

# Annual Review

## 2012/13



*Our vision for Putting Patients First is to ensure that the interests of our patients, and providing the best possible care to them, are at the heart of everything we do.*



# Introducing The Shrewsbury and Telford Hospital NHS Trust

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## Our Services

### Princess Royal Hospital (PRH)

The Princess Royal Hospital opened in 1989. It provides medical assessment and inpatient services, surgical day case, children's inpatient services, a midwife-led maternity unit, A&E services, renal dialysis stations and outpatient & diagnostic facilities. From 2014 it will be the county's main centre for inpatient women & children's services.

### Royal Shrewsbury Hospital (RSH)

The Royal Shrewsbury Hospital opened in 1977. It provides medical assessment and inpatient services, women and children's inpatient services, a midwife-led maternity unit, surgical, inpatient and day case services, cancer services including chemotherapy and radiotherapy, A&E services, designated trauma unit, renal dialysis stations and outpatient & diagnostics facilities. In 2012 it became the county's main centre for acute inpatient surgery.

### Services at other locations

Alongside our services at PRH and RSH we also run midwife-led maternity units at Ludlow Hospital, Robert Jones & Agnes Hunt Orthopaedic and District Hospital in Gobowen and Bridgnorth Hospital. We also provide a range of consultant and specialist nurse outreach services across the area.

## 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.



# Introduction to the Annual Review of 2012/13

**Welcome to our Annual Review 2012/13. Throughout this review you will find news about the hard work and dedication of more than 5,000 staff and volunteers who help to ensure our patients get the high standard of safe, dignified and compassionate care they expect and deserve.**

When I joined the Trust in September it was clear to me that this was an organisation with its challenges, but also with great potential and possibility. As I set out on my first full year with the Trust I am committed to ensuring that this organisation fulfils that potential and inspires pride in its staff and our patients and communities. My passion – what drives me to work in the NHS – is to provide the best care possible using the resources available to me as wisely and effectively as possible.

In terms of challenges, the main issue has been a very clear gap between capacity and demand that has had an adverse impact on patients and staff alike. Our A&E waiting times were amongst the lowest in the country and whilst 18 week referral to treatment performance has shown significant improvement from the previous year, the demands for urgent and emergency care led to high numbers of cancellations which in turn contributed to targets not being met. These pressures also affected the pride that our staff were able to take in their work and, most importantly, the experience of our patients.

Whilst the balance between capacity and demand (and the link with the patient journey within our hospitals) is not the only area where I think this Trust needs to improve, it is a vital key that unlocks so many other issues. Looking ahead, the top priority will be for health and care organisations to work with patients and communities to tackle this – providing the right care and support in



the community that reduces the need for hospital attendance and admission, strengthening support and assessment at the hospital front door and reducing delays, preparing patients for their transfer from hospital from the point of arrival if not before, and ensuring a range of services in the community that means that people do not stay in an acute hospital any longer than they need to.

A critical document for all health services, for every patient, for every person who works in the NHS, has been the Francis Report. The public inquiry report published this February is essential reading for anyone leading and managing health services and now provides a wider framework for improvement encompassing commissioning, regulation, review and policy. Not only must we be relentless in our pursuit of the patient's interests but also relentless in ensuring that the lessons from Mid Staffs are learned in every part of the health service and beyond.

It would be fair to say that this is a challenging financial period for the NHS, the public sector and the country as a whole. You can find out a bit more about how we spend the money we receive on the next page.

It is easy for us to focus on the areas where performance was not up to scratch in 2012/13 – after all, these were issues that attracted the media spotlight up and down the country and affected the experience for patients who at times faced waits that I believe are unacceptable. However, there is also a lot that this organisation, its staff and its patients must be proud of. CHKS – an independent organisation that reviews the quality and performance of health services – placed The Shrewsbury and Telford Hospital NHS Trust amongst their Top 40 hospitals. This reflects that in many areas our local services are consistently achieving high standards of safety, experience or clinical outcomes.

Great NHS staff are achieving amazing things. We will share with you some of the details of the achievements of our staff in this review and the way in which we have celebrated them. During the year ahead we can and must build on these foundations to spread success to every part of our services.

