

Annual Review 2013/14



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

Introduction to the Annual Review of 2013/14

Welcome to the Annual Review 2013/14

During the last 12 months significant consolidation, development and planning has taken place to help our organisation become 'fit for purpose' in both the short and longer term. Throughout this review, you will see evidence of the great strides we have made in a number of areas which have begun to deliver benefits.

Firm foundations are essential for future growth and improvements within the Trust. In 2013/14, we took the opportunity to reconfigure certain wards, and to consolidate some services, enabling us to increase our capacity and achieve better clinical outcomes. The successful temporary move of Stroke Services to a single site at the Princess Royal Hospital (PRH) in Telford has demonstrated how effective it can be to base senior clinicians in one location rather than spreading across two sites, in terms of the quality of care patients receive.

To help us achieve our future vision for the Trust, a Clinical Services Review - NHS Future Fit - is being carried out across the whole local health community, and promises to provide the blueprint to create high-quality, safe and sustainable acute and community hospital services for the future. The review is at a very early stage and you will be hearing a lot more about it over the next 12 months.

A project which you will have heard a lot about in 2013/14 is finally coming to fruition in the form of an advanced new home for Women and Children's Services. September 2014 will see the opening of the Shropshire Women and Children's Centre at PRH. The centre will provide outstanding new facilities for women who need a consultant-led birth; gynaecology services where you have to stay overnight; children who need to stay overnight; Children's Oncology and Haematology care; and for babies who need intensive and special care.

We look forward to welcoming many of you to visit, what I'm sure you will agree is a superb new facility, during an Open Weekend at the centre at PRH from 10am until 4pm on Saturday and Sunday 6 and 7 September — please email future@sath.nhs.uk or call **01743 261183** to let us know if you would like to attend.



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In order to deliver greater levels of quality and safety, the Trust has listened to the views of patients, staff and partner organisations, and other organisations across the NHS in order to improve our clinical outcomes and experience of care to our patients.

We have launched a number of initiatives to help us to achieve improvements in quality and safety. The Quality Account on pages 4-7 gives a vital snapshot of our achievements during 2013/14, and whilst it shows areas of where we have progressed well; there are clearly things that we need to build on and areas where further improvement is still needed. As Chief Executive I am proud of what we at the Trust have achieved and with the Board, have committed to delivering further improvements.

In October 2013, we launched a core set of Values which inform how we treat each other and our patients. I am delighted with the way our organisational Values, which were shaped by staff and patients, have been embraced by Trust employees. We will continue to embed the Trust Values — **Proud To Care, Make It Happen, We Value Respect** and **Together We Achieve** — throughout the organisation and work to raise staff engagement and I look forward to seeing further tangible benefits for our staff and for our patients.

Thank you

Peter Herring, Chief Executive

Providing Emergency Care for our patients

Shropshire's two acute hospitals felt considerably different this winter compared to last year. Thanks to the extensive planning, hard work and dedication of our staff we have been able to make sure our patients got the kind of timely, safe and dignified care they expect and deserve.

After the pressures of last winter, a great deal of time and effort went into making sure the Royal Shrewsbury Hospital (RSH) and Princess Royal Hospital (PRH) were better prepared for the increase in demand normally seen over the colder months.

Officials worked closely with partners in health and social care to ensure the system as a whole was ready to care for people in the right place when they needed it. We were fortunate that the UK did not see the added impact of sustained freezing temperatures like in 2012/13 or a flu outbreak this winter, as this was something our clinicians and managers felt increased the pressure on their services last year.

While it is right that we recognise, celebrate and learn from any success we have, we know we have to be prepared at all times to manage a sudden increase in demand for services.

This is not just something we need to be ready for during the winter either. As a provider of specialist acute medical care we need to be ready to respond to any changes in demand that come from the communities we serve at any time of year, day or night. This is something we are always planning and preparing for.

Going forward we know we need to take a long, hard look at the way we deliver emergency care for the people of Shropshire, Telford & Wrekin and mid Wales.

At the moment we have to overcome a lot of challenges in order to deliver the right level of service across two hospital sites. The quality of care and experience that our patients receive has to remain at the heart of all of our decision making and planning and that means we may have to make some tough decisions.

