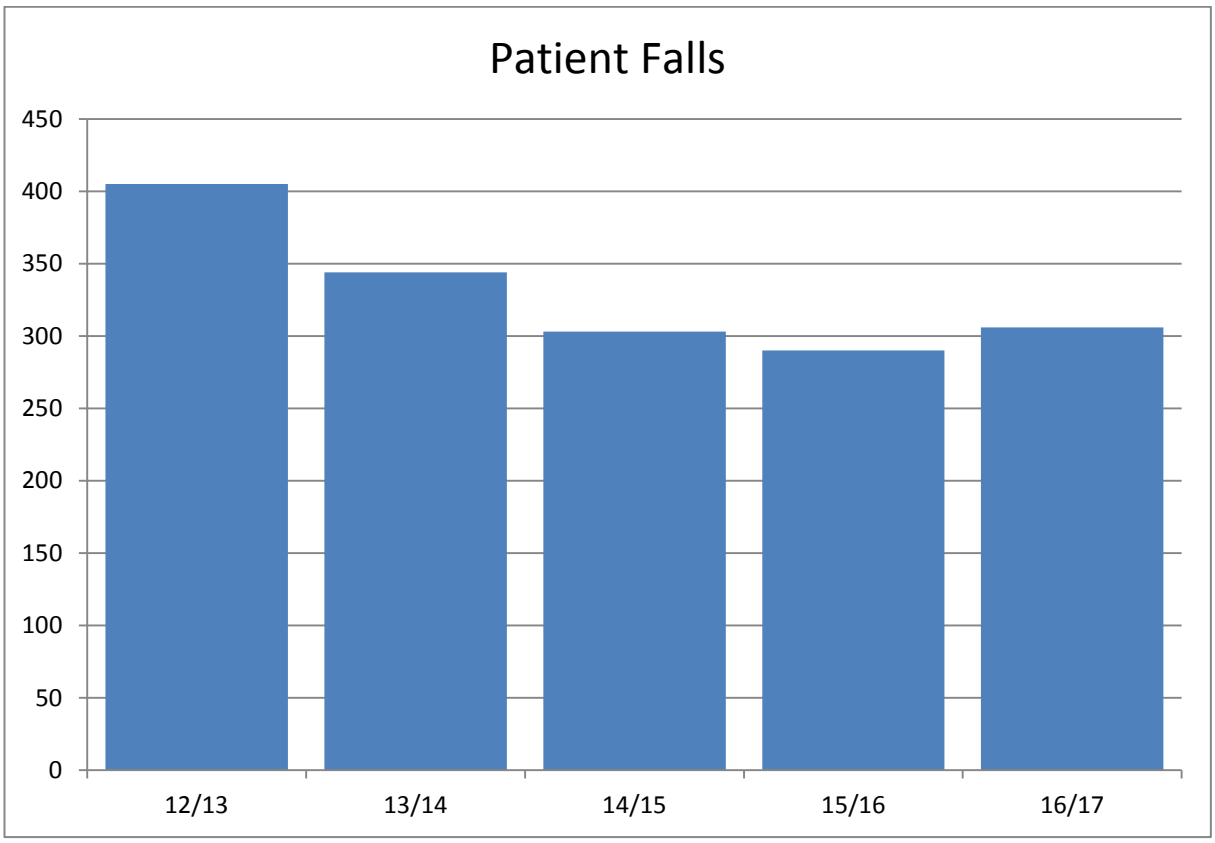
Some of the actions that we have identified and taken forward during 2016-2017 are:

- 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 and Tissue Viability Nurse) 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 robust review process which helps us to learn lessons in preventing ulcers.

Patient Falls

The chart below shows the total number of patient falls that have occurred in the community hospitals over the last Five years. This shows a reduction from 405 in 2012/13 to 290 in 2015/16. There has been a slight increase in the last year to 306 reported falls.



In the last two 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 in both 2015-2016 and 2016 - 2017. Each of these was investigated using Root Cause Analysis methodology 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:

- Review of our falls risk assessment documentation
- Purchase of equipment such as high / low beds
- Appointment of an Advanced Nurse Practitioner in Mental Health who is able to advise on management of patients with confusion, at risk of falls
- Changes to the environment to be better for our patients with dementia

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 2016 and 31 March 2017 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.