I hope that you find this Annual Review useful and informative, and I welcome any feedback either to me or to the Foundation Trust Membership Office (01743 261473 or [members@sath.nhs.uk](mailto:members@sath.nhs.uk)).

**Thank you**

**Peter Herring, Chief Executive**

# Living within our means

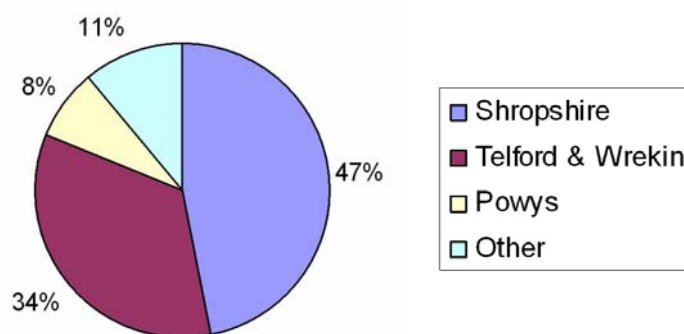
There can be no doubt that 2012/13 was yet another financially challenging year for the NHS, and country as a whole. Nevertheless, we managed to make a small surplus thanks to the delivery of some key efficiency savings and financial support.



Our turnover in 2012/13 was £309.4 million and we managed to make a small surplus of £81,000. 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 2012/13 was £309.4 million. The majority of our income came from our three main "commissioners". These are Shropshire County CCG, Telford and Wrekin CCG, and Powys Teaching Local Health Board. The pie chart on the right of this page shows where our income came from. In addition to this we received income from specialist commissioning services and other clinical income (such as private patients, overseas visitors, renal services and neonatal services).

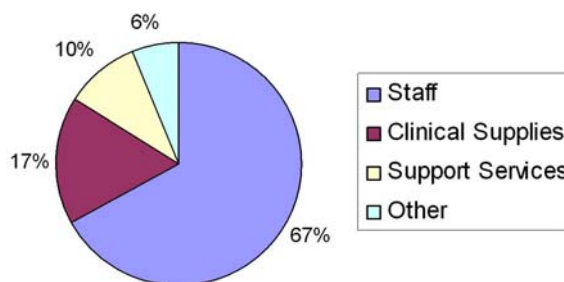


## How we spend the money we receive

### From our total budget:

- **67%** (£202.5m) 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%** (£51.7m) was spent on drugs, dressings and other costs directly related to providing health care.
- **10%** (£28.8m) was spent on essential supplies (e.g. uniforms, linen, food and transport), accommodation (e.g. electricity, gas, water, rates, and furniture) and administrative & support services (e.g. postage, telephones, and training).

The remainder (6%) 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.



# The Quality Account Summary 2012/13

This section provides a summary of our Quality Account, which aims to be honest and open about our performance over the last year and encourage scrutiny of the improvements we have made and those we must achieve in the year ahead.

Our work with the local health and social care economy towards improving the flow of patients through our hospitals is starting to demonstrate improvements. However, we must continue to focus our efforts in this area and on the priorities we have set ourselves to ensure we achieve these key improvements.

Developing our Quality Account is always an ongoing valuable learning experience for the Trust. We view each year's account as an opportunity to improve and inform our stakeholders and the public about the quality of care and services we provide.

Last year, our stakeholders told us that we had improved on the previous year in terms of presentation and accessibility and they would like to see us move more in this direction in 2012/13. We have responded to this by including more visual information and grouping it into sections to make it easier to read and understand.

We will endeavour to further develop the accounts year on year, and we actively encourage your feedback. Please let us know your views, to help us enhance patient experience, safety and effectiveness.

*Our full Quality Account is available from the Trust website at [www.sath.nhs.uk](http://www.sath.nhs.uk) and a summary of how we have done in the past year can be found on pages 6 to 8.*

## 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](mailto: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 Chief Nurse/Director of Quality & Safety, 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 on page 7?*
- *What actions should we be taking to improve quality in these areas?*
- *How should we involve patients and communities in our work to improve the quality of the services we provide?*
- *What else would you like to see in our Quality Account?*

Looking further ahead, we welcome your suggestions for our Quality Priorities in 2014/15 as well.



