Appendix 1

Quality Account 2014/15

The Shrewsbury and Telford Hospital NHS
NHS Trust

Quality Account

2014-15

Proud To Care
Make It Happen
We Value Respect
Together We Achieve

Contents

Chief Executive statement

I'm delighted to introduce to you the sixth Quality Account to be published by Shrewsbury and Telford Hospital NHS Trust. Despite the difficult environment which the NHS faces, both financially and operationally in terms of the demands being placed on it, the Trust remains committed, from Ward to Board, to providing safe services and high quality care for our patients.

I am therefore pleased to report that the Quality Account for 2014/15 once again reflects a positive year for the Trust in our pursuit of putting patients first. One of the key elements of our success was reflected in the feedback we received from the Care Quality Commission following their inspection of our hospitals in October 2014. This confirmed that although there were a number of areas where we need to make improvements; the CQC heard directly from our patients and staff that the care we give is done so with pride, commitment and compassion.

Recognition of this is clearly a very welcome confirmation of our continued efforts to drive up the quality, safety and effectiveness of the care we provide on a daily basis. However, it is absolutely acknowledged by the Trust Board that it is only possible and delivered with the hard work of our staff, and their daily commitment to the Trust's Vision and core values.

We have regularly monitored our improvement plans during 2014/15 through our Patient Experience & Involvement Panel feedback, our Ward to Board audits, our Quality and Safety Committee and through the Trust Board. The Quality Account therefore reflects the progress we have made against our priorities for the year, including:

- Listening to and taking seriously the experiences of patients, relatives and carers in order to understand where we went wrong and could do better.
- Improvements in the care of patients living with a diagnosis of Dementia and developing Dementia friendly hospitals.
- Improvements in the care of patients at the end of their lives with the experiences of relatives and carers during this difficult time.
- Improvements in the quality and safety of care provided through safe and effective staffing levels.

To deliver on-going improvements, the Quality Account sets out a number of areas that we need to focus on and whilst we have made progress in some key areas over the past year we are not complacent and recognise that we can always do better.

Looking forward, we will therefore continue our quality journey through the delivery of our Quality Improvement Strategy that sets out how we will continue to deliver improvements over the next three years, alongside our three key priority areas reflected in our Quality Account for 2015/16:

- Improve our skills and pathways to better support patients wherever they are being cared for; particularly in Acute medical care, End of life and Dementia
- Work together to improve patient experience across boundaries of care particularly when discharged home.
- Work together with the wider NHS to help deliver national priorities such as sepsis and those safety areas identified within the Sign up to Safety national campaign.

We continue to develop effective strategic partnerships across health and social care with our clinicians contributing to policy and clinical practice guidelines by actively engaging in various National and Local Clinical Networks across a range of clinical specialties. Likewise, the Trust continues to be an active participant in local, regional and national clinical research trials.

We hope that this Quality Account provides you with a clear picture of how important quality improvement and patient safety are to us at Shrewsbury & Telford Hospital NHS Trust.

Declaration

The Secretary of State has directed that the Chief Executive should be the Accountable Officer for the Trust. The responsibilities of Accountable Officers include accountability for clinical governance and hence the quality and safety of care delivered by the Trust. To the best of my knowledge and belief the Trust has properly discharged its responsibilities for the quality and safety of care, and the information presented in this Quality Account is accurate.

Peter Herring
Chief Executive

Statement of directors' responsibilities in respect of the Quality Account

The Trust Board are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements 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) and reporting arrangements 2014/15; gateway reference 03123.
This Quality Account has been reviewed and accepted by the Quality and Safety Committee, prior to committing to the board.

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

- The Quality Accounts presents an open and 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; and
- The Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board:

Date: 25/6/15 Chair: .....

Date: 25/6/15 Chief Executive: .....

Part 1

Quality Review - A Look Back at 2014 and 2015

A Review of Quality Performance in 2014 - 2015

In last year's Quality Account we outlined 4 key quality priorities for 2014/15. For each priority we have provided a report outlining the detailed work undertaken within the Trust to underpin the improvements required.
Below is a summary of that work, followed by a more detailed overview.

1. End of Life Care

Our aim is to provide excellent care at the end of life, for our patients and their families. The appointment of our End of Life Care Facilitator is beginning to show real improvements in the way we provide end of life services. We have implemented a new end of life care plan with our partner care providers and we are making huge strides in making end of life care a high priority again this year within the Trust.

For more details, go to:

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2. Dementia Care

820,000 people are living with Dementia in the UK today and we know that this number is likely to increase significantly going forward. We continue to work hard to improve care for patients with Dementia, and also their families by introducing new services and developing existing ones. The nationally recognised Butterfly Scheme continues to be rolled out, along with specific dementia training for staff and carers.

For more details, go to:

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3. Improving Patient Care through Safe and Effective Staffing Levels

Our nursing, midwifery and care staff play a critical role in ensuring we deliver high quality care and excellent outcomes for our patients. Evidence shows that staffing levels are linked to the safety of care, and that staff shortfalls increase the risk of patient harm and poor quality care. Likewise, poor staffing levels increases stress and gives low levels of job satisfaction amongst our staff.
We will explore "live" data options that will allow us to understand staffing levels on a day to day basis that will assess levels of staffing against the dependency and requirements of patient need on our wards.

For more details, go to:

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4. Patients, Relatives and Carer Experience

We receive feedback from patients and relatives in a variety of ways including patient stories, surveys, ward audits and listening events. As a Trust we use this valuable information to tell us where we need to make improvements and also to understand where we do well. In the last year, we have worked hard to understand and tried to improve the experience of patients with mental health and learning disability needs, as well as looking at our communication methods for all our patient groups. The experience of everyone who uses our services is extremely important to us, and this remains a high priority.

For more details, go to

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Update on Quality Priorities in 2014/15

This part of the quality account looks back at our quality performance last year and includes what we have achieved during the year.

End of Life Care

Why was this a priority?

Our aim is to provide the best end of life care possible for our patients and their families. Our recent CQC hospital inspection rated our End of Life Care services as inadequate, showing that we need to make further improvements to meet our aims

As health care professionals we try to prepare our patients at the end of their lives; for death and support families to the point of acceptance. We only have one chance to get this right and we want to get it right every time. Our end of life plan has been created to address the holistic needs of the dying person by providing supportive and compassionate person-centred care. In order to do this, training and support for all clinical staff on all aspects of end of life care is now in place.

What were our goals for 2014-2015?

With our health care partners, a health economy wide approach to improving the quality of care at the end of life by:

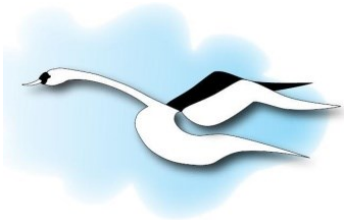
- Appointing an End of Life Facilitator (September 2014).
- Reviewing care recording and decision making at the end of life stage.
- Implement a Ceiling of Treatment & Allow Natural Death form & End of Life Plan, through education and support.
- Implement care planning to extend choice and to support rapid discharge home.
- Implement the Amber Care Bundle that promotes early identification and advance care planning.
- Improvements made to the public areas within both RSH & PRH mortuaries.
- Review syringe pump loan agreement process, to ensure equipment is returned.

We have achieved all of the goals for 2014-15 with the exception of the implementation of the Amber Care Bundle. Our focus this year has been on the introduction of the new End of Life Plan and the training and support which accompanies this. The Amber Care Bundle will supplement this work and will form part of the programme of work for end of life care during 2015 -16.

What more do we need to do?

We must sustain the good work that is being done throughout the Trust by developing an End of Life Care Programme for the next 12-18 months, to drive improvements going forward. We need to gain more feedback from bereaved families to understand learning and help us improve care and support in this sensitive area. We are due to introduce a special questionnaire for bereaved families which is planned in the summer 2015.

We plan to introduce of the Swan Scheme to represent end of life and bereavement care. The Swan Scheme has been shown to support families at the end of life, and helps staff identify families and offer assistance and advice.



The Swan Scheme is a locally developed programme, developed with The Royal's Alliance Bereavement Service who originally established the swan as a symbol for end of life care. We will continue to provide staff training to support improvements end of life care. During the coming year, we will focus training and target key staff groups.

Dementia Care

Why was this a priority?

We know that the number of patients living with Dementia is likely to double over the next 10 – 20 years and this is reflected in the increasing number of patients with Dementia coming into our Hospitals. Approximately a quarter of our inpatient beds are currently occupied with patients with some form of cognitive impairment such as dementia. We know that our hospitals are often disorientating and frightening places for patients with Dementia to be in and it is essential that we give staff the knowledge understanding and skills to support them and their families whilst in our care. We need to take steps to improve the environment, enhance social and mental well being and alleviate distress and anxiety.

What were our goals for 2014-2015?

We have implemented a programme of Dementia education and training to staff at all levels and disciplines in the organisation involving a carer of a person with dementia being part of the delivery of the teaching sessions.

We have introduced the nationally recognised "Butterfly" scheme to provide a framework for the care and management of patients with Dementia.

We have introduced a lunch club and activity groups for social, reminiscence and memory interactive activities, strengthened by the development of the role of our volunteers so they can spend meaningful time with patients supporting them, their families and staff.

We have developed positive and collaborative relationships with carers and patient groups who have been engaged and involved in the developments and improvements.

We have listened to carers concerns and introduced a Carers passport to promote and encourage more flexible visiting

What more do we need to do?

We need to:

- Embed the initiatives that we have introduced and in particular the Butterfly scheme.
- Implement Dementia friendly environmental standards across the Trust through a rolling programme of improvements, using any new building works and refurbishments.
- Undertake audits of carers and relatives of patients with Dementia to understand and ensure that we are doing what we said we would do and improve in areas where we fell short.
- Continue to strengthen partnership working with relatives and carers to identify areas for on-going improvement and development .
- To continue to raise staff awareness of Dementia and improve their skills by providing on-going training and education to staff at all levels of the organisation.

Improving Patient Care through Safe and Effective Staffing Levels

Why was this a priority?

Our nursing, midwifery and care staff play a critical role in ensuring delivery of high quality care and excellent outcomes for our patients. Evidence tells us that staffing levels are linked to the safety of care, and that staff shortfalls increase the risk of patient harm, poor quality care and leads to increased stress and low levels of job satisfaction amongst staff.