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

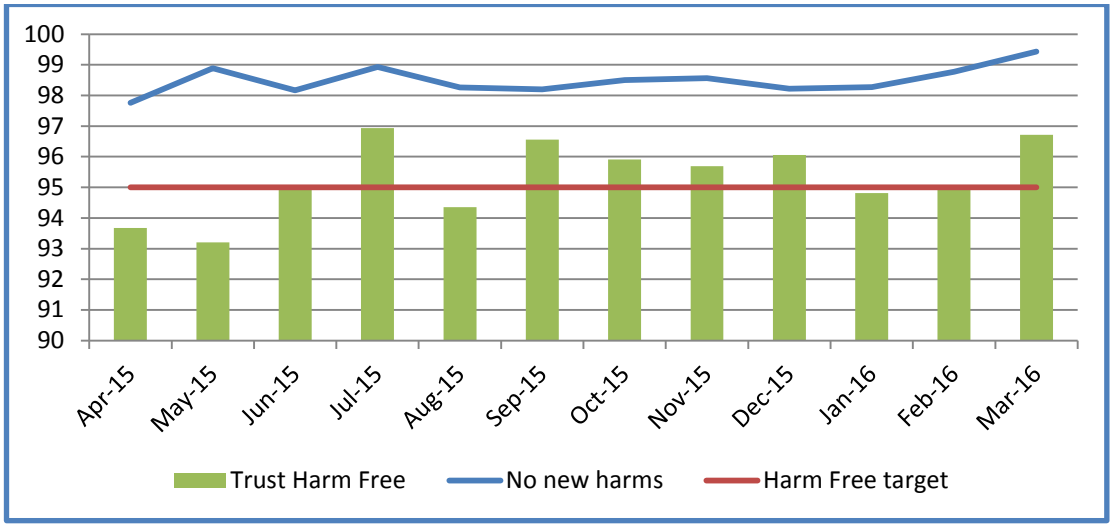
Safety Thermometer is a national tool – on the set day each month more than 198,000 patients are included in the national data collection to which our data contributes to give a snapshot of care in the country on that day.

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 four harms measured are

- Falls
- Urinary Catheter Associated Infections
- Venous Thromboembolism,
- Pressure Ulcers

The following chart shows the percentage of “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 Care Quality Commission (CQC)

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

In March 2016 the CQC carried out an announced comprehensive inspection of our services (excluding 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. When the CQC visited our services in March 2016, they felt that there were some areas where improvements were required and the ratings grid is shown below.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Community health inpatient services	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
End of life care	Requires Improvement	Requires Improvement	Good	Good	Inadequate	Requires Improvement
Community dental services	Good	Good	Good	Good	Good	Good
Urgent Care	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
CAMHS	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Substance Misuse	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

As a result of this the CQC issued “Requirement Notices” to the Trust in relation to the following

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- Effective handover between nursing teams did not consistently take place; this did not enable staff to share key information about patient care in a systematic and safe way.
- Arrangements to enable quick identification of a deteriorating patient especially children in the MIUs were not consistently in place across all four MIUs.

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- Governance systems and processes were not sufficiently established and operated to enable the trust to assess, monitor and improve the quality and safety of end of life care services. The trust did not have an overall vision and strategy for end of life care.
- The approach to identifying and managing risk across the MIU’s was inconsistent.

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- Staffing and skill mix levels within each community nursing team were not reviewed systematically and at regular intervals to ensure that patients’ needs were met and there was sufficient capacity for staff supervision, training, team meetings and staff handovers.

- Staffing levels and skill mix in the MIUs were not reviewed systematically and at regular intervals to ensure sufficiently skilled numbers of staff were on duty at all times in order to meet the needs of the service.

- There were insufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of people using the service. In particular, within the Child and Adolescent Mental Health Service (CAMHS) learning disability team and tier 2 staffing.

- Increased patient acuity in the community hospitals was not considered when staffing levels were planned so patients requiring support and assistance did not always receive this appropriately.

As a result of receiving the requirement notices, we implemented detailed action plans to address the areas of concern.