# Key Performance Indicators

These are reported and monitored by the Trust based on national and local priorities ("-" indicates that data is not required or is not available).







No.	Description of Target	2011/12	2012/13	National Average	Trust Target
<b>Patient Safety Measures</b>					
1	MRSA Bacteraemia (bloodstream) infections	2	1	-	2
2	Clostridium difficile infections	41	45	-	45
3	Clostridium difficile infections per 100,000 bed days*	-	11.86	6.52	-
4	Rate Surgical Site Infections per 10,000 Orthopaedic operations*	-	66.9	88.2	-
5	MRSA Screening Emergency Admissions	96%	92.82%	-	95%
6	MRSA Screening Elective Admissions	91%	93.35%	-	95%
7	Hand Hygiene	98%	99%	-	95%
8	Percentage of admitted patients risk assessed for Venous Thromboembolism (VTE)*	91.48%	90.08%	93.7%	90%
9	Reducing inpatient falls	1590	1538	-	-
10	Safe Surgery checklist compliance	99%	99.96%	-	100%
11	Rate of patient safety incidents per 100 admissions	6.66	6.85	6.81	-
12	Rate of 'serious harm' patient safety incidents reported per 100 admissions*	-	0.62	0.41	-
13	Number of patient safety incidents reported**	7800	7599	-	-
14	Number of patient safety incidents resulting in severe harm/death**	40	89	-	-
15	Percentage of patient safety incidents resulting in severe harm or death as a percentage of the number of patient safety incidents	0.51%	1.17%	0.7%	-
16	Avoiding preventable pressure ulcers (grade 3 & 4)	20	42	-	-
<b>Clinical Outcome Measures</b>					
17	Standard Hospital Mortality Indicator (SHMI)* (lower is better)	-	105.3	100	-
18	Percentage of palliative care deaths which is coded appropriately (at either diagnosis or specialty level)	17.36%	17.02%	-	-
19	2 week wait for cancer referrals	97.86%	96.00%	-	93%
20	18 week GP referral to first treatment - Admitted	94.48%	78.00%	-	90%
21	18 week GP referral to first treatment - Non Admitted	87.31%	95.08%	-	95%
22	Patient Reported Outcome Measure - groin hernia surgery*	-	39.4%	51.6%	-
23	Patient Reported Outcome Measure - varicose vein surgery*	-	56.3%	51.6%	-
24	Patient Reported Outcome Measure - hip replacement surgery*	-	100%	88.4%	-
25	Patient Reported Outcome Measure - knee replacement surgery*	-	66.7%	78.9%	-
26	Percentage of patients aged 0 - 14 readmitted within 28 days of discharge	9.3%	9.9%	-	-
27	Percentage of patients aged 15+ readmitted within 28 days of discharge	5.4%	5.4%	-	-
<b>Patient Experience Measures</b>					
28	A&E 4 hour wait	94.52%	90.62%	-	95%
29	Responsiveness to inpatients personal needs (maintain or improve) - CQUIN Score out of 100	64.3	62.1	68.1	Maintain or improve
30	Staff survey - Percentage of staff who would recommend the Trust to friends or family needing care	-	50.9%	62.8%	-