The key thing, though, is that the decisions we make provide sustainable solutions to providing our patients with the best possible emergency services now and for the future in Shropshire, Telford & Wrekin and mid Wales.



Quality and safety — our highest priority

A Summary of Our Quality Account 2013/14

We aim to be a safe organisation that provides the best possible clinical outcomes and experience of care to our patients. This means that patient safety and quality are at the heart of everything that we do.

Over the past 12 months, we have made a number of improvements in quality and safety which have brought positive benefits for our patients. But we recognise that we still need to do more and are committed to further improvements in 2014/15 and beyond. Our full Quality Account 2013/14 goes into more detail about the improvements we have made over the last 12 months and our plans going forward and can be found on our website at www.sath.nhs.uk but this page, and the following three, will give you an overview of this important document. Our improvements have been influenced and identified by our patients, staff and partner organisations by listening to their views and comparing ourselves with how other organisations across the NHS and beyond are delivering consistently high quality standards of care.

I would like to give you a snapshot of our performance in a few important areas of quality and safety for our patients over the past 12 months.

Reducing inpatient falls resulting in serious harm:

Following a number of incidents resulting in patients being harmed due to a fall within our hospitals, we recognised the need to prioritise reducing falls overall, as well as reducing falls causing harm. Throughout 2013/14 a lot of improvements took place including:

- The recruitment of a Falls Prevention Practitioner to deliver education and training.
- Increased awareness among clinical staff of their responsibilities with regards to managing falls risk for our patients.
- A review of all falls causing harm to establish key themes.
- All patient falls which result in harm are now reviewed by the Senior Nursing Team.

While we have seen an overall reduction in falls, we have not seen a reduction in falls causing harm. However, we are seeing a reduced level of harm, meaning the falls are resulting in less serious injuries. In the last two months of the calendar year 2013 we only had one fall resulting in serious harm, compared to five in October and four in September. That is a really significant reduction, but unfortunately the number rose again during the start of this calendar year, before falling again in March and April. Clearly we need to ensure we are focusing on sustainably reducing the number of falls and aim to make further improvements over the next 12 months.

Preventing avoidable pressure ulcers:

We know that approximately half a million people in the UK will develop at least one pressure ulcer in any given year. Most commonly this will occur in people with an underlying health condition. For some people pressure ulcers will only require minimal nursing care, while with others it can be more serious and have a negative impact on their health and recovery. As a Trust we remain committed to eliminating all acquired avoidable Grade 3 and Grade 4 pressure ulcers, and further reducing the occurrence of Grade 2 pressure ulcers year-on-year. Over the past 12 months we have made improvements including:

- We review all Grade 2 pressure ulcers to identify further opportunities to reduce Grade 2 pressure ulcers and prevent them progressing to Grade 3.
- We have increased capacity within our Tissue Viability Team to extend and improve education and training across the Trust.
- We have reviewed the quality and specification of our static mattresses and our specialist mattress.
- We have tested and evaluated equipment that can contribute to pressure ulcers and introduced a new oxygen mask to reduce the risk of pressure ulcers found on ears and noses.

To date we have eliminated Grade 4 avoidable pressure ulcers, however we have not eliminated Grade 3. We have also reduced Grade 2 pressure ulcers by 10-15% over the last year. Overall we have had about a 50% reduction in avoidable pressure ulcers at Grade 3 and 4 but we still have some work to do in this area to completely eliminate them.

Reducing Clostridium difficile (C Diff)

In 2013/14 we also saw a 31% reduction in C Diff infections compared to the previous year, which is a fantastic achievement. We are one of the best performers in the region for this and have set ourselves the challenge of trying to maintain or improve our performance in this area over the next 12 months.

These are just three areas we have been working to improve in from last year. We will continue to work on these areas as well as our priorities for 2014/15 which are improving End of Life and Dementia Care, reducing harm to patients, and the experience of patients, relatives and carers. We will continue making improvements to provide the best experience and care possible for our patients.