We hold regular meetings with our link CQC Advisor, and report progress on our actions. Additionally a copy of our overarching action plan, along with risk to achievement are updated fortnightly at our 'Getting to Good' Project Group and monthly at the Quality and Safety Committee and Trust Board to report progress of our ambition of getting services that are safe, effective, caring, responsive and well led to a good and beyond position by May 2017. Specific examples of improvements we have made are:

- We now have a formatted and effective handover system for community staff

- A skill mix and establishment review has taken place for all community teams and we are recruiting to meet that revised establishment

- Minor Injuries Unit (MIU) staff have received training on sepsis and follow guidance for sepsis recognition from the Royal College of General Practitioners

- MIU have protocols so they can directly contact the Children's Assessment Unit in our local acute Trust

- We have used a caseload waiting tool to minimise risk to Children &Young People in our Children & Mental Health Services (CAMHS) and we are going to implement a new model of service provision.

- 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)

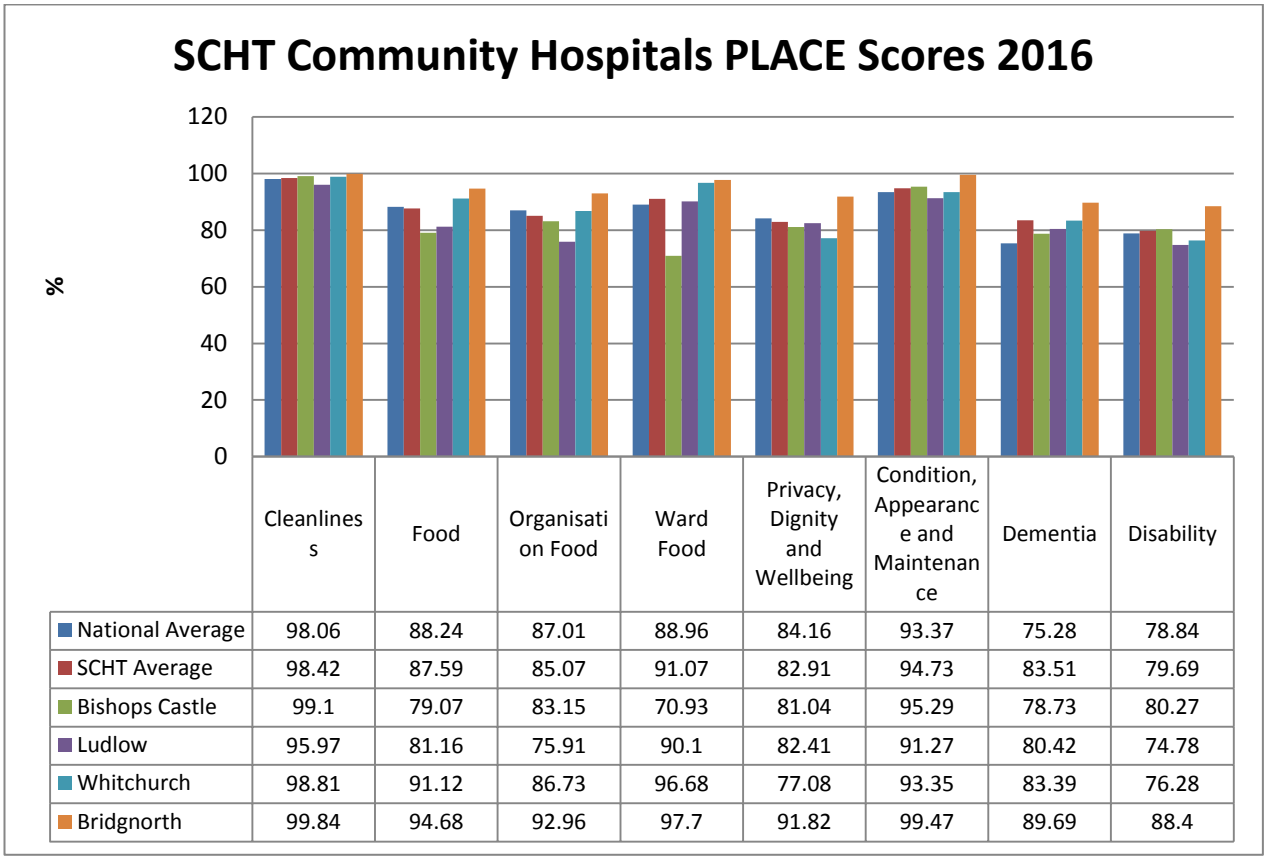
Patient-Led Assessments of the Care Environment (PLACE) are a self-assessment of non-clinical services which contribute to healthcare delivered in both the NHS and independent/ private healthcare sector in England. The self-assessments are carried out voluntarily and were introduced in April 2013 to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

At least 50% of the inspectorate team are non-Community Trust staff and consist of Healthwatch representatives, patients and carers as well as health professionals.