We have focused our attention on the need for greater transparency within the Trust with regards to staffing levels. Hospital Trusts are mandated to publically display staffing levels on each ward each day; report each ward's staffing "fill rates" to the Trust Board and publically each month; and report to the Trust Board on a six monthly basis, a nursing and midwifery staffing capacity and capability review.

There is no confirmed evidence of what the optimum levels of nursing staff-to-patient ratios looks like. However, having the right people, with the right skills, in the right place at the right time to meet the changing needs of our patients is a priority for us. We do this by using measures to review our staffing levels on a ward-by-ward basis based on an evidence-based tool and methodology so that we can ensure that staffing levels continually meet the changing patient needs and dependency on our wards.

What were our goals for 2014-2015?

- Review our nursing staffing levels to ensure on-going quality and safety and update the Trust Board on a quarterly basis.
- Nurse staffing ratios will be reported by inpatient ward.
- Implement our People Strategy that aims to make the organisation a great place to work and make clear that this will happen by ensuring we have engaged, enabled and empowered leaders who believe in the values of the Trust.

We have:

- Successfully implemented all the requirements set by the Care Quality Commission (CQC) and NHS England in relation to publicising our staffing levels by ward each day and by ward each month.
- Implemented a methodology to review and report to the Trust Board our nursing and midwifery establishments on a 6-monthly basis.
- Included introducing the NICE endorsed Safer Nursing Care Tool (SNCT) to collect data on a quarterly basis regarding patient acuity and dependency, patient "flow" and nurse sensitive indicators (NSI's), which we combine with other factors to determine each ward's nursing establishment.
- Launched our People's Strategy to promote engagement, empowerment and the Trust values

What more do we need to do?

We need to explore a "live" acuity tool that would allow for "real time" day-to-day assessments of nursing staff requirements against patient dependency and need, in order to ensure that we have the right staff at the right time with the right skills every time.

We need to combine and report patient safety incidents against workforce data and staffing levels to identify if there is any patterns from staffing levels and patient safety incidents, such as falls, pressure ulcers or medication errors.

We will sustain our 6-monthly establishment review and reporting to the Trust Board, ensuring we utilise any new NICE guidance for areas not covered in previous publications such as maternity and paediatric settings. We need to continue proactively recruiting to our vacancies using a combination of national and international recruitment drives to attract and retain the best staff we possibly can in line with our People Strategy.

Patients, Relatives and Carer Experience

Why was this a priority?

We receive feedback from patients and relatives in a variety of ways such as patient stories, surveys, audits and listening events to use this valuable information to inform us of where we need to improve and where we do well.

What were our goals for 2014-2015?

Through communication with patient's relatives and carers we know that we needed to improve in a number of areas. These were

- Understanding and improving the experience of patients with dementia and cancer.
- Understanding and improving the experience of patients with mental health needs and learning disability
- Improving how we communicate with patients and their relatives and carers when explaining about when they are going home.

What did we achieve;

- We held a number of Patient Listening Events across Shropshire, Telford & Wrekin and mid Wales during August and September 2014. This included partnership working with Commissioners, Healthwatch, Montgomeryshire CHC, Carer Groups and SaTH Patient Experience and Involvement Panel.
- The feedback from the Patient Listening Events supported other forms of patient feedback such as Friends and Family Test, PALS, Complaints and Compliments received and regular Patient Experience Audits within the Wards and Departments.
- We surveyed the experiences of patients admitted with dementia and used this information to develop our dementia training to all staff and develop our dementia pathway.
- We updated our Learning Disability patient pathway and made suitable adjustments where necessary.
- We developed a specific procedure to support patients with learning disabilities attending our dental departments.
- We have embedded the use of the carers passport to enhance the experience of carers visiting their relatives.
- We asked our patients and carers about their experience of being discharged from our hospital.
- We have provided additional resources to our discharge lounges so that our patients are kept comfortable and have access to food and drinks when they want or need them.

What more do we need to do?

We need to ensure that patients and carers are fully engaged in the planning of their discharge and ensure that there are no unnecessary delays in being discharged home. To do this we will:

- Utilise the patient led clinical audit panel to assess how we are doing with our discharge planning and processes in order to improve the discharge experience for patients and carers.
- Use the monthly Ward to Board Matron Quality Review to drive improvements within our care groups in the patient/ carer experience of discharge.
- Continue using the learning from Complaints, PALS and patient experience to continuously improve quality through 2015/16.
- Continue to improve the patient experience within our hospitals by reducing unnecessary noise and light at night.

Looking Forward to our Quality Priorities for Improvement for 2015 - 2016

Through engagement with our staff, partners and external stakeholders we have listened to what matters to them and reflected 3 new key priorities for 2015/16.

Priority 1: Improve our skills and pathways to better support patients, wherever they are being cared for.

Our aim: To work with our staff and partners to ensure that patients with acute medical needs, end of life and dementia needs are treated by the right person with the right skills in the right place.

What have we achieved so far?

Acute medical needs — A project is underway to support Ambulatory Emergency Care (AEC) to manage a proportion of patients with acute medical needs to receive emergency care safely on the same day either without admission to a hospital or through admission for a few hours.

End of Life — We have made improvements to end of life care; ensuring that the views of patients and their families are taken into account in their care planning and maintain dignity. We have:

- Recruited an End of Life facilitator to support education and training across the Trust in end of life care.
- Developed a health economy approach in allowing a natural death wherever the care of a person is provided.
- Reviewed and improved mortuary facilities and estates.

Dementia—As part of our dementia strategy we have improved care for patients with dementia and their carers by focussing on:

- Personalised assessment and care plans across the patient pathway.
- Education and training of our staff.
- Dementia friendly-environments.
- Involving and supporting carers of patients with dementia.

What are our plans for 2015 - 16?

Acute medical needs - The Ambulatory Emergency Care (AEC) project will oversee tasks that improve care for those patients with acute medical conditions such as respiratory or heart disease. We will:

- Review the diagnostic requirements of AEC.
- Develop roles such as Advanced Care Practitioners (ACP) in Acute Medicine and Elderly Care to support the workforce plans for AEC.
- Work with our partner care providers to look at ways of avoiding admissions for those patients who could receive care in a different environment close to home

End of Life - We will:

- Implement an end of life care and bereavement symbol (Swan Symbol) across the Trust.
- Continue to train and embed improvements to end of life care through our staff.
- Recruit more end of life link workers to ensure every ward and department has a link worker.
- Implement, and take feedback from a bereavement survey to improve the care we give

Dementia - Our dementia strategy and plans will continue to be developed and implemented. We will:

- Recruit a Dementia Nurse Specialist to lead and deliver improvement with our staff in dementia care.
- Embed and continue to develop the Dementia Improvement Strategy across the Trust.
- Improve discharge planning and assessment of patients with dementia.
- Continue to implement dementia friendly environmental standards across the Trust.

Priority 2: Working together to improve patient experience across boundaries of care

Our aim: To develop and implement a whole system approach with our care partners for discharging patients home that optimises every opportunity for our patients to become independent.

What have we achieved so far?

We have developed a multi-stakeholder project group to take forward and implement a 'discharge to assess' model of care in order that decisions about long term care and support for patients are made outside of the hospitals. This will enable every patient to have the best opportunity to be rehabilitated and enabled to return to their normal place of residence.

What are our plans for 2015 - 16?

We will continue to develop and implement sound discharge planning processes to improve the quality and outcomes of care for our patients. We will:

- Increase our patients capacity for independent living.
- Boost the number of people able to remain living at home.
- Reduce the number of people permanently admitted to long term care.
- Reduce avoidable harm that may be caused to patients through prolonged hospital stays.
- Improve patient and family experiences of when they are discharged home.

Priority 3: Working together with wider NHS to help deliver national priorities

Our aim: To work with our local health care partners to identify and deliver local safety improvement initiatives that reduce harm and contribute to national safety objectives.

What have we achieved so far?

With Shropshire Community NHS Trust, we have pledged to a national Sign up to Safety Campaign with a plan to contribute to the national ambition of making the NHS the safest healthcare system in the world. We have committed support to a common purpose in order to give patients confidence that we take safety seriously and that we are doing all we can to ensure that the care they receive will be as safe as possible and aim to deliver harm free care for every patient, every time, every-where.

What are our plans for 2015 - 16?

As part of our Safety Improvement plan and our clinically led Sepsis group we will continue to develop and implement improvements that have positive outcomes for the quality of care and safety of our patients. We will:

- Improve the early recognition and standardise the assessment and clinical care of those patients who are admitted with or develop sepsis in our care
- Improve the early recognition and standardise the assessment and clinical care of those patients who are admitted with or develop Acute Kidney Injury in our care.
- Continue our success in pressure ulcer prevention
- Continue to implement assessment and practice to reduce falls causing harm to our patients.
- Reducing medication errors
- Improve the interpretation of Cardiotocography (CTG) monitoring of women in labour
- Improving our safety culture through openness with patients and their families and carers and where we make mistakes, find out what happened, fix it fast, learn from it and move forward.

1.3 Other quality measures which remain a high priority

Patient Safety

Every day over a million people are treated safely and successfully across the NHS. However, the advances in technology and an ageing population requiring complex treatment have created a number of challenges within our hospitals. We know that with complexity, comes risk and that things do sometimes go wrong when despite our best efforts, patients are harmed no matter how caring our staff are. The Trust takes safety seriously; promoting and supporting staff to be open regarding incident reporting and investigation in order to ensure that we learn from our mistakes and reduce the risk of incidents being repeated.

Falls - Despite the number of falls within the Trust being unchanged during 2014/15, there has been a 10% decrease in the number of falls reported since monitoring began in 2012. Using the number of falls against recorded bed days activity which is benchmarked against the average number of falls in acute Trusts in England; the Trust is well within the norm of 5.6 falls per 1000 bed days.

Pressure Ulcers - The Trust has shown a 65% improvement of acquired avoidable pressure ulcers across Grade 3 and 4, compared to the same time period last year. Again, using benchmarking data available from the national point prevalent Safety Thermometer; in the last 12 months the Trust has been regularly below the national average for new acquired pressure ulcer prevalence across all Grades.

Healthcare acquired infections - It is recognised nationally that the rate of improvement for healthcare acquired infections has slowed over recent years. Infection prevention and control experts from within the NHS and from Public Health England advise that this is likely to be due to a combination of factors including the biology and epidemiology of organisms and that a further reduction of cases reported may be approaching an irreducible minimum level regardless of the quality of care provided.