Thank you



Sarah Bloomfield
Director of Nursing and Quality

Quality Account: A Review of Quality Performance in 2013/2014

In last year's Quality Account we outlined five quality priorities for 2013/14. In this year's Quality Account you can find a detailed review of our progress and challenges, and this is summarised below along with a page reference indicating where you can find out more in our full Quality Account at www.sath.nhs.uk

Quality Priority 2013/14	Current Status of Priority	Comment	Find out more
Reducing inpatient falls resulting in serious harm		We have recruited a Falls Prevention Practitioner who has implemented the falls prevention action plan and standardised best practice across the Trust. This has helped us to decrease the overall number of falls by just over 12%. However, despite this progress we have not achieved a reduction of inpatient falls that resulted in harm during 2013/14. So, this will continue to be a priority for 2014/15.	See page 11 of our full Quality Account at www.sath.nhs.uk
Preventing avoidable pressure ulcers		Good progress has been made to reduce avoidable Grade 3 and Grade 4 pressure ulcers. There have been no avoidable Grade 4 pressure ulcers this year and a 34% decrease in avoidable Grade 3 pressure ulcers. There has been an overall reduction of 50% in the number of pressure ulcers grades 2-4 from 2012/13 to 2013/14.	See page 12 of our full Quality Account at www.sath.nhs.uk
Safe and effective discharge every time		There has been extensive work to support safe and effective discharge, which in turn supports patient flow within the hospital at times of high demand. Successful projects focussing on discharge include: implementation of new nursing documentation that enables planning for discharge at admission; a "Home for Coffee" initiative that supports planning discharges before 10am; and, a discharge patient information booklet to support patients understanding of when they go home.	See page 13 of our full Quality Account at www.sath.nhs.uk
Communication with relatives and carers		Improving communication with relatives and carers has progressed well this year. We have expanded our patient experience work through a revised survey used on every ward that evaluates how well we are communicating with relatives and carers. In addition, our Patient Experience and Involvement Panel has expanded this year and includes 26 members with broad experience who attend and challenge our performance on a number of groups that focus on quality and patient safety.	See page 14 of our full Quality Account at www.sath.nhs.uk
Patient experience in non-inpatient areas		Improvement in the experience of care for our patients has been continuously reviewed this year to ensure that we understand and act on their feedback to improve the reliability of care. In practical terms this means that we have extended the way we monitor patient experience to include more areas such as outpatients and emergency departments.	See page 15 of our full Quality Account at www.sath.nhs.uk

Our Quality Account: Looking Forward to our Quality Priorities for Improvement for 2014/15

How we developed our Quality Priorities for 2014/15

Through engagement with our staff and with external stakeholders we have listened to what matters to our patients and staff and this is reflected in the four new key priorities below. These priorities span the three domains of quality; Patient safety, clinical effectiveness and patient experience and also reflect key areas of feedback for us such as the national inpatient survey.

	Patient Safety		Clinical Effectiveness	Patient Experience
	End of Life Care	Dementia Care	Improving Patient Care through Safe and Effective Staffing Levels	Patients, Relatives and Carer Experience
Why is this a priority?	A national review and phasing out of the Liverpool Care Pathway for the dying patient has meant changes are needed to ensure that people with advanced life threatening illnesses and their families receive the best possible end of life care.	Nearly two-thirds of patients admitted to hospital are over 65 and are frail or suffer with some form of dementia. We know that our hospital buildings, services and staff are not always equipped to provide the best possible care for patients with multiple complex needs associated with dementia.	Our staff play a key part in ensuring the quality and safety of patients in the contribution they make providing care. Feedback from our staff tells us that we need to improve their employment experience. The largest part of our workforce is within our nursing staff and we know that safe nursing levels on our wards enables good standards of care.	We continuously receive feedback from patients and relatives through a variety of national and local surveys as well as local patient stories and experience audits. Our patients, carers and relatives tell us that we need to improve in how we communicate with them and improve their experiences of the care that they are receiving.
Where are we now?	<ul style="list-style-type: none"> Developed a health economy wide end of life care plan. Multi-disciplinary and partnership approach to patient choices. Lead clinicians, patient representatives and palliative care leads involved organisations working together to support early identification and choices provided for end of life care to patients. 	<ul style="list-style-type: none"> Improving the quality of care provided to patients with dementia. Engagement and inclusion of carers and relatives, using a Friday lunchtime club. Socialisation and diversion therapies for patients with dementia. Revised tool for the identification and screening of patients. Introduced a dementia/delirium care bundle across the Trust. 	<ul style="list-style-type: none"> Review of the nursing workforce; identifying by ward current and proposed nurse to patient ratios. We are recruiting to an increased number of nursing staff. Integrated education plan sets out a commitment to learning through education. Revised appraisal process. A focus on clinical training and leadership development for all disciplines. 	<ul style="list-style-type: none"> Understanding the patient experience via our monthly quality reviews on the wards. Reviewed and implemented changes through listening to what patients are telling us from PALS and complaints feedback. Patient Experience and Involvement Panel has progressed in delivering a range of inspection programmes.
What are our plans for 2014-2015?	<p>A system wide approach to improving the quality of care at the end of life by:</p> <ul style="list-style-type: none"> Appointing a End of Life Facilitator. Reviewing care recording and decision making at the end of life stage. 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. 	<p>A person centred planned approach to care and services to patients with dementia that includes:</p> <ul style="list-style-type: none"> An integrated patient pathway using best practice working across primary, community and secondary care. Identifying and training dementia champions across the Trust. Improved signage and labelling on key wards following a pilot on the care of the elderly/ rehabilitation ward. Continuing focus on improving engagement and communication with relatives and carers. 	<p>Review our nursing staffing levels to ensure on-going quality and safety and update the Trust Board on a quarterly basis.</p> <ul style="list-style-type: none"> 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 makes clear that this will happen by ensuring that we have engaged, enabled and empowered leaders who believe in the Values of the Trust. 	<p>Through communication with patients relatives and carers we know that we need to improve in a number of areas. These are:</p> <ul style="list-style-type: none"> Understanding the experience of patients with dementia and cancer. The experience of patients with mental health needs. Improving how we communicate with patients and their relatives and carers when explaining about when they are going home.