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 that assessed 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 tables on the next page gives detail of how our hospitals scored when compared with the national average at site level in 2016. 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.



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
National Average	98.06	88.24	87.01	88.96	84.16	93.37	75.28	78.84
SCHT Average	98.42	87.59	85.07	91.07	82.91	94.73	83.51	79.69
Bishops Castle	99.1	79.07	83.15	70.93	81.04	95.29	78.73	80.27
Ludlow	95.97	81.16	75.91	90.1	82.41	91.27	80.42	74.78
Whitchurch	98.81	91.12	86.73	96.68	77.08	93.35	83.39	76.28
Bridgnorth	99.84	94.68	92.96	97.7	91.82	99.47	89.69	88.4

The results show that we did not achieve the national average in some areas, particularly in relation to catering and privacy and dignity. In relation to condition, appearance and maintenance, provision for patients with dementia and disability we exceeded the national average scores. Following receipt of the report we identified specific actions for each hospital based on the findings and some of the actions were immediately done, e.g. where a cleanliness issue was identified in one area of a hospital it was corrected immediately. The action plan has been monitored through the Service Delivery Group Quality meeting and we have also shared it with our commissioners to show what we have done to improve. In the domains where the main opportunities where we identified where we needed to improve and have done were increasing breakfast choices, working with external food suppliers to improve quality, and the adequate provision of condiments, pictorial signage, and installation of clocks. Areas that remain a challenge are flooring and lighting to meet modern standards for care of patients with dementia and bed spacing particularly at Whitchurch Community Hospital to meet current new build criteria. We are again partaking in the PLACE scheme for 2017 throughout March, April and May.

There are still some actions that are not complete, mainly relating to estates work but these are on our 2017-2018 capital bid programme. These include flooring at Bridgnorth and Bishops Castle hospitals. The work at Bridgnorth has commenced and Bishops Castle has a planned date this year.

Infection Prevention and Control (IPC)

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 Methicillin 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 achieved 96.01% compliance across the four community hospitals during 2016-2017.

During 2016-2017 SCHT recorded zero cases of pre 48 hour MRSA bacteraemia and zero cases of post 72 hour Clostridium difficile infection (CDI) in the Community Hospitals.

Multi drug resistant organisms such as Methicillin Sensitive *Staphylococcus aureus* (MSSA), Carbapenemase-producing Enterobacteriaceae (CPE) and Vancomycin Resistant Enterococci (VRE) blood stream infections (bacteraemia) are recorded but currently there is no target. In 2016-2017 SCHT recorded zero MSSA, CPE and VRE bacteraemia.

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
- Achieve 97% admission screening for admissions to the Community Hospitals
- Support the local health economy to reduce *Escherichia coli* blood stream infections by 10%
- 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 criterions in the above code of practice
- Support staff to complete the Trust IPC annual programme also aligned to the 10 criterions 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 and Learning Organisation

How we use feedback to develop our culture

We have had another really busy year in relation to patient experience and the involvement of volunteers and growing initiatives. 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.

Key developments have included the following;

- A very active Feedback Intelligence Group (FIG) with a vision of:
  Making Sure Your Feedback Leads to Improvement

  This group continues to strengthen and widen its remit looking at both patient and staff feedback and has six patient & carer representatives alongside key staff. Looking at trends and triangulating with healthy patient scrutiny is key

- A Patient & Carer panel (PCP). This group continues to evolve after being initiated 3 years ago. Representatives from the PCP permeate across the Trust in representative, scrutinising and partnership roles

- Our volunteers have also been instrumental at a national level in the design and implementation of a new Patient Story Toolkit. Patient stories are being used at more forums throughout the Trust to ensure the voices of patients and carers are heard, and most importantly, listened to.

Initiatives and Events:

- Meridian Real time training: over 100 staff have been involved in training on the real time patient experience feedback system.

- Volunteer Away Day with the Board. A large group of volunteers discussed the Way Forward, the volunteers' role, support and future direction of volunteers during the year for a special Away Day.

- Inspiring people Event-based around equalities. Around 150 staff and volunteers hosted an amazing event that involved key speakers nationally and locally with fantastic patient stories across the local health economy

- End of Life and Dementia care. The Trust has really had a strong focus in these areas this year, with an improved end of life governance structure and the appointment of an Advanced Nurse Practitioner in Mental Health. Volunteers and staff have been doing some amazing work in these two subject areas providing reminiscence therapy and diversional activities such as flower arranging, harvest festival and butterfly cafes.