That said, the Trust has seen improvements in the number of Clostridium Difficile (*C.diff*) reported during 2014/15 with the Trust reporting 29 cases for the year against an internal target of 30 and an external target of 38.

This unfortunately cannot be said for Methicillin Resistant Staphylococcus Aureus (MRSA) whereby the Trust reported 2 cases during 2014/15 against an external target of 0.

Serious incidents (SIs) — There were 109 SIs reported for 2014/15 compared with 144 SIs reported in the same period for 2013/14. Using benchmarking data available on the National Reporting and Learning System (NRLS), during 2014/15; the Trust was found to be below the national average for reported incidents compared to all large acute Trusts for patient incidents.

Following sustained pressure and demand across the Trust within the emergency departments (EDs) in the latter part of 2014/15, 19 of the serious incidents reported related to 12 hour trolley breaches. Following a full review of all the trolley breaches; none of the patients were found to have received sub-optimal care or were harmed as a result of waiting however, it is recognised by the Trust that the experience for those patients waiting within the emergency department would not have been positive.

Mortality

RAMI – SaTH v Trust Peer September 2013 - February 2015
Index for 12 months SaTH 87 v Trust Peer 107

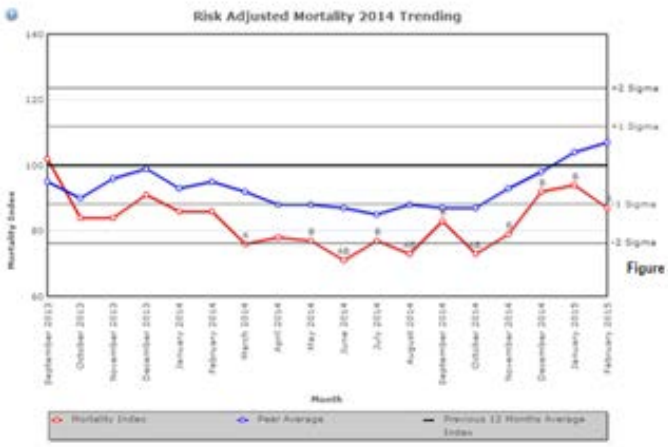


Figure 3 – Short term view

Understanding mortality and how we measure it

We aspire to be an organisation that delivers high quality, clinically effective and safe care. This is partly achieved by continuous monitoring and learning from mortality that provides valuable insight into areas for improvement. To support this, the governance of mortality is well developed to provide continued learning and improvements across clinical pathways to reduce unnecessary harm to patients.

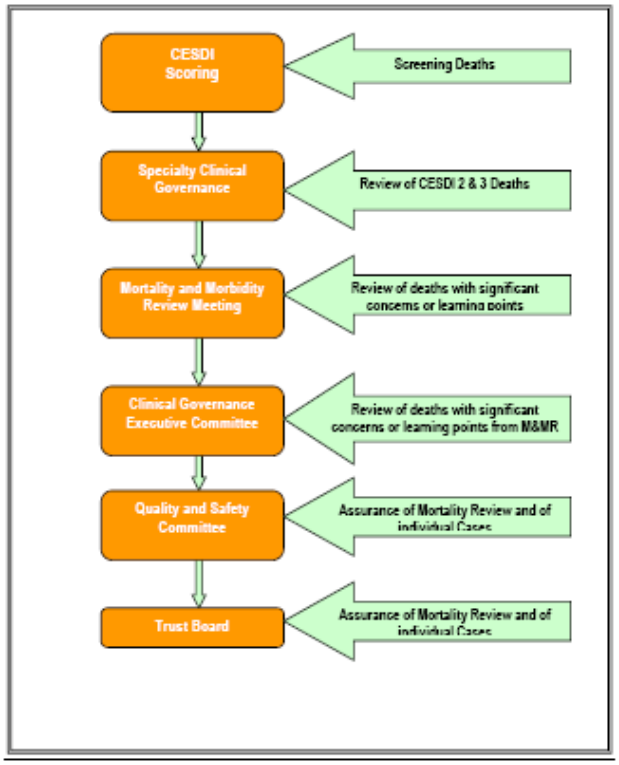
We have seen sustained improvement in our performance regarding mortality over the last four years. This is demonstrated over the key mortality parameters showing that we are consistently lower than our peer comparators.

- **The Hospital Standardised Mortality Ratio (HSMR).** This is a national measure and an important means of comparing our mortality against other similar hospitals.
- **The Summary Hospital-level Mortality Indicator (SHMI).** This is similar, in many ways, to the HSMR but also includes patients who die within 30 days of being discharged from our hospital.
- **Risk Adjusted Mortality Index (RAMI)** This is similar to HSMR but compares us with a different group of hospitals
- **Crude Mortality**. This includes all deaths in our hospital.

We use these parameters together in order to provide a more balanced perspective across the Trust. parameters.

Governance Framework for Mortality Reporting at SaTH

We have sustained improvements in our mortality levels over the last four years, and continue to improve in comparison to our Peers.
As shown in the diagram, we have implemented a mortality review governance process for reporting mortality.
We have implemented a "lessons learned" practice whereby mortality reviews are shared via Clinical Governance meetings within each specialty; particularly where avoidable factors played a part.
We have implemented a schedule where we identify and review any areas within the Trust where we feel that trends indicate that performance can be improved. We openly share the reviews with our Commissioners.



Where are we now?

We have made significant progress in implementing an open mortality review process and governance framework across the Trust.
We continue to improve in comparison to our peers relating to our in-hospital mortality.

What more can we do?

We aim to continue to improve our mortality rates by setting ourselves even more challenging objectives and implementing changes through learning.
We will continue to monitor our position for any areas that require further investigation such has Acute Kidney Injury, Sepsis and infectious diseases.

The objectives for 2015/16 are to:

- Maintain the improved mortality levels achieved by the Trust over the last four years, and improve further
- Implement a system of screening all in-hospital deaths based on nationally recognised criteria for medicine

These objectives will help us reduce mortality further by improving the way we learn from mortality.

Patient Experience

As an organisation we value feedback from our patients and ask them, their families and carers to provide us with feedback on their experience of the care we have provided. This comes in many forms such as formal surveys, comments cards, complaints and compliments and from participation in national and local patient experience surveys.

You said we did

When we were told we needed to improve our understanding of the needs of our patients with dementia and their families.

- We introduced the Butterfly Scheme across the Trust to enhance the care and patient experience of that patient with dementia and ensured care givers were aware of additional support available to them.
- We have provided dementia training to clinical and non clinical staff to give them knowledge and skills to better care for patients with dementia.
- We worked with Carers representative groups to launch a carer's passport for those family members or carers who wanted better access to the wards.
- Provided training to new and existing registered nurses on how to get the best outcomes for the patient when they go home.
- Involved the Patient Engagement and Involvement Panel (PEIP) in improvement work on wards through a buddying partnership with individual wards.
- We are taking part in a national initiative by establishing a learning partnership with St Georges University Hospital, London to support improvements in patient experience

Friends and Family Test (FFT)

The FFT gives us important feedback from people who use our services. During 2014/15 the trust started a programme to roll out the FFT survey to other parts of the Trust including all of our Outpatient clinics, Day Surgery wards and Children's services. Despite improvements made in 2014/15, we continue to face a challenge of increasing our response rates and we will continue to work with clinicians, senior nurses and NHS FFT Facilitator's to deliver an increase.

2013/14		Inpatient	A/E	Maternity
	FFT score	81.3%	64.7%	81.1%
	Response rate	19.6%	5.9%	10.8%
2014/15	FFT score	92.0%	91.2%	86.1%
	Response rate	27.6%	6.7%	15.7%

Complaints

During 2014/15 the Trust has continued to focus on improving the way in which we respond to complaints from patients and their families. Our aim is to ensure that the feedback we receive is used to improve the quality of care and safety of our patients.

The Trust has seen a downward trend in the number of formal complaints received with a 15% (377) reduction compared to 2013/14 (477). We have also focussed on improving our responsiveness to complaints with 96% of complaints responded to within the timescale agreed with the complainant; compared with 75% from the previous year. The main issues highlighted in complaints continue to relate to clinical care, particularly, medical and nursing care, although both have seen a downward trend. Discharge planning and communication with patients/families also continues to be an area for improvement across the Trust.

Care Quality Commission Inspection

As part of the new regime of hospital inspections, The Trust underwent an announced visit on the 14th – 16th October 2014. The team of 35 inspectors visited a range of wards and departments at both the Royal Shrewsbury and the Princess Royal Hospital. They also inspected Ludlow, Bridgnorth and Oswestry Midwifery led Units.

Royal Shrewsbury Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Minor injuries unit	N/A	N/A	N/A	N/A	N/A	N/A
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Surgery	Requires improvement	Requires improvement	Requires improvement	Inadequate	Requires improvement	Requires improvement
Critical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Inadequate	Inadequate	Good	Requires improvement	Requires improvement	Inadequate
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Princess Royal Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Inadequate	Good	Good	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

The inspection team inspected the following core services

- Urgent and Emergency care
- Medicine
- Surgery
- Critical care
- Maternity and Gynaecology services
- Children and younger people services
- End of life care
- Outpatient and Diagnostic imaging

An overall rating and report for the Trust is issued along with individual ratings and reports for each site. Approximately 50% of all ratings were in the "good" category.

Overall ratings **Requires Improvement**

The quality of care the trust provides is judged on the following five domains - Safe, Effective, Caring, Responsive and Well Led

Requires Improvement

Safe

All hospital sites were clean and well maintained with infection rates lower than compared to other Trusts.

The Trust had outstanding safeguarding procedures in place with staff demonstrating a good knowledge of safeguarding for both children and adults.

The appointment of an Independent Domestic Violence Advisor was endorsed as an area of excellent practice.

The majority of staff knew how to report incidents but reported that there was limited feedback and learning from incidents was not uniform.

Concerns were raised about staffing in some areas, in particular intensive care and coronary care units, and Emergency Departments.

It was acknowledged that although staffing levels were adequate in medicine and surgery there were high nursing staff vacancies in some areas with a reliance on bank and agency staff, which was putting considerable pressure on staff.

The environment and equipment within the mortuary were inadequate which posed a risk to patients and visitors; there were concerns about the appropriateness of the mortuary viewing rooms at RSH.