## Our Quality Priorities for Improvement for 2013/14

	Patient Safety		Clinical Effectiveness		Patient Experience
	Reducing inpatient falls resulting in serious harm	Preventing avoidable pressure ulcers	Safe and effective discharge every time	Communication with relatives and carers	Non inpatient patient experience
Why is this a priority	While we have successfully reduced overall falls for two consecutive years and achieved our goal for reduction in falls resulting in serious harm last year, there is still work to do to and some common themes to address.	Although much work has been done to eliminate grade 3 and 4 pressure ulcers and reduce grade 2 ulcers, we still have not achieved our goal in this area. Therefore, we must continue to prioritise this very important work until we achieve success.	We have experienced increased pressure on our emergency services which in turn means that the flow of patients through the hospital has been affected. Discharge can often be a complex process, requiring several processes to be followed by our staff and other partner organisations. We know that we do not always discharge our patients well and must work hard to ensure that discharge is safe for patients and their carers.	We know that through our complaints, feedback and patient experience work and also through our inpatient survey that we need to improve on the information we give relatives and carers. This may be about discharge or about patients conditions and ongoing care, where to access help and support if you care for someone with dementia, or even about visiting in hospital and what to expect.	Much of our patient experience work involves inpatient areas and whilst this is highly valuable and must continue we also need to ask our patients in other areas of the hospital what their views are and get their feedback on the service they receive.
Where are we now	We achieved the reductions we set out to do in last year's Quality Account, and through the increased focus on falls resulting in serious harm have identified key trends and themes that will form the focus of our work over the coming year.	Last year there were 28 grade 3 and 13 grade 4 ulcers that were acquired by patients in our care. A further two grade 3 pressure ulcers were agreed with our commissioners as being unavoidable and 15 more still undergoing the ratification process (with a further two still going through internal verification).	A comprehensive work plan is underway to improve the flow of patients through our hospitals and to support and train staff to ensure we achieve safe, timely and effective discharge. Estimated Dates of Discharge are identified and recorded on our Patient Status At A Glance system for discussion on the daily board round that occurs on our wards.	Our patient experience work currently involves patients only and we need to extend this work to include carers and relatives.	We have extended our "Friends and Family test" into areas such as the Emergency Department and will be looking to extend this to other areas over the course of the year.
What are our plans for 2013-2014	<ul style="list-style-type: none"> <li>Reduce falls resulting in serious harm by 25%, by implementing falls action plan</li> <li>Deliver the actions within the corporate falls action plan which covers the trends and themes identified, eg: <ul style="list-style-type: none"> <li>Ensure we improve our processes for the use of bedrails.</li> <li>Standardise our handover processes between nursing shifts</li> </ul> </li> <li>Develop a falls service to support the above plan and provide expert advice and training</li> </ul>	<ul style="list-style-type: none"> <li>Eliminate grade 3 and 4 pressure ulcers</li> <li>Reduce grade 2 ulcers by 50%</li> </ul>	<ul style="list-style-type: none"> <li>Improved discharge policy by Summer 2013</li> <li>Strengthened discharge team</li> <li>Discharge training for every registered ward nurse by March 2013</li> <li>Improved discharge information for patients and relatives</li> <li>Faster internal processes for simple and complex discharges</li> <li>Audit that patients receive discharge information, achieving 80% compliance</li> <li>Discharge checklists will be completed for every patient being discharged from our wards</li> </ul>	<ul style="list-style-type: none"> <li>Develop a suite of literature/information for relatives and visitors</li> <li>Expand our patient experience work to include relatives and carers by developing a range of questions similar to those used in our Ward to Board survey</li> <li>Ensure relatives and carers are represented on our Patient Experience and Involvement Panel</li> <li>Ensure that we signpost carers of those suffering from dementia to access help and support services</li> </ul>	<ul style="list-style-type: none"> <li>Continue to roll out our Ward to Board nursing care and patient experience metrics into the following non inpatient areas by October 2013 <ul style="list-style-type: none"> <li>Renal Unit</li> <li>Outpatients Department</li> <li>Fertility Unit</li> <li>Paediatric Wards</li> <li>Neo-natal Unit</li> </ul> </li> <li>Improve our Patient Experience and Involvement Panel work in non inpatient areas and also involve our staff in these areas in developing metrics</li> </ul>

## A Review of Quality Performance in 2012/2013

In last year's Quality Account we outlined seven quality priorities for 2012/13. For each priority we have provided a report outlining the work undertaken within the Trust to make the required improvements. Full details can be found in our Quality Account.