Our Quality Account 2013/14: Key Performance Indicators (KPIs) reported and monitored by The Shrewsbury and Telford Hospital NHS Trust are based on national and local priorities.

	Description of Target	2011/12 Actual	2012/13 Actual	2013/14 Actual	2013/14 Target
Patient Safety Measures					
1	MRSA Bacteraemia (bloodstream) infections	2	1	1	0
2	Clostridium difficile infections	41	45	31	27
3	Clostridium difficile infections per 100,000 bed days	-	11.9	12.1	-
7	Hand Hygiene	98%	99%	98%	95%
8	Percentage of admitted patients risk assessed for Venous Thromboembolism (VTE)	92%	90%	94%	90%
10	Safe Surgery checklist compliance	99%	100%	100%	100%
11	Rate of patient safety incidents per 100 admissions	6.66	6.85	6.83	-
13	Number of patient safety incidents reported	7748	8095	7172	-
14	Number of patient safety incidents resulting in severe harm/death	74	49	21	-
15	Percentage of patient safety incidents resulting in severe harm or death as a percentage of the number of patient safety incidents	0.5%	1.2%	0.3%	-
16	Avoiding preventable pressure ulcers (Grade 3 & 4)	20	42	27	-
Clinical Outcome Measures					
17	Standard Hospital Mortality Indicator (SHMI) + (lower is better)	-	105.3	99.7	-
	Percentage of palliative care deaths which is coded appropriately (at either diagnosis or specialty level)	17%	17%	18%	-
19	2 week wait for cancer referrals	98%	96%	95%	93%
20	18 week GP referral to first treatment - Admitted	95%	78%	76%	90%
21	18 week GP referral to first treatment - Non Admitted	87%	95%	95%	95%
22	Patient Reported Outcome Measure - groin hernia surgery	-	99%	84%	-
23	Patient Reported Outcome Measure - varicose vein surgery	-	99%	81%	-
24	Patient Reported Outcome Measure - hip replacement surgery	-	97%	38%	-
25	Patient Reported Outcome Measure - knee replacement surgery	-	96%	32%	-
26	Percentage of patients aged 0 - 14 readmitted within 28 days of discharge	9%	10%	10%	-
27	Percentage of patients aged 15+ readmitted within 28 days of discharge	5%	5%	6%	-
Patient Experience Measures					
28	A&E 4 hour wait	95%	91%	93%	95%
29	Responsiveness to inpatients personal needs (maintain or improve) - Score out of 100		64.3	62.1	-
30	Staff survey - Percentage of staff who would recommend the Trust to friends or family needing care	-	46%	47%	-