Effective Requires Improvement

There was evidence of care being provided in line with NICE guidelines and local protocols were in place to assess patients needs, however in Surgery some pathways were out of date.

The team witnessed effective MDT working at both ward and divisional level but it was noted that there was limited or no 7 day working in certain areas such as Physiotherapy, Occupational therapy, Pharmacy and Palliative Care services.

Staff were aware of their responsibilities around the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), being able to demonstrate a good understanding of the process.

Caring Good

Overall staff were found to be caring and compassionate and treated patients with dignity and respect. Patient's experiences of care were good with patients being involved in care and in making decisions when they were able to do so. Patients and relatives were found to be given good emotional support. Staff were reported as being observed to "go the extra mile" consistently and being very committed to providing a good service for patients.

Responsive Requires Improvement

Services were planned with the involvement of key stakeholders and Commissioners and reflected the needs of the local population. The new Women and Children's centre was seen as having had a positive impact on service provision.

There was evidence of the involvement and engagement of carers and patient representatives in service development and improvements.

On an individual level people were well cared for but there was no trust wide strategy for the development of end of life care services. However the compassionate and caring dedication for end of life care within the renal service was noted as outstanding, especially the development and introduction of the 'My Wishes' document, for supporting people who had been diagnosed with an 'end stage' disease.

There was evidence of initiatives to support patients with Dementia but these had yet to be embedded across all areas.

The Trust was felt to have good systems in place for responding to and learning from complaints.

Well led Requires Improvement

The Trust has a vision and strategy which is well articulated by senior managers but has yet to be embedded by front line staff.

The CQC recognised that the Executive Team is still relatively new but were very clear in their understanding of the improvements required.

Teams within the wards and departments worked well together, and were able to raise issues of concern to their line managers. However staff felt that their ideas and views were not always being heard by the senior management teams.

Actions and Next Steps

The inspection team identified a number of areas where essential standards of quality and safety required action and improvement. Individual service improvement plans will be monitored and maintained within the Trust Care Groups with an over-arching strategic plan monitored by the Quality and Safety Committee and Trust board.

This action plan was presented to Trust Board in February 2015, and is available on the Trust Board page of the internet site.
www.sath.nhs.uk/about-us/trust_board/trust_board.

Your Feedback Counts

We welcome your feedback on our Quality Account. You can let us know in a variety of ways:

By email to consultation@sath.nhs.uk – please put "Quality Account" as the subject of your email

By fax to 01743 261489 – please put "Quality Account" as the subject of your fax

By post to

Quality Account
c/o Director of Nursing and Quality
The Shrewsbury and Telford Hospital NHS Trust Royal Shrewsbury Hospital
Mytton Oak Road
Shrewsbury
SY3 8XQ

We welcome your feedback on any aspect of this document, but specific questions you may wish to consider include:

- What do you think are our biggest opportunities for making progress on the Quality Priorities listed in Section 1.2?
- What actions should we be taking to improve quality in these areas?
- How can we further involve patients and communities in our work to improve the quality of the services we provide?
- Do you have any comments or suggestions on the format of our Quality Account?
- What else would like to see in our quality accounts?

Looking further ahead, we welcome your suggestions for our Quality Priorities in 2015/16 – we will select three to six top priority issues across the dimensions of quality.

Part 2

Statutory Requirements

2.1 A number of key performance indicators (KPIs) are selected for comparison against other NHS trusts across the country.
KPIs reported and monitored by The Shrewsbury and Telford Hospital NHS Trust are listed below with a comparison to national averages and other Trusts to provide benchmarking information where available. In some cases, the Trust's results fall below the national average. Where this occurs, the performance of that metric is monitored and where necessary included in pieces of focussed work.

	This Trust	National Average	Highest Trust	Lowest Trust	Reporting Period
The data made available to the trust by the Information Centre with regard to—					
(a) the value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period; and	1.02	1	1.2	0.6	Oct 2013—Sept 2014
(b) the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	7%	-	-	-	Oct 2013 –Sept 2014
The data made available to the trust by the Information Centre with regard to the trust's patient reported outcome measures scores for—					
(i) groin hernia surgery,	0.08	0.08	0.09		April 14—Dec 14
(ii) varicose vein surgery,	-	-	-	-	-
(iii) hip replacement surgery, and	0.4	0.5	0.5		April 14—Dec 14
(iv) knee replacement surgery,	0.3	0.3	0.8		April 14—Dec 14
The data made available to the trust by the Information Centre with regard to the percentage of patients aged—					
(i) 0 to 14; and	10%	9%	16%	0.8%	Jan 2014—Dec 2014
(ii) 15 or over,	6%	6%	10%	3%	Jan 2014—Dec 2014
readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.					
The data made available to the trust by the Information Centre with regard to the trust's responsiveness to the personal needs of its patients during the reporting period.	85%	-	-	-	Jan 2014—Mar 2014
The data made available to the trust by the Information Centre with regard to the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	67%	77%	100%	56%	Jan 2015—Mar 2015
The data made available to the trust by the Information Centre with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	94%	96%	100%	75%	Feb 2015
The data made available to the trust by the Information Centre with regard to the rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	9.9	12.8	48.2	0.0	Jan 2014—Dec 2014
The data made available to the trust by the Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.					
Number of patient safety incidents	3478	4492	8015	787	Oct 2013—March 2014
Rate of patient safety incidents per 100 admissions	6.3	7.2	12.5	1.7	Oct 2013—March 2014
Percentage of patient safety incidents that resulted in severe harm or death	10	12	103	1	Oct 2013—March 2014

2.2 Statements of Assurance

Progress and assurance against achievement of this year's quality priorities will be reported to the Quality and Safety Committee which is a formal subcommittee of the Trust Board. Further assurance against progress is achieved in reporting to the Commissioning Quality Review meeting and will also be reported in the 2015/16 Quality Account.

How will we monitor, measure and report progress to improve quality, including our Quality Priorities?

Patient Experience

Our improvements against the priorities will be monitored by our Patient Experience and Involvement Panel who will receive reports on progress in relation to patient experience surveys and audits throughout the year. The Quality and Safety Committee will also receive monthly progress on patient experience metrics and will hold us to account for delivery of the priorities relating to patient experience. Our performance will also be reported to our commissioners through the Commissioning Quality Review meeting on a monthly basis.

Patient Safety

All elements of patient safety including our priorities will be monitored by specific task groups that will support the implementation of the work that needs to be done to make improvements. These and a range of safety metrics are presented and discussed by clinicians within care groups and senior nurses at the Nursing and Midwifery Forum where peer and corporate challenge is given with actions for improvement agreed. The Quality and Safety Committee will receive information regarding performance and progress in the monthly quality report. The quality report contains a variety of metrics relating to patient safety which are carefully monitored and challenged by the committee who conduct an executive safety visit to gain further assurance on a monthly basis. Our quality report is also shared with commissioning groups and forms the basis of discussion at the Commissioning Quality Review meeting.

Clinical effectiveness

Reporting relating to workforce metrics (such as sickness absence, training and appraisals) and performance in this area will be at many levels throughout the Trust from Ward to Board level and externally to the Trust through commissioners and other stakeholders. Progress and outcomes of clinical audit continue to be shared across the Trust and compliance with NICE and technological guidance is reported both internally and externally to commissioning groups.

In addition, in 2014 we began recording staffing fill rate for each ward to show staffing levels across the trust for qualified and non-qualified nursing staff. This is reported internally and externally, as well as being published in the Trust internet site and at the entrance to every ward.

Review of Services

The categories of services provided by The Shrewsbury and Telford Hospital NHS Trust are:

- Day cases
- Elective care
- Emergency care, including A&E services
- Maternity care
- Outpatients

During 2014/15 the Shrewsbury and Telford Hospital NHS Trust provided and/or subcontracted the full range of services for which it is registered NHS Services (these are detailed in the Trust's Annual Report 2014/15 or via our web site).

The Trust supported a number of reviews of its services during 2014 and 2015. These were undertaken by internally and by external organisations. Full details can be found on the following pages

The income generated by those NHS services that were reviewed in 2014/15 represents 100 per cent of the total income generated from the total provision of NHS services by the Shrewsbury and Telford Hospital NHS Trust.

Registration with Care Quality Commission

The Shrewsbury and Telford Hospital NHS Trust is required to register with the Care Quality Commission and its current registration status is registered with no conditions. Following our inspection during 2014, the Trust has a number of areas identified as requiring improvement. The implementation of these improvements are reported to the Care Quality Commission and will be reviewed by a further inspection in the next 12 months.

The Shrewsbury and Telford Hospital NHS Trust has taken part in a peer review into the crisis care provided to patients with mental health needs within our emergency departments under section 48 of the Health and Social Care Act 2008 during 2014-15. This report will be published later this year.