Quality Priority 2012/13	Current Status of Priority	Comment
Preventing avoidable pressure ulcers		Despite continued focus on pressure ulcer prevention we did not eradicate grade 3 and 4 hospital acquired pressure ulcers in 2012/13. We have however, completed a baseline data collection of grade 2 ulcers and started Root Cause Analysis on these.
Reducing Inpatient Falls		A reduction was achieved in overall falls. The number of falls resulting in serious harm reduced by 25%.
Safer Blood Transfusion		While the standard of transfusion training has been strengthened, observations of transfusions have not yet shown the required improvement.
Using Patient Involvement to Improve Patient Experience		<ul style="list-style-type: none"> <li>A wide variety of work has been undertaken by the Patient Experience and Involvement Panel over the last year.</li> <li>The Friends and Family question has been completed for 10% of discharged patients each week.</li> <li>Ward to Board surveys have expanded with more</li> </ul>
Improving the Experience of Frail Elderly Patients		The Frail and Complex Service was launched successfully at the Royal Shrewsbury Hospital in December 2012 and at the Princess Royal Hospital in January 2013.
Providing Effective Diabetes Care to Our Patients		<ul style="list-style-type: none"> <li>Good progress has been made with e-learning training and single point lessons.</li> <li>Patient experience survey for diabetic patients completed.</li> <li>Awareness day held which was very successful.</li> </ul>
Improving the Patient Journey		<ul style="list-style-type: none"> <li>Expected Date of Discharge further embedded and now supported by Patient Status At A Glance boards.</li> <li>Improvements made in outpatient experience.</li> </ul>



# Celebrating Our Staff

**We have a passionate belief in recognising a job well done, and our staff are celebrated in a variety of ways — both formally and informally.**

Our annual Trust Awards are held every autumn, and give staff an opportunity to both share the excellent work they have done over the past 12 months, and nominate colleagues who they feel are deserving of recognition.

Awards celebrate the Leader of the Year, Ward or Department of the Year, shining a light on staff who work tirelessly behind the scenes, and highlight fantastic work in key areas such as Quality and Safety.

Among the winners in 2012 were: Dr Kevin Eardley (Leader of the Year), Portering Services and the Royal Shrewsbury Hospital Grounds Team (Behind the Scenes) and the Princess Royal Hospital Acute Medical Unit (Putting Patients First Award: Ward or Department of the Year).

The Trust also presents a monthly Chairman's Award, which recognises and rewards the passion and commitment of NHS staff and volunteers. The Chairman's Award is presented to individuals and teams who represent the values of the Trust and of the NHS as a whole. Winners are celebrated at the beginning of each month's Trust Board meeting, when their story is shared with the Board and the audience. Recipients of the accolade are presented with a Chairman's Award certificate, a gift certificate and a Chairman's Award lapel badge.

The Trust also presents a regular Chocolate Box Moment, an informal award which highlights particular efforts or achievements in a more immediate way.



## NHS Heroes

**Around 100 individuals and teams at the Trust have also been celebrated over the past 12 months through NHS Heroes, a national recognition scheme.**

Staff were nominated by members of the public and colleagues in the national NHS Heroes scheme last summer and the NHS Winter Heroes scheme at the beginning of 2013.

Nominations could be for anything that NHS staff do that really makes a difference to patients and ensures they receive not only the very best care, but also the best experience possible – from providing a hand to hold or shoulder to lean on, to the introduction of new programmes or services.

Staff were celebrated in the first round of NHS Heroes with recognition events at the Royal Shrewsbury Hospital and the Princess Royal Hospital in Telford. The NHS Winter Heroes were visited in the wards and departments where they work, where they were presented with their certificate.

Keep an eye on [www.nsheroes.co.uk](http://www.nsheroes.co.uk) to see when the scheme is running.



Keep an eye on [www.nsheroes.co.uk](http://www.nsheroes.co.uk) to see when the scheme is running.

In every NHS organisation you will find fabulous people who do amazing things every day. If you know someone in our Trust who goes that extra mile and deserves recognition please let us know via our website at [www.sath.nhs.uk](http://www.sath.nhs.uk)

# Responding to the Francis Report

**Following an extensive inquiry into failings at Mid-Staffordshire NHS Foundation Trust, Robert Francis QC published his final report on 6 February 2013.**

The Francis Report tells a story of appalling suffering of many patients within a culture of secrecy and defensiveness.

Although the public inquiry was focused on one organisation, it highlights a whole system failure. A system which should have had checks and balances in place, and working to ensure that patients were treated with dignity and suffered no harm. The 1,782 page report has 290 recommendations which cut across and have major implications for all levels of the health service across England.