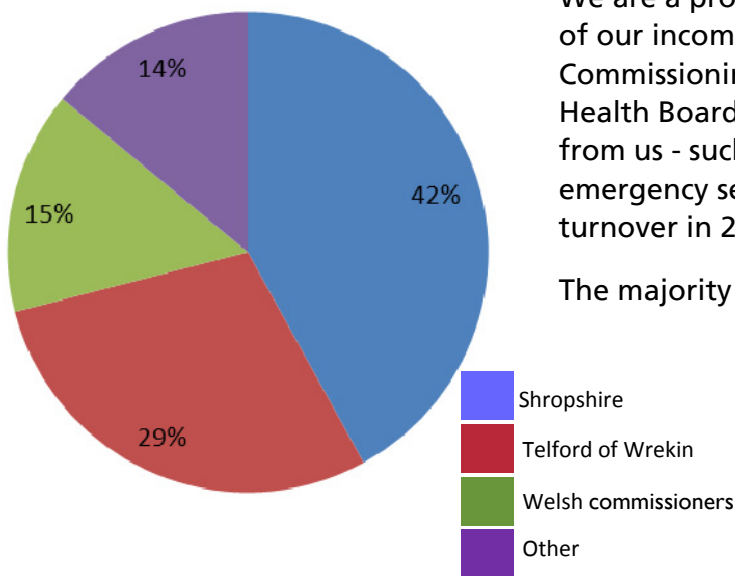
Living within our means

In an increasingly challenging financial climate, the Trust has maintained its high standards of patient care whilst managing to make a modest surplus.

Our turnover in 2013/14 was £314.1 million and we made a small surplus of £65,000. The year ahead will once again be challenging as we seek to maintain quality of services and meet growing demand without an increase in income.



Where our money comes from



We are a provider of NHS services. We receive the majority of our income from NHS "commissioners" (e.g. Clinical Commissioning Groups or CCGs in England and Local Health Boards in Wales) who purchase NHS care services from us - such as outpatient appointments, inpatient care, emergency services - on your behalf. The Trust's total turnover in 2013/14 was £314.1 million.

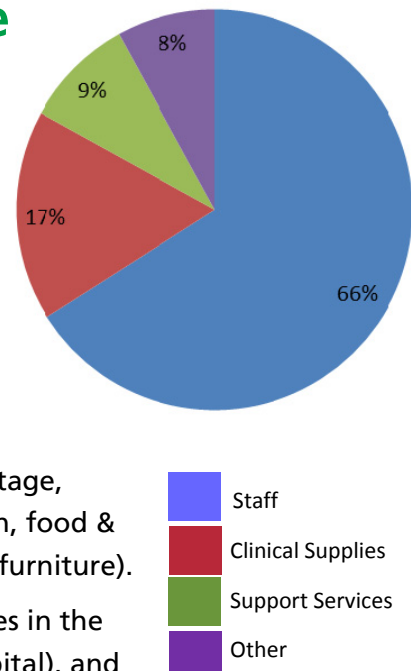
The majority of our income came from our four main commissioners. These are Shropshire County CCG, Telford and Wrekin CCG, NHS England (specialist commissioning) and Powys Teaching Health Board. The pie chart on the left of this page shows where our income came from.

How we spend the money we receive

From our total budget:

- **66%** (£208.3m) was spent on staff who provide health care (e.g. doctors, nurses, midwives, therapists, healthcare assistants, radiographers) or who provide essential support services (e.g. portering, catering, cleaning, technical and scientific staff, HR, payroll).
- **17%** (£55.3m) was spent on clinical supplies such as drugs, dressings and other costs directly related to providing health care.
- **9%** (£28.8m) was spent on support & administrative services (e.g. postage, telephones and training), other essential supplies (e.g. uniforms, linen, food & transport) and accommodation (e.g. electricity, gas, water, rates and furniture).

The remainder (8%) covered other essential costs such as finance charges in the form of depreciation charges and dividend charges (public dividend capital), and our contribution to the national Clinical Negligence Scheme for Trusts.



Shaping The Future of Healthcare Together

futurefit
Shaping healthcare together

The last year has been an interesting and exciting one for health services in Shropshire, Telford & Wrekin and mid Wales.