2.3 Reviews of Services

The following internal and external reviews tool place between April 2014 and March 2015

Service	
Trust Wide Inspections CQC	As part of the new regime of hospital inspections, The trust underwent an announced visit on the 14th – 16th October 2014. The team of 35 inspectors visited a range of wards and departments at both the Royal Shrewsbury and the Princess Royal Hospital. They also inspected Ludlow, Bridgnorth and Oswestry Midwifery led Units. An overall rating and report for the Trust is issued along with individual ratings and reports for each site. Approximately 50% of all ratings were in the "good" category.
Trust Wide PLACE Assessments	PLACE assessments took place between March and June 2014. These are patient led assessments of the care environment and were supported by members of our Patient Experience and Involvement Panel. The results were published in September and the scores for Shrewsbury and Telford Hospital below are compared to the national average (NA); Cleanliness 98.76% (NA) 95.7% Food 86.25% (NA) 94.9% Privacy & Dignity 78.89% (NA) 88.8% Condition & Appearance 92.23% (NA) 88.7%
Trust Wide Pharmacy	The MHRA inspected the compounding facility within pharmacy at RSH during 2014/15; which resulted in the Trust achieving licensed status without conditions.
Medical Engineering Services	The department maintained its external audit success and compliance with the requirements of ISO 9001:2008 and on-going ISO 13485:2012. Also the Department has just received its ISO22301:2012 Business Continuity Audit, subject to a 60 day rectification plan being approved and actioned this will also be obtained.
Midwifery	Midwifery services are reviewed annually by the West Midlands Local Supervising Authority Maternity Officer (WM LSAMO) to ensure that the arrangements for and the execution of Supervision of Midwives are satisfactory. The Trust again received positive feedback highlighting the proactive approach to supervision within SaTH.
Emergency Services	A local health economy wide review of urgent care was undertaken during 2014/15; leading to a programme management approach to improve the performance of urgent care services within the Trust.
Endoscopy Units RSH and PRH	Joint Advisory Group (JAG) assessed both Endoscopy units in October 2014 and awarded full accreditation to both sites. The Trust joined the top 5-10% of Gastroenterology departments nationally to gain outright accreditation. In order to achieve this both units had to meet strict national standards set out in the Global Rating Scale (GRS). Within this there are 4 domains; quality & safety, customer care and workforce and training. Across the domains are over 200 individual standards that had to be met in order to receive immediate accreditation.
Care Quality Commission (CQC) Thematic Review Mental Health Crisis Care – Shropshire	In January 2015 the Care Quality Commission (CQC) carried out a thematic inspection of services engaged in providing safe and effective options to people who may be experiencing a mental health crisis. This review looked at health and social care providers that deliver services within the Shropshire area, and provided a summary of CQC's key findings from the inspection. It is an assessment of the services available through different providers working within the local authority area in respect to mental health crisis care.
Trauma Audit Research Network (TARN) Peer Review	The measures have been developed from the National Service Specification for Major Trauma (NHS England D15/S/a 2013) and the NHS clinical advisory group report on Major Trauma Workforce (CFWI March 2011). The measures cover the whole organisation of adult and children's major trauma services including sections for Major Trauma networks, pre-hospital care via ambulance services, Adult Major Trauma centres, Children's Major Trauma centres and Major Trauma units.
Discharge Audit by Deloitte	A full discharge audit was carried out by Deloitte to ensure compliance against national standards' and process. The audit report highlight 14 minor and moderate areas of improvement, these have been formulated into a plan to support the WMQRS in May 2015. The audit findings were substantial, indicating nearly full compliance, an excellent result.

Breast Cancer External Peer Review - September 2014	The Breast MDT underwent an external Peer review visit on 11.09.14 at the Princess Royal Hospital. The response from the Trust has been devised • A business case will be developed to appoint a further Oncoplastic surgeon (with associated non-pay costs) and a full time Specialty doctor • An MDT proforma has been developed to identify patients suitable for immediate reconstructive surgery. • A review to take place of the former Network guidelines and pathways with counterparts at neighboring Trusts • A review of the CNS job plans within the Scheduled care group is in progress (Lead Nurse and Centre Manager) and is due for publication in November 2014.
Acute Oncology Internal Peer Review	Acute Oncology undertook a Self assessment for Peer review 2014. A Validated Self assessment will be undertaken in 2015. A team of four Clinical Nurse specialists work in a Consultant led team across RSH & PRH.
Brain and Central Nervous System Internal Peer Review	The Brain MDT underwent a Validated Self assessment in 2014. Recommendations included the appointment of a Clinical Nurse Specialist- commenced in post 01/04/15 A self assessment will be undertaken in the 2015 Peer review cycle
Chemotherapy Internal Peer Review	The chemotherapy team undertook a Self assessment for Peer review 2014. This will be repeated in the Peer review cycle for 2015.
Colorectal Cancer Internal Peer Review	The colorectal team underwent a Validated Self assessment in 2014. They will undertake a self assessment in the Peer review cycle for 2015
CUP Internal Peer Review	The CUP team underwent a Validated Self Assessment in 2014. There was a recommendation for the appointment of a Clinical Nurse Specialist. Commenced in post 01/04/2015 There will be a further Validated Self assessment in the Peer Review cycle for 2015
Gynaecology Cancer Internal Peer Review	Underwent a Validated Self assessment in 2014. They will undertake a self assessment in the Peer review cycle for 2015
Haematology Internal Peer Review	Haematology underwent a Validated self assessment in 2015. In line with other Haematology MDTs across the WMSCN, our MDT will have an external Peer review visit on 09/06/15
Head and Neck Cancer Internal Peer Review	H&N underwent a validated self assessment in 2015. The H&N MDT will have an external Peer review visit on 09/06/15.
Lung Cancer Internal Peer Review	The Lung MDT underwent a Validated Self assessment last year, and will undertake a self assessment this cycle.
Paediatric Cancer Internal Peer Review	The POSCU team underwent a Validated Self Assessment in 2015. There were recommendations that a CNS for TYA should be appointed. This has been discussed within the care group and a business case is being prepared to secure funding (possibly through TCT) for 15 hours per week band 7 CNS to be based at PRH. The team will undertake a self assessment in 2015
Sarcoma Internal Peer Review	The Sarcoma MDT had a validated self assessment in 2014. There has been discussion in the WMSCN as to how this will continue in 2015: SaTH will undertake a self assessment for 2015
Shropshire, Telford & Wrekin Ofsted Inspection for Safeguarding Children	The Trust took part in the annual peer review of both Shropshire, Telford & Wrekin local authorities in relation to safeguarding children during 2014. Positive feedback from the peer review team included the Trust's collaboration and involvement with safeguarding children with both authorities.
British Association of Dermatologists	The British Association of Dermatologists were invited in by the USCG Assistant Director of Operations to help support the dermatology team devise a way forward in the face of severe capacity issues and the lack of ability to recruit to a long term vacant consultant post. The input was moderately useful. The dermatology team are now moving in to a second phase of redesign but are now more sustainable due to a robust sub contract arrangement with a local community provider.

2.4 Participation in Clinical Audit

Participation in clinical audit is an important element of the Trust's approach to quality improvement that seeks to improve patient care and outcomes through the systematic review of care against explicit criteria and implementing change. Aspects of the structure, processes, and outcomes of care are selected and evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery. Participation in national clinical audits, national confidential enquiries and local clinical audits provide an important opportunity to stimulate quality improvement within the Trust and across the NHS as a whole.

Clinical Audits

Section 2
During 1st April 2014 to 31st March 2015, 5**8** national clinical audits and **5** National Confidential Enquiries (NCEPOD) covered NHS services that the Shrewsbury and Telford Hospital NHS Trust provides.

Section 2.1
During that period the Shrewsbury and Telford Hospital NHS Trust participated in 58 out of 60 **[96.7%]** of the national clinical audits and **5 / 5 [100%]** national confidential enquiries which it was eligible to participate in.

Section 2.2
The national clinical audits and national confidential enquiries that the Shrewsbury and Telford Hospital NHS Trust was eligible to participate in during 1st April 2014 to 31st March 2015 [60] are listed at
www.sath.nhs.uk/Library/Documents/Clinical_Audit/qa201314_table1.pdf

Section 2.3
The national clinical audits and national confidential enquiries that the Shrewsbury and Telford Hospital NHS Trust participated in between 1st April 2014 and 31st March 2015 are listed at:
www.sath.nhs.uk/Library/Documents/Clinical_Audit/qa201314_table2.pdf

Section 2.4
The national clinical audits and national confidential enquiries that the Shrewsbury and Telford Hospital NHS Trust participated in, and for which data collection was completed during 1st April 2014 and 31st March 2015 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry are listed at:
www.sath.nhs.uk/Library/Documents/Clinical Audit/qa201314_table3.pdf

Section 2.5
The reports of 22 national audits were reviewed by the provider during 1st April 2014 and 31st March 2015.

Section 2.6
The Shrewsbury and Telford Hospital NHS Trust intends to take the actions listed to improve the quality of healthcare provided:
www.sath.nhs.uk/Library/Documents/Clinical Audit/qa201314_table4.pdf

Section 2.7
The reports of 169 local clinical audits were reviewed by the provider during 1st April 2014 and 31st March 2015

Section 2.8
The actions which the Shrewsbury and Telford Hospital NHS Trust intends to take to improve the quality of healthcare provided are listed at:
www.sath.nhs.uk/Library/Documents/Clinical_Audit/qa201314_table5.pdf

2.5 Participation in Clinical Research

The Trust is committed to active participation in clinical research in order to improve the quality of care we offer and also to make a contribution to wider health improvement. In doing so our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

How have we achieved?

We work closely with the West Midlands North Comprehensive Local Research Network (CLRN) and the Topic Specific Networks to promote a strong research culture. We will continue to do so with the larger West Midlands Local Research Network coming into place from 1st April 2014.

Research activity has grown and this year we entered the National Institute for Health Research (NHIR) list of 100 top recruiting hospitals and we are proud to have one Chief Investigator for an international clinical trial. 7 studies have been opened in the new areas of neurology, critical care, ophthalmology, audiology and haematology and the number of recruiting commercial studies has increased from 7 in 2013/14 to 11 in 2014/15. The number of actively recruiting Principle Investigators has increased from 32 to 36.

The Trust approval process for new studies continues to be completed within 30 days and the proportion of studies recruiting the first patient within 30 days of receiving approval has increased to 69%. Work is on-going in improving engagement at all levels within the Trust and the public by promotional events, providing speakers at local groups, activity reports to the Board, 2 lay members on the R&D Committee and inclusion of a Research Award within the Trust's annual awards scheme.

The Trust also acts as a Continuing Care site for local children recruited into cancer studies at Birmingham Children's Hospital and delivers all the treatment and follow up care required. Radiology and pathology services are also provided for patients taking part in clinical research in our local mental health trust and primary care. Maintain or increase participation in commercial trials.

The number of patients receiving NHS services provided or sub-contracted by The Shrewsbury and Telford Hospital NHS Trust in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 1555

A full list of recruiting studies is available from the Trust: research@sath.nhs.uk

Specialty	Total no of studies 2013/14	Recruitment 2013/14	Total no of studies 2014/15	Recruitment 2014/15
Cancer	25	399	28	404
Cardiovascular	9	600	7	485
Gastro-Intestinal	15	292	10	58
Stroke	3	4	3	18
Respiratory	1	1	5	27
Reproductive Health	5	36	4	45
Medicines for Children (inc non drug studies)	7	98	7	52
Renal	5	38	7	132
Dementia/neurology	2	46	4	300
Dermatology	1	1	1	3
Critical care	1	6	3	6
Ophthalmology	1	22	1	16
Audiology	1	13	0	0
Haematology	1	3	1	5
Other	1	1	1(MSK)	5
Local		26	1	1
Totals	81	1586	83	1555

Where trials are adopted by more than 1 specialty they have been assigned to the specialty of the Principle Investigator

2.6 Data Quality

This section of our Quality Account provides information about data quality. Good quality information underpins the delivery of effective patient care and is essential to understanding where improvements need to be made.