- Observations for patient feedback. NHS England has supported the Trust to develop the Observe and Act tool that is widely used by staff and volunteers across the Trust. There are great benefits for non-clinical staff being involved too as they offer a fresh perspective and improvements happen through this work. Examples of recommendations from observe and act which we have fed back to teams who are making changes are encouraging patients to use dining rooms more, ensuring there are robust procedures in regard to providing feeding assistance.

With the Friends and Family Test (FFT) we continue to use the real time Meridian system to support this area of work and average a response rate, which was in the top third of the country for Quarter Four 2016. We are introducing more tablets and volunteers still to support real time feedback in our work in Community Hospitals.

Patient Stories continue to be used at Quality and Safety, team and Board meetings. We did design the guidance that is used on the NHS England website as well. 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'

.

We have also undertaken a pilot equality visit involving representatives of protected characteristic groups and as a result one action was to improve our provision of hearing loops which we have done.

In developing co-design and involvement volunteers often train staff in patient experience methods and are represented on groups and key committees throughout the Trust.

Both the Patient and Carers Panel and the Patient Experience Lead have won local and regional awards recently. Pictured is Mark Donovan our Patient Experience & Engagement Lead with the award from the West Midlands Leadership Academy

Complaints and Patient Advice and Liaison Service (PALS) Contacts

The table below shows the difference in numbers of Complaints and PALS enquiries between 2015/16 and 2016/17:

	2015/16	2016/17	Difference
Complaints	**88**	**117**	**+33%**
Compliments	**482**	**455**	**-6%**
PALs enquiries	**368**	**306**	**-17%**

There have been **117** complaints during the year which is a **33% increase** on the number of complaints received during the previous year (88).

PALS received **306** contacts during the year in comparison to 368 received between 1 April 2015 to 31 March 2016; this is a **drop of 17%**.

During the same period of time (2016/17) we received 449 compliments about our services

Child and Adolescent Mental Health Services (CAMHS) and Stoke Heath Prison remained the top service areas in terms of numbers of complaints and PALS contacts received. The themes of delay were 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.

The rise in complaints HMP Stoke Heath complaints and PALS contacts have been regarding changes in medication practice to reduce the use of opiate based and other medications. Also delays in referrals to other services have caused some concerns.

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.

Staff Survey

All staff are invited to give feedback on their experience of working for the Trust through the annual NHS Staff Survey. We also undertake the Friends and Family Test for Staff on a quarterly basis.

Our response rate in 2016 was higher than ever with over 800 responses which equates to 53% of staff. This response rate is higher than the national average for Community Trusts and all Trusts overall. Our overall staff engagement score is also better than the national average.

We have developed action plans within our Service Delivery Groups and are focussing on improving three key themes;

1. Reporting – Responding and acting on concerns
2. Developing Leadership Skills
3. Health and Wellbeing

Our results for Key Finding 26 – the percentage of staff experiencing harassment, bullying or abuse from other staff are positive and are better than the national average. Only 17% of respondents reported experiencing this against a national average of 20% for Community Trusts and 24% for all Trusts.

Our results for Key Finding 21 – show that 90% of staff believe that the organisation provides equal opportunities for career progression or promotion. This is just above the average for Community Trusts (89%) and all Trusts (85%).

Statement of Directors Responsibilities in respect of the Quality Account *(To be agreed at June 29th 2017 Trust Board meeting)*

Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health as 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

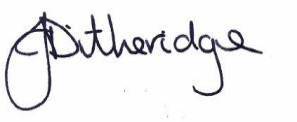
The performance information reported in the Quality Account is reliable and accurate

There are proper internal controls 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 and includes additional NHS England reporting requirements for this year on Duty of Candour, Sign Up to Safety, NHS staff survey indicators KF26 and KF21 and our CQC ratings grid with examples of actions in response.

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
29th June 2017

Section Five:
Statements from our Partners

Telford and Wrekin CCG

Received 19th June 2017

Feedback from Telford and Wrekin CCG
Telford and Wrekin CCG welcome the opportunity to review and provide a statement for the Trust's Quality account for 2016/17.

The CCG recognises the progress that the Trust has made over the last twelve months, following the CQC Inspection in March 2016 and publication of the subsequent report in September 2016.