In November 2013 a “Call to Action” event brought together the views of the public, patients, NHS staff, doctors, nurses and other health professionals faced with the challenge of providing health services that will meet the needs of future generations.

The Call to Action agreed that hospitals can, and should, be used differently and that there should be opportunities for more people to manage their own health. It was also agreed the changes to health services should be led by local doctors, nurses and other health professionals themselves, with the full involvement of patients and communities.

That kick-started a process of designing a vision for health services that are high quality, safe and are centred on the needs of the patient.

A number of meetings were held involving doctors, nurses, health and social care professionals who looked at different models of care – specifically focusing on Acute & Episodic care – when patients need urgent care; Planned care; and Long-term conditions and frailty . These models were tested and refined through focus groups attended by patients, members of the public, Healthwatch, the Community Health Council and voluntary sector representatives.

This work led to the launch of the NHS Future Fit programme in January. NHS Future Fit has begun working with patients, the public, NHS staff and partners to shape the future of acute and community hospital services across the county. It will involve all communities who rely on the county's hospitals - across Shropshire, Telford & Wrekin, mid Wales and beyond.

The project will look at a number of strands to determine the best model for healthcare in the communities we serve and you will be hearing a lot more about it over the next 12 months or so.

You will be asked to take part through a consultation to help ensure the model of care best meets the needs of our communities.

You can keep up-to-date on NHS Future Fit at its website at www.nhsfuturefit.co.uk

New Women and Children’s Centre Prepares to Open

After months of planning and building work the new £28million Shropshire Women and Children’s Centre at the Princess Royal Hospital will open its doors on 29 and 30 September.

Ahead of the opening, members of the public are being given the chance to have a look around the state-of-art facility at two open days from 10am until 4pm on both 6 and 7 September — email future@sath.nhs.uk or call **01743 261183** if you are interested in attending.

The Children’s Ward at PRH moved into its new home within the centre— returning to its former ward on the ground floor of the hospital which has been refurbished—in May. This is the only part of the centre open until September.

From 29 September Gynaecology Inpatients, Emergencies, Procedures and Early Pregnancy Assessment; Children’s Inpatients and Assessment Unit; Children’s Oncology and Haematology and Children’s Outpatients will be based at the centre.

From 30 September the Antenatal Ward; Postnatal Ward; Delivery Suite and Neonatal Unit will be based at the centre.



Guided by our Values

As a Trust it is important that we have a set of Values that all members of staff can believe in, and which guide everything we do. In the past 12 months we took our first steps to becoming a values-driven organisation by launching our new Values, and have since begun to embed these throughout our organisation.

Our Values (which you can see in the graphic to the top right) represent what truly matters to our staff and patients. These new Values were developed by our staff and patient representatives, who were involved at every stage of their development.

During August and September 2013 members from our Executive Team held workshops to discuss what our Values should be. More than 120 members of staff and patient representatives helped to develop these Values (including those pictured to the right with Chief Executive Peter Herring). The Trust heard some amazing examples of care, compassion and can-do attitudes.



Colleagues were honest and frank in their contributions, all of which are reflected in the new Values. Great feedback was also provided through the Trust's Patient Experience and Involvement Panel (PEIP) which helped shape the new organisational Values.

The new Values were launched by Peter Herring, Chief Executive at the Trust's second annual Leadership Conference in October. His vision is that these Values become a framework for all our behaviour: how staff treat each other and our patients. Members of the Executive Team then met with staff to help define how the Values are embedded into the organisation, to make them 'real' and ensure every member of staff is guided by them.

Some examples of how the Values are already being used in the Trust include:

Values-based recruitment

The Trust has begun to use the Values in the recruitment processes. We have recruited more than 100 Health Care Assistants (HCAs). Our new HCAs are already making a real difference to the care our patients receive on the wards and other areas where they are based.



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The feedback about the use of values-based recruitment, both from the team managers and the candidates themselves, has been really positive and we will continue to roll-out the use of this process.

In addition, we have also used the Values as the basis for recruiting five new Phlebotomists. Our new

practical recruitment process for Phlebotomy has been designed in partnership with Job Centre Plus. As well as using our new Values, it also allows us to engage further with people in the communities we serve to make them more aware of employment opportunities within the Trust. It has been a long time since we've been able to recruit a number of Phlebotomists and we're

confident that our new recruits will make a real difference in supporting patient flow across both RSH and PRH.