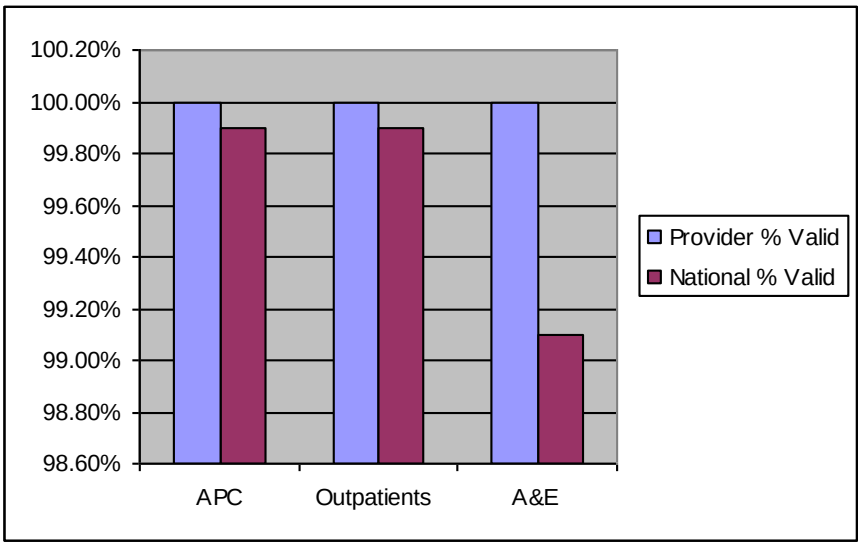
During the reporting period April 2014 to January 2015, the Trust submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics.

The percentage of records in the published data (based on April to Jan 14/15 SUS data at the month 10 inclusion date):

Which included the patient's valid **General Medical Practice Code** was

- 100% for Admitted Patient Care
- 100% for Outpatients Care
- 100% for Accident and Emergency Care

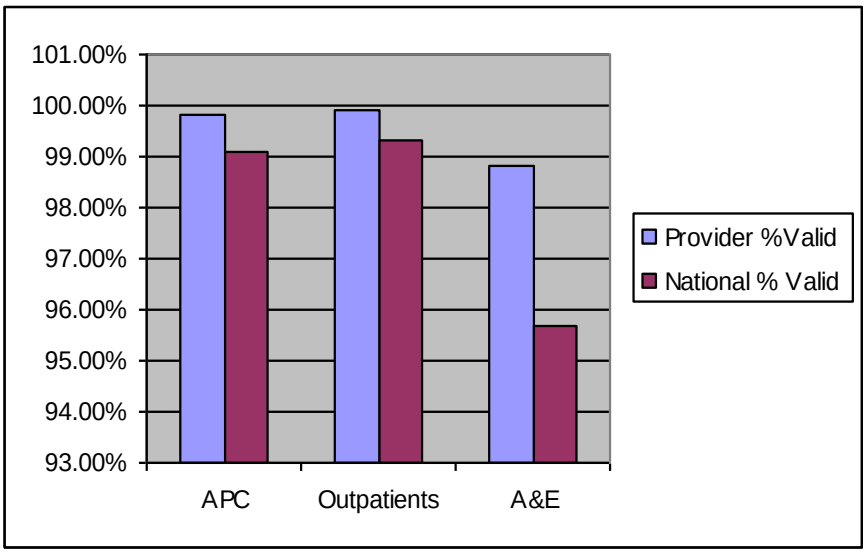
Valid General Medical Practice Code



Which included the patient's valid **NHS number** was:

- 99.8% for Admitted Patient Care
- 99.9% for Outpatients Care
- 98.8% for Accident and Emergency Care

Valid NHS number



The Francis Inquiry recommendation number 269; cited that the only practical way of ensuring reasonable data accuracy is vigilant auditing at local level of the data put into the system. The Trust have put into place a Data Quality Audit plan, which will measure each months data collection requirements and the validity of the data captured. The findings of these audits will be taken to the Trust Data Quality Group, where recommendations and remedial actions will be discussed and forwarded to the appropriate areas. The Audits will also identify areas with:

- Lack of standards and guidance
- Poor training and awareness of the impact of poor quality data

This will be supported by recommendations for further training in these areas, this will be regularly monitored and reviewed with the Data Quality Group.

2.7 Information Governance

The Care Act 2014

There have been a number of key developments in the world of healthcare information governance since the last quality account. The 'Care Act 2014' includes the first overhaul of social care statute in England for more than 60 years. It promises a reform of the system with new duties, responsibilities and legislation for local authorities and care providers to implement. There are a number of key changes outlined in the legislation that will be adopted from April 2015 so it is imperative that service providers are prepared to implement the reforms and help drive up the quality of care and support. There are new responsibilities for local authorities in the 'wellbeing principle' that are more structured around an individual's journey through the system, new duties around need assessment and eligibility and also around the continuity of care.

From an IG perspective this will impact the Trust by:

- Protecting the confidentiality of citizen information;
- Understanding how effective IG can improve public services;
- Reviewing the balance between protecting and sharing public information;
- Communicating clear and simple rules that facilitate consistent sharing of public identifiable data;
- Addressing the lack of confidence and understanding surrounding the rules of IG;
- Developing a multi-agency approach to ensuring IG between sectors; developing an innovative approach to data handover and the swift and secure transfer of information;
- Enhancing workforce training and development to improve IG.

Child Protection – Information Sharing (CP-IS)

One of the organisation's first projects in-line with the above changes is our involvement with CP-IS which is intended to improve the way that health and social care services work together across England to protect vulnerable children. CP-IS focuses on children who have previously been identified as 'vulnerable' or "looked after" by social services when they visit NHS unscheduled care settings e.g. Emergency Departments, walk-in centres out of hours GPs etc. CP-IS provides healthcare professionals with prompt and easy access to key social care information that can help them to assess whether a child is at risk.

Honorary Contracts: Information Governance Alliance

An honorary contract does not in itself provide a legal basis for sharing or permitting access to confidential personal information. The legal basis for access to such information must be either:

- the consent of the individual concerned;
- where an individual lacks capacity to consent, the best interests of that individual; or
- a statutory provision such as support under the NHS (Control of Patient Information) Regulations 2002.

Individuals engaged in an honorary capacity to provide direct care are able to access information about those they care for on the basis of implied consent in the same way as other care staff. Individuals seeking access to such information for purposes other than care, e.g. researchers, analysts or commissioners, must obtain explicit consent or have statutory support, regardless of whether they have been issued with an honorary contract.

Government Policy to implement a 20-year rule across public bodies subject to the Public records Act 1958

The '20 year rule' is shorthand for the latest lawful timing to transfer of records of historical value to archives. The National Archives is conducting an impact assessment of the options and costs for implementing the 20-year rule from 2015. The questions have been incorporated into the IG Toolkit. This means that all NHS bodies have a statutory duty to identify records of historical interest for transfer to local archives.

The concerns expressed by the Francis Report included a number of issues and recommendations about corporate records and information management which are particularly relevant to the records of trust Boards.

Initiative	Level achieved 2014	Level achieved 2015	Grade
Information Governance Management	80%	86%	Satisfactory
Confidentiality and Data Protection Assurance	91%	95%	Satisfactory
Information Security Assurance	77%	71%	Satisfactory
Clinical Information Assurance	80%	100%	Satisfactory
Secondary Use Assurance	70%	83%	Satisfactory
Corporate Information Assurance	66%	66%	Satisfactory
March 31st 2015 -Overall score	**78%**	**82%**	**Satisfactory**

The definition of 'corporate records' for this purpose—records (other than health records) that are of, or relating to, an organisation's business activities covering all functions, processes, activities and transactions of the organisation and its employees'.

The current IG Toolkit assessment has been submitted for March 31st 2015. The Trust has achieved a 'satisfactory' result as all the categories have at least a level 2 compliance score.

2.8 Use of the Commissioning for Quality and Innovation (CQUIN) payment framework

A proportion of Shrewsbury and Telford Hospital NHS Trust income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between Shrewsbury and Telford Hospital NHS Trust and any person or body they entered into contract, agreement of arrangement within England for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

No	CQUIN Goal	
1	Friends and Family Test. Implementation of Staff Friends and Family Test	Met
2	Friends and Family Test. Early implementation in Outpatients Department and Day Surgery Unit	Met
3	Friends and Family Test. Increased or maintained response rates in inpatient ward and A&Es	Partially met
4	Friends and Family Test. Decrease or maintained zero negative rate	Met
5	NHS Safety Thermometer. Using the national tool, demonstrate reduction in prevalence of pressure ulcers	Met
6	Dementia. Ensuring that at least 90% of patients aged over 75 and who are admitted, are assessed and referred on to the specialist services.	Met
7	Dementia. Ensuring sufficient clinical leadership and appropriate training	Met
8	Dementia. Ensuring carers of people with dementia feel adequately supported	Met
9	Patient Experience - Maternity Services. Introduction of a patient experience programme in Maternity, including staff training and patient experience survey	Met
10	Patient Experience - Cancer Services. Introduction of a patient experience programme in Cancer Services, including staff training and patient experience survey	Met
11	Patient Experience - Friends and Family Test score improvement. To demonstrate an improvement in our Friends and Family Test score compared to previous year.	Met
12	Maternity Services. Implementation of Baby Friendly level 3.	Met
13	Medication Safety Thermometer. Carry out trial period data collection of Medication Safety Thermometer	Met
14	Seven Day Services. Review of consultant job plan to include ward round provisions. Develop plans to phase move towards 7 day ward rounds across acute, critical care and assessment ward areas.	TBC
15	Seven Day Services. Develop plan for phased implementation of 7 day access to diagnostics services	TBC
16	Seven Day Services. Actively involving families/carers in shared decision making. Demonstrate improvements in communication regarding patient discharge across seven days a week.	Partially Met

No	CQUIN Goal	
1	Friends and Family. Phased expansion	Met
2	NHS Safety Thermometer. Using the national tool, demonstrate reduction in prevalence of pressure ulcers	Met
3	Dementia.	Met
4	Clinical Quality Dashboards across specified clinical specialities	Met
5	Breast Milk in Preterm Infants	Met
6	Shared Haemodialysis Care	Met
7	Parenteral Nutrition	Met

The goals relating to Specialised Services are summarised in draft in the table below.
During 2015/16 2.5% of our contract values with Clinical Commissioning Groups in England will be based on achievement of 4 national CQUIN goals and 4 locally agreed CQUIN goals.