The Trusts approach to introducing a Quality Assurance and Accreditation scheme has been welcomed by members of the CCG Quality Team who have been invited to participate in the Trusts internal Quality Assurance Visits.

The outcomes from the 2016 NHS Staff survey are better than the national average. The Trust's sustained focus during 2016/17 to implement the Health and Wellbeing Strategy and the diverse range of actions and activities is excellent.

Priorities for improvement for 2016/17:

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

The implementation of the SAFER patient Flow Bundle has had a positive impact. The Trust has achieved a significant reduction in length of stay in community hospitals. Telford and Wrekin CCG thank the Trust for the delivery of this successful outcome, which supports the overall efficiency of health care provision across the local health economy.

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

The work that has been undertaken and continues, to improve the care provided to people at the end of their lives is extremely welcome. In particular, the End of Life

Strategy and Tissue Viability Thematic reviews presented at Clinical Quality Review meetings have been most enlightening and very well received by CQRM attendees.

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

The work undertaken by the Trust in the use of patient and carer feedback, and the use of volunteers, is exemplary in the way it has been used to develop the organisational culture. This is reflected in the Patient Experience and Engagement Award conferred by the West Midlands Leadership Academy.

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

The CCG recognises the work that the Trust has undertaken to evolve the Serious Incident Investigation process, and is pleased to be working collaboratively with the Trust. The enables the CCG to gain further assurance that Root Cause Analysis and the lessons learnt is being incorporated into practice improvement. The change in practice following the introduction of the Medicines Safety Thermometer in 2015 with regards to medication errors is commendable.

Priorities for improvement for 2017/18 will be reviewed and the outcomes monitored via the CCG Clinical Quality Review Meetings and contracts meetings.

The CCG wish to state that to the best of their knowledge, the data and information contained within the 2016/17 Quality Account is accurate.

Christine Morris
Executive Nurse, lead for Quality & Safety
June 2017

Healthwatch Shropshire response to draft SCHT Quality Account 2016/17

Healthwatch Shropshire response to draft SCHT Quality Account 2016 -17. Healthwatch Shropshire is pleased to be invited to consider and comment on the Trust's Quality Account for 2016 - 17.

We again congratulate the Trust on a well presented and readable report. We were impressed by the clearly presented priorities for the coming year 2017-18; discharge and End of Life care are two areas that Healthwatch Shropshire receives feedback on and is currently interested in. However, we would have liked to see some indications for what success will mean for patients in terms of delivering the priorities.

We also welcome, under priority one, the activity to "demonstrate triangulation between patient experience, patient and staff satisfaction, safer staffing, quality indicators" and will continue to share our intelligence with the Trust.

Progress on the implementation of the Sign up to Safety pledge was noted but we were concerned at the increase in pressure ulcers and the number of falls leading to fractures.

It was interesting to see the clear presentation of the findings of the Patient led Assessments of the Care Environment and we are pleased to be involved in these each year. However, when compared with the data from 2015-16, whereas both Bishops Castle and Bridgnorth have improved in all dimensions, both Ludlow and Whitchurch score lower on every dimension except dementia than they did last year.

We would have welcomed a comment.

The sustained commitment to patient engagement and learning from patient feedback is very good and we would like to congratulate Mark Donovan on his awards. However, there is a significant year on year increase in the number of complaints, which is worrying.

We welcome the Trust's participation in our Stakeholder Group. We would welcome greater insight into and engagement on the implementation of the Quality Account priorities during the year 2017-18 and in particular the work around End of Life Care. We look forward to developing further our relationship with the Trust during this coming year to ensure that intelligence is shared effectively.

Comments from Telford & Wrekin Council Health and Adult Care Scrutiny Committee on the Shropshire Community Health NHS Trust Quality Account 2016/17

Received 20th June 2017.

The Committee did not raise any concerns/ comments on the QA

Comments from Shropshire Council's Health and Adult Care Scrutiny Committee on the Shropshire Community Health NHS Trust Quality Account 2016/17

Received 8 May 2017

Shropshire Council's Health and Adult Care Scrutiny Committee is unable to provide comments on the 2016/17 Quality Account due to the fact that the national timetable for Scrutiny Committees to comment on Quality Accounts coincides with the pre-election period of Shropshire Council's elections and the appointment of the new Scrutiny Committee at Annual Council.