Making our Values real

Since the launch of our Values, staff have been working with members of our Executive Team to define the behaviours we want to see associated with each Value — as well as the behaviours that we do not want to see from our staff. This will help to make our Values more 'real' and will help to guide our staff in their daily working lives. Again, it was important that these were shaped by staff to ensure that the behaviours are relevant to their daily roles. The behaviours provide a feedback framework for staff to start to hold conversations with each other about behaviour.

Recognising success and achievements

Another way we will be embedding our Values further into the Trust is through our awards. This work has already begun: decisions around successful candidates for our Chairman's Award are guided by our Values, and we make it clear which Values the achievements reflect. Looking ahead there will be an award for each Value at our Trust Awards in September.

Celebrating Achievements

Sister Sue Lovett wins plaudits

2014 has been an outstanding year for Sister Sue Lovett, who is based at the Royal Shrewsbury Hospital as she has clinched a major national award and a number of other notable



Sue (centre) is pictured receiving her award with (from left) Katie Griffith (Science Officer, Yakult - sponsors of the award), Jane Cummings (Chief Nursing Officer, NHS England), Professor Viv Bennett (Director of Nursing, Public Health England) and Fiona Phillips (TV presenter and journalist). [picture courtesy of Nursing Standard]

accolades.

Sue was recognised for her inspirational work on the RSH Oncology Ward with a prestigious Patient's Choice Award in the Nursing Standard Nurse Awards

2014. Members of

the public were invited by the Nursing Standard to thank a nurse who has made a real difference to their or a loved one's healthcare.

Sue was nominated after a relative shared her story of the care her husband received from Sue when he was a patient on the Oncology Ward. Sue's award, the Patient's Choice Award, was even more special because this was the only category nominated and voted for by members of the public.

Further appreciation of the outstanding contribution made by Sue came in the form of a Chairman's Award which she was presented with by Trust Chair Professor Peter Latchford and she is due to find out if she is an award winner in the annual Trust Awards 2014 in September. She was nominated for our first Public Choice Award. Sue has also been commended for her recent award-winning efforts by Shropshire Council at a recent full council meeting of the authority.

Helen leads successful projects

Helen Coleman, Dementia Project Lead Nurse at the Trust, has helped to pioneer a number of initiatives to improve care for patients with dementia.

In early November, Helen launched a Friday Lunch Club at the Princess Royal Hospital in Telford, which provides an opportunity for patients to meet and dine together. There has been a Remembrance Day meal using war-time memorabilia, a beetle drive and word search games.



Helen (second from left) is pictured with, from left: Volunteers Susan Irwin, Ann Dell; and Jill Brookes.

In addition, we have received support to fund arts workshops for patients, including painting, music, poetry and storytelling sessions including work to encourage patients to reminisce. Thanks to Helen's efforts, patients have clearly enjoyed a welcome break from their daily routines, and for many it has rekindled happy memories of the past.

By creating valuable opportunities for social interaction, Helen and the Dementia team have provided patients with a much-needed chance to engage with staff and one-another in a mutually respectful and caring environment that has proved beneficial to their mental health and social wellbeing.

The Lunch Club is just one of the projects she has introduced, with others including the national Butterfly Scheme, which allows people with memory impairment to request a specific form of personalised care during their stay in hospital.

Blood Bikers Celebrate Ton-Up!

In January 2014, the Shropshire and Staffordshire Blood Bikes (SSBB) was launched, providing an urgent out-of-hours delivery service to the Trust. By June, Blood Bikes notched up its 100th urgent delivery of blood and specimens between hospital sites—mainly the Royal Shrewsbury Hospital and The Princess Royal Hospital in Telford

SSBB, who provide a free of charge out-of-hours delivery service, celebrated the 100th delivery when biker Howard Jones, from Telford, directed by volunteer controller Gary Chantry, who lives in Stone, Staffordshire, collected a blood sample from PRH and delivered it to the Pathology Laboratory at RSH for testing.