No	CQUIN Goal - National Requirement
1	Acute Kidney Injury. To improve the follow up and recovery of individuals who have sustained Acute Kidney Injury
2	Sepsis. Screening for sepsis in all appropriate patients
3	Dementia and Delirium. To support the identification of patients with dementia and delirium
4	Improving diagnosis and re-attendance rates in patients with mental health needs is A&E
	CQUIN Goal - Locally Agreed
1	End of Life Care
2	Booking and Scheduling
3	Workforce
4	Discharge and Transfer Arrangements

The current draft schemes are summarised in table below
There are goals relating to Specialised Services, summarised in draft in the table below.

No	CQUIN Goal
1	Patient Experience of those receiving Renal Dialysis
2	Preventing or delaying the need for patients to start dialysis through laboratory monitoring of Estimated Glomerular Filtration Rate (eGFR)
3	Eligible patients receiving a NICE DG10 compliant test with provision of monitoring data

Annex 1

Statements from local Healthwatch, Health and Adult Social Care Scrutiny Committees and Clinical Commissioning Groups

Healthwatch Telford and Wrekin

Healthwatch Telford and Wrekin is pleased to consider and comment on the Shropshire and Telford Hospital NHS Trust draft Quality accounts 2014-15.We welcome the Executive Statement and that the QA priorities have been influenced and identified with patients, staff and partners by listening to views and comparison with other NHS Trusts.

Following the Care Quality Commission (CQC) inspection we acknowledge that there were a number of areas that required improvement however, we were encouraged to see the positive feedback from the CQC on the care provided by the trust which was in part heard, directly from patients.

The review of the 4 key quality priorities clearly shows there is improvement in all the areas, we are pleased to see that the 'Butterfly Scheme" for Dementia Care has been embedded by ward staff, but disappointed to see no decrease in the number of falls reported. Clearly the trust has worked hard to improve staffing levels which has a direct correlation to patient safety we would wish this focus to continue.

The trust has numerous ways of receiving feedback from patients and we are encouraged to note that various groups have been involved in improving patient information leaflets. We also welcome efforts to improve communication with patients and relatives, including a focus on the process of discharge from hospital and going home.

We note that there has been an improvement in the level achieved in information governance across the trust, clearly there will be an added focus this year with the introduction of the "Care Act "and its implications for care providers.

We would also like to acknowledge the positive influence the new Women's and Children's unit has bought to the trust and look forward to continuing our close working relationship

Healthwatch Shropshire

In the review of last year's priorities we welcome the involvement of a carer of a person with dementia in the delivery of teaching sessions.

We recognise the effort to address staffing levels and that this is a national challenge, however, the reported section on last year's priority does not show how staffing levels have changed nor impact on patient care. There is also no information on staff appraisals or the staff survey.

We welcomed the event held with local stakeholders including Healthwatch Shropshire, to review and identify future priorities. We note that issues highlighted at this event are included in the 2015-16 priorities and the locally agreed CQUIN goals but are disappointed that noise at night is not included, as this was identified as an issue. Under Priority 2 for 2015/16, there is no indication of how this will be achieved. Priority 3 is very broad and we would have welcomed more specific focus.

We were disappointed that in the patient experience section there was no information or data on complaints and PALS issues, including dealings with the Ombudsman. There is also no reference to serious incidents. Although Friends and Family test is included in the CQUIN table, there is no supporting data. We welcome the reference to the listening events which involved Healthwatch Shropshire and were a good example of partnership working, as were the PLACE assessments.

We were impressed by the inclusion of the section 'Your Feedback Counts'.

We would have liked to have seen the complete data set for KPIs. The Reviews of Services table has the potential to be useful but there was a lack of information on the outcome of the reviews (impact).

We congratulate the Trust on being in the 100 top recruiting hospitals for research, as well as the inclusion of research within the annual awards scheme. We also congratulate on the overall increase in the IG Toolkit assessment.

We welcome the developing relationship with the Trust, the sharing of information, and the collaboration in the development of our Enter & View visit programme.

Shropshire Council Health and Adult Social Care Scrutiny Committee

Members are satisfied with the contents of the Quality Account document, and feel that the priorities set by the Trust for 2015 – 2016 reflect the priorities for the people of Shropshire.

Members were pleased with performance in 2014 – 2015 and particularly commend achievements related to:

Improving the experience of patients admitted with dementia

Good progress in pressure ulcer prevention.

Recruitment of a Falls Prevention Officer and number of falls being below the national average.

Mortality rates are below the national average.

Good achievement of CQuins targets.
Hospital acquired infections below target.
Members welcome the initiative of extending visitor hours from midday to 8pm in a number of wards and the support this adds for patients at meal times.
Although some actions will not come to fruition until 2015/16, Members commend the proactive efforts of SATH in stepping up efforts to recruit nurses from Keele and Staffordshire Universities and also from overseas. Members encourage continued efforts to make nursing staff returning to the profession feel welcomed, with a flexible employment offer.
Members endorse continued work with partners on addressing Fit to Transfer patients and agreed that all stakeholders share the responsibility to enable people to go home as quickly as possible. The Committee will want to consider data to ascertain the success of measures taken in the coming year.
Members note that a mismatch of timings means that some key performance indicator data is not available for inclusion in the Quality Account. This is outside of the control of the Trust. Where data is available it is always welcome to have results from the previous year available for comparative purposes, including the Friends and Family Test and the Trust Wide Place assessment scores.
Members are pleased to see good participation in clinical audits and research.
The Committee recognise good work undertaken to include stakeholders and patients in contributing to the Quality Account. They recommend inviting representatives of the overarching Shropshire Patients Participation Group to future events.
Members are pleased that the Quality Account is more accessible to the public than in has been in previous years but have identified a few areas where more public facing language would be helpful. The use of a glossary is also welcome and it is suggested that this is moved from the back to the front of the document.
Members welcome the efforts of SATH in facing demand issues which are outside the control of the Trust. They are pleased with the Care Quality Commission recognition of the care and compassion from staff. They welcome continuing engagement with the Health and Adult Social Care Scrutiny Committee in the coming year and have requested an update on progress on the Trust Action Plan in six months.

Telford & Wrekin Health and Adult Care Scrutiny Committee

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

Joint Shropshire Clinical Commissioning Group and Telford and Wrekin Clinical Commissioning Group

An important element of the work undertaken by Shropshire Clinical Commissioning Group is the quality assurance of health services commissioned and provided for the people of Shropshire. This includes steps to assure the public of the data included within this Quality Account.
We believe that this Quality Account overall provides a reasonably balanced report that reflects most of the issues regarding the quality of health care services delivered by the Trust and its achievements and challenges during 2014/15.
We would also like to commend the staff for the care that is delivered with pride commitment and compassion as noted by the Clinical Quality Commission.
The Quality Account contains useful and clear details of further actions that are planned for 2015/16 to build on the success of the priorities of 2013/14. Key developments welcomed include a commitment to provide a dementia friendly environment; a clear commitment to engage and listen to experiences of bereaved families to support them and the introduction of the Swan Scheme to support end of life and bereavement care.
During 2014/15 the Trust has shown a commitment to responding to specific concerns raised where quality falls below that expected from patients, their carers, families, staff and commissioners. These areas included extended trolley waits in the Emergency Departments and system failures related to booking and scheduling of outpatients appointments particularly in Ophthalmology. Commissioners look forward to the implementation of shared learning and sustainable improvements in 2015/16 from the reviews of these issues.

SCCG in conjunction with its CSU (clinical support unit) has taken the opportunity to check the accuracy of the data provided in the draft Quality Account in relation to the services commissioned from the Trust. Following feedback to the Trust we believe that the information reported is a true reflection of what has been achieved.

Trusts response to feedback from stakeholders

In response to comments from external stakeholders, the Trust has made a small number of amendments to this year's Quality Account.
As with previous year's we have strived to make this year's Quality Account more readable and clearer. We plan to distribute to a greater number of public areas such as Leisure Centres, GP surgeries and civic buildings.

Following interim feedback from stakeholder groups, we have made the following amendments to the Quality Account.

- We have added further detail to the Patient Safety section (page 15) to include more details of pressure ulcers and falls.
- We have provided some clarity regarding CQC Action Plans (page 19) and have included a web link to the Trust Board page of the Internet where the Action Plan is held.
- We have expanded the glossary.
- We have included information on complaints and our Friends and Family Test

The Trust will endeavour to act upon all stakeholder feedback in order to attain year on year improvements to the Quality Account.

We have produced a summary version of the Quality Account, which is available on request

Annex 3.

KPMG Limited Assurance Audit report

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required to perform an independent assurance engagement in respect of The Shrewsbury and Telford Hospital NHS Trust's Quality Account for the year ended 31 March 2015 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the following indicators:

- Rate of clostridium difficile infections: and
- Percentage of patients risk-assessed for veneous thromboembolism (VTE).