In his report, Robert Francis QC calls for a whole service, patient centred focus. His detailed recommendations do not call for a reorganisation of the system, but for a re-emphasis on what is important, to ensure that this does not happen again. They are focussed on the following themes:

- **Emphasis on and commitment to common values throughout the system by all within it;**
- **Readily accessible fundamental standards and means of compliance;**
- **No tolerance of non-compliance and the rigorous policing of fundamental standards;**
- **Openness, transparency and candour in all the system's business;**
- **Strong leadership in nursing and other professional values;**
- **Strong support for leadership roles;**
- **A level playing field for accountability;**
- **Information accessible and useable by all allowing effective comparison of performance by individuals, services and organisations.**

In The Shrewsbury and Telford Hospital NHS Trust we had already made good progress to act on the findings from Mid Staffordshire NHS Foundation Trust through our response to the recommendations of the previous Independent Inquiry in 2010 as well as learning from other national inquiries into failings in care such as Winterbourne View.

All providers of NHS care are entrusted with a special duty on behalf of patients and their relatives and must be relentless in taking action to strengthen the focus on the quality of care and safeguards to protect patients from harm. We strive for a focus on Putting Patients First from the ward to the Board. At Board level this includes our Quality and Safety Committee and a quality forum with Commissioners. We have also improved our process for gathering both hard and soft intelligence to ensure that concerns can be identified at the earliest stage and appropriate action taken. This forms part of our Quality Improvement Framework, which engages patients and nurses in observations of care, gathering patient feedback, audit and review to support improvement.

Whilst the Francis Report was published shortly before year end it has already provided a significant focus for reviewing and refreshing our pursuit of the highest standards of patient experience, safety and outcomes and will continue to do so in the year ahead.

Further information is available in our Quality Account at Appendix 1.



# Providing the best facilities for our patients

**Cancer and haematology patients from across Shropshire and mid Wales are benefitting from the completion of the £5 million Lingen Davies Centre at the Royal Shrewsbury Hospital.**

Phase one of the ambitious project was finished back in April 2012, when the new Chemotherapy Day Centre opened to general acclaim from patients and staff.

The rest of the project was completed on schedule, with the full state-of-the-art facility opening to the public in September. The two-floor building includes a new reception area, an outpatient unit for haematology, head and neck, and oncology patients as well as the day unit for chemotherapy.

The new building provides a single integrated facility for outpatients, chemotherapy and radiotherapy, with over 40,000 patient



visits every year. It has been designed to make the most of natural light and ventilation, green spaces and airy spacious rooms. The environment has been designed to provide a healing, calming environment and has involved patients, carers and staff throughout the process.

Grateful thanks go to our charity partners who have made this all possible. The project has cost more than £5 million and all of that has come from charitable donations. Lingen Davies took the lead with an appeal that raised almost £3.3 million. They also fronted a campaign to raise more than £350,000 for vital equipment for the new centre and to provide en-suite facilities for head and neck cancer patients in the new unit at PRH. A further crucial injection of cash came from the Shropshire Blood Trust Fund, which provided more than £1 million, while Head and Neck charities raised £250,000 and the Royal Shrewsbury Hospital's League of Friends contributed £300,000.

Feedback from our patients shows that they have noticed a marked difference in the environment. For example, the treatment bays in the new Chemotherapy Day Centre have room for the patient and two or three family members to sit with them, if they wish, which can be a real comfort. The treatment bays have individually-controlled ventilation controls and power points so patients can bring in any electronic equipment they may wish to use.



*Inside the light and spacious Haematology and Chemotherapy Day Centres*

# Building For The Future



**It has been an exciting year for the Trust as the main building work for the new Women and Children's Unit at the Princess Royal Hospital (PRH) has now started.**



*Artists impression of the new Women and Children's Unit*

When it opens in 2014, this will offer the very best, state-of-the-art, health facilities for babies, children, young people and women across Shropshire, Telford and Wrekin and mid Wales.

Following approval of the Full Business Case by the regional Strategic Health