Thanks to the 60 SSBB members (riders, controllers and supporters), Blood Bikes has provided an excellent service for the Trust ensuring that urgently needed



Staff from Pathology at RSH with some of the Blood Bikers marking the milestone.

blood and other specimens are processed in a safe and timely manner. Blood Bikes' rapid response is vital, helping the Trust to deliver an essential service to individual patients and the communities we serve. We look forward to a long and beneficial partnership with Blood Bikes and the great service they provide.

Who we are

The Shrewsbury and Telford Hospital NHS Trust is the main provider of acute hospital services for half a million people in Shropshire, Telford & Wrekin and mid Wales.

The majority of our services are provided at the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital. Together these hospitals see about 99% of our patient appointments. We also provide services in a range of community settings including Telford's Wrekin Community Clinic and Midwife-led maternity units in Bridgnorth, Ludlow and Oswestry.

The Trust has over 5,000 members of staff providing and supporting frontline care. Our staff are supported by a wide range of volunteers and students, including undergraduate medical students through our Teaching Hospital partnership with Keele University.

Our central organising principle is **Putting Patients First**. This guides all of our decisions, ensuring that we use our resources wisely to provide timely care that meets the standards of quality and safety that our patients and communities expect and deserve.

About this Annual Review

Our Annual Review provides a shorter summary of our full *Annual Report and Annual Accounts 2013/14*, and our *Quality Account 2013/14*. The *Annual Report and Accounts 2013/14* and *Quality Account 2013/14* are available from our website at www.sath.nhs.uk or on request from the Chief Executive's Office at the address below.

Our Trust Board

Every NHS Trust has a Trust Board with a majority of non-executive (lay) members alongside executive (employed) members. The Trust Board has overall responsibility for all strategy and decision making in the organisation. This includes:

- Ensuring a relentless pursuit of the patient's interests and achievement of healthcare standards
- Agreeing the strategy for the Trust based on the needs and circumstances of local patients and communities
- Translating national strategies into local plans
- Monitoring progress and evaluating results.

In fulfilling its duties, the Trust Board must take account of:

- Quality (Patient Experience, Patient Safety and Clinical Outcomes)
- Financial Monitoring and Control
- Accountability
- Probity
- Openness and Transparency

Meetings of the Trust Board take place in public. This enables members of the public and the press to scrutinise decisions that are being made about the use of public resources to improve health and provide health services. Our Board members can be seen below. Visit www.sath.nhs.uk for Board meeting agendas and dates of meetings.

Who's Who at The Shrewsbury and Telford Hospital NHS Trust
Trust Board Members

The Shrewsbury and Telford Hospital NHS Trust

Chief Executive	Chairman and Non-Executive Directors						
 Peter Herring Chief Executive	 Professor Peter Latchford OBE Chairman	 Dr Simon Wallford Non-Executive Director	 Dennis Jones Non-Executive Director	 Dr Robin Hooper Non-Executive Director	 Donna Leeding Non-Executive Director	 Harmesh Darbhanga Non-Executive Director	 Brian Newman Non-Executive Director
Executive Directors (Voting Members of the Trust Board)				Non-voting members attending the Trust Board		Other Members of the Executive Management Team	
 Dr Edwin Borman Medical Director	 Sarah Bloomfield Director of Nursing and Quality	 Debbie Kadum Chief Operating Officer	 Neil Nisbet Finance Director	 Julia Clarke Director of Corporate Governance (Company Secretary)	 Debbie Vogler Director of Business and Enterprise	 Victoria Maher Workforce Director	 Adrian Osborne Communications Director

What's Happening?

Keep up-to-date with everything that is going on at the Trust by checking out our website (www.sath.nhs.uk), or becoming a public member of the Trust (contact details for the Membership Office are to the right). You can also now use Twitter to make sure you know what's happening through our Trust accounts, which are detailed below.

Follow us on Twitter

@sathNHS for general news about the Trust

@sathPRH for news and information about the Princess Royal Hospital

@sathRSH for news and information about the Royal Shrewsbury Hospital



Contact Details

Contacting our Hospitals

Princess Royal Hospital, Grainger Drive, Apley Castle, Telford, TF1 6TF
Tel: (01952) 641222

Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury, Shropshire, SY3 8XQ
Tel: (01743) 261000

Website: www.sath.nhs.uk

Contacting the Membership Office

Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury, Shropshire, SY3 8XQ
Tel: (01743) 261473

Email: members@sath.nhs.uk