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of the Directors and the auditor

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the 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; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 ("the Guidance"); and

- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2014 to June 2015;
- papers relating to quality reported to the Board over the period April 2014 to June 2015;
- feedback from the Commissioners dated 18 May 2015;
- feedback from Local Healthwatch dated 18 May 2015;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey;
- the latest national staff survey;
- the Head of Internal Audit's annual opinion over the trust's control environment;
- the annual governance statement dated 4 June 2015;
- the Care Quality Commission's quality and risk profiles.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of The Shrewsbury and Telford Hospital NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and [Name of Trust] for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;

- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by The Shrewsbury and Telford Hospital NHS Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
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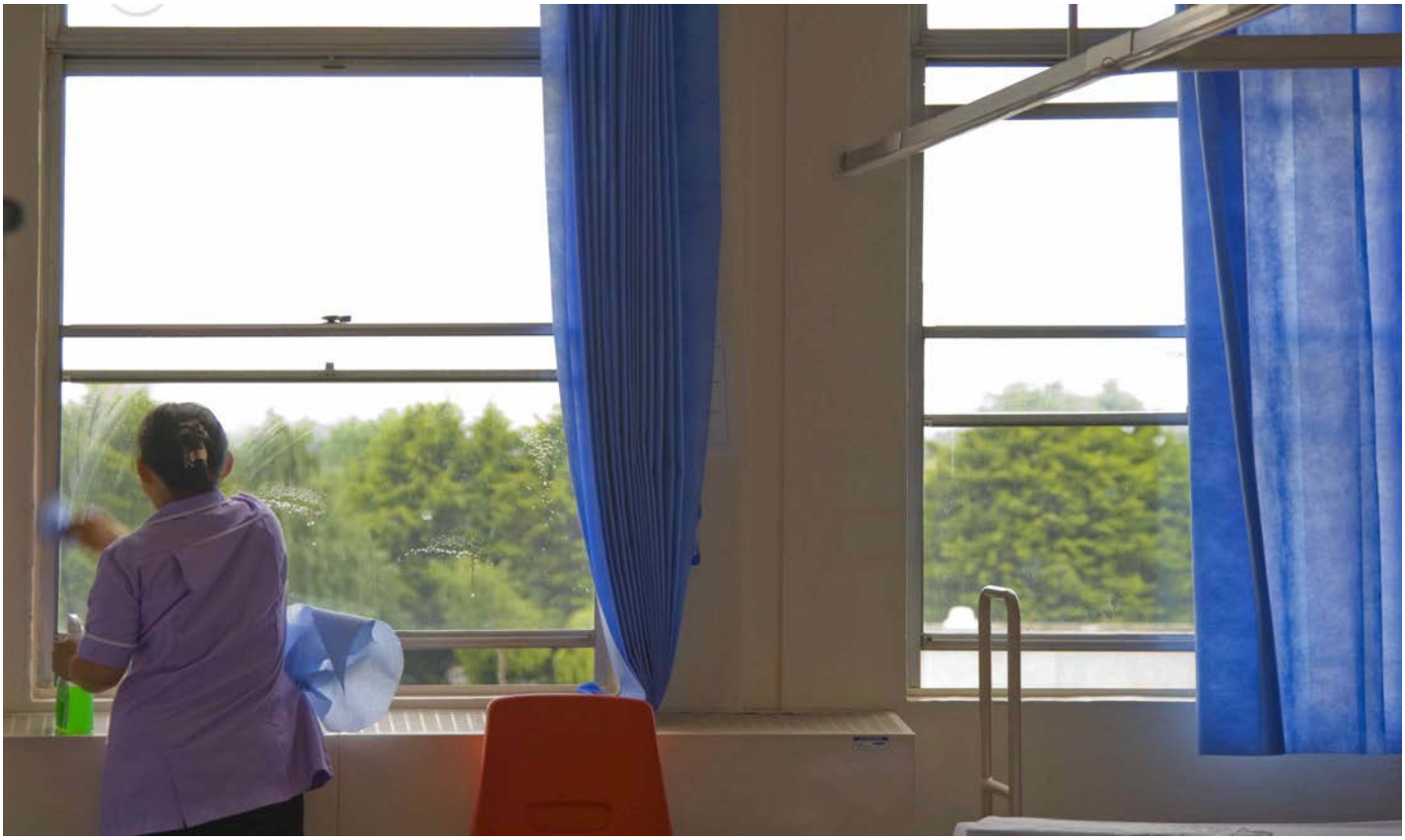
25 June 2015

Glossary

Amber Care Bundle	The AMBER care bundle is a simple approach used in hospitals when clinicians are uncertain whether a patient may recover and are concerned that they may only have a few months left to live. It encourages staff, patients and families to continue with treatment in the hope of a recovery, while talking openly about people's wishes and putting plans in place
Clinical Audit	Information about clinical audit, including a definition, is available in Section 2.2.2. See www.hqip.org.uk
Clinical Governance	Clinical Governance is defined as: "A framework through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish" (A First Class Service: Quality in the New NHS, 1998).
Clinical Governance Strategy	This sets out our overall approach to clinical governance in the organisation.
Clinical Trials	A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both. Small studies produce less reliable results so studies often have to be carried out on a large number of people before the results are considered reliable. See www.nhs.uk/Conditions/Clinical-trials and www.nihr.ac.uk
Commissioners	Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical Commissioning Groups (CCG) in England and Local Health Boards (LHBs) in Wales are the key organisations responsible for commissioning healthcare services for their area. Shropshire CCG, Telford and Wrekin CCG and Powys Teaching Health Board purchase acute hospital services from The Shrewsbury and Telford Hospital NHS Trust for the population of Shropshire, Telford & Wrekin and mid Wales. See www.shropshire.nhs.uk, www.telford.nhs.uk and www.powysthb.wales.nhs.uk
CPA: Clinical Pathology Accreditation	Clinical Pathology Accreditation: An external audit and assessment process for pathology services. See www.cpa-uk.co.uk
CQC: Care Quality Commission	The Care Quality Commission is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. See www.cqc.org.uk
CQUIN: Commissioning for Quality and Innovation	A payment framework introduced in the NHS in 2009/10 which means that a proportion of the income of providers of NHS services is conditional on meeting agreed targets for improving quality and innovation. See www.institute.nhs.uk/cquin
DATIX	The Shrewsbury and Telford Hospital NHS Trust internal incident reporting tool
IS0 9000	The ISO 9000 family of standards is related to quality management systems and designed to help organisations ensure that they meet the needs of customers and other stakeholders while meeting statutory and regulatory requirements
Information Governance Toolkit	This is an tool to support NHS organisations to assess and improve the way they manage information, including patient information See www.igt.connectingforhealth.nhs.uk
KPI: Key Performance Indicators	A set of defined measures which show progress against the target
MDT	Multi Disciplinary Team—A group of health care professionals who provide different services for patients in a co-ordinated way
MRSA	Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections.
Never Events	Serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.
Overview and Scrutiny Committees	Overview and Scrutiny Committees in local authorities have statutory roles and powers to review local health services. See www.shropshire.gov.uk and www.telford.gov.uk
Patient Experience Reporting	We ask our patients to tell us about their experience of our services in a variety of ways. These include the CQC Annual Inpatient Survey our own internal surveys and the complaints and compliments we receive from patients and carers.
PEIP	This stands for Patient Experience and Involvement Panel. This group brings together patients, carers, patient representatives and senior staff to make on-going improvements to patient care and experience.

Pressure Ulcers	Pressure ulcers are also known as pressure sores, or bed sores. They occur when the skin and underlying tissue becomes damaged. In very serious cases, the underlying muscle and bone can also be damaged. See www.nhs.uk/conditions/pressure-ulcers
PROMs	Patient Reported Outcome Measures - PROMs measure a patient's health status or health-related quality of life at a single point in time, and are collected through short, self-completed questionnaires.
PSAG	Patient Status at a Glance. An SaTH developed electronic patient board which shows clinical teams what interventions the patient requires. Provides basis to manage demand and capacity.
Quality and Safety Assurance Framework	This framework sets out how aspects of governance and safety are to be integrated into the Trust's arrangements and how quality will be continually improved and monitored.
RCA	Root Cause Analysis. An investigation which takes place to find out the cause of a problem which has occurred
Risk Management systems	These enable staff across the organisation to identify and report risks to the quality of care. The organisation is then better able to manage these risks, focusing on addressing those issues that are more likely to have a greater adverse impact on patient experience, safety and effectiveness.
SaTH: The Shrewsbury and Telford Hospital NHS Trust	The Shrewsbury and Telford Hospital NHS Trust, the NHS organisation responsible for hospital services at the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital in Shrewsbury. We are the main provider of acute hospital services for around half a million people in Shropshire, Telford & Wrekin and mid Wales. See www.sath.nhs.uk
Safety Thermometer	The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care
Special Review	A special review is carried out by the Care Quality Commission. Each special review looks at themes in health and social care. They focus on services, pathways or care groups of people. A review will usually result in assessments by the CQC of local health and social care organisations, as well as supporting the identification of national findings.
Trust Board	The Trust Board takes corporate responsibility for the organisation's strategies and actions. The chair and non-executive directors are lay people drawn from the local community and are accountable to the Secretary of State. The chief executive is responsible for ensuring that the board is empowered to govern the organisation and to deliver its objectives.
VTE: Venous Thromboembolism	Venous thromboembolism (VTE) is a term that covers both Deep Vein Thrombosis (DVT, a blood clot in one of the deep veins in the body) and pulmonary embolism (where a piece of blood clot breaks off into the bloodstream and blocks one of the blood vessels in the lungs). See www.nhs.uk/conditions/deep-vein-thrombosis



Acknowledgements

We would like to thank the following people for their contribution and generous feedback which has shaped this year's Quality Account.

- Associate Director of Quality and Patient Safety
- Associate Director of Quality and Patient Experience
- Patient Safety Team Manager
- Chief Information Officer
- Clinical Governance Manager
- Clinical Coding Manager
- R&D/Clinical Trials Manager
- Data Quality Manager
- Information Governance Manager
- Communications Team
- Quality Improvement Programme Manager
- Quality Manager
- End of Life Care Facilitator
- Head of Capacity
- Medical Performance Manager
- Members and contributors from the following groups
    - Shropshire Clinical Commissioning Group
    - Telford and Wrekin Clinical Commissioning Group
    - Healthwatch Telford & Wrekin
    - Healthwatch Shropshire
    - Shropshire and Telford & Wrekin, Health and Adult Social Care Scrutiny Committees
    - Patient Engagement and Involvement Panel
    - Shropshire Community Health NHS Trust

Information about this Quality Account

Copies are available from www.sath.nhs.uk, by email (consultation@sath.nhs.uk) or in writing from:
Chief Executive's Office, The Shrewsbury and Telford Hospital NHS Trust, Princess Royal Hospital, Grainger Drive, Apley Castle, Telford TF1 6TF
Chief Executive's Office, The Shrewsbury and Telford Hospital NHS Trust, Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury, Shropshire SY3 8XQ

Our Quality Account is also available on request in large print. Please contact us at the address above or by email at consultation@sath.nhs.uk to request a large print version of the Quality Account.

Please also contact us if you would like to request a copy of our Quality Account in another community language for people in Shropshire, Telford & Wrekin and Mid Wales.
A glossary is provided at the end of this document to explain the main terms and abbreviations used in our Quality Account.

www.sath.nhs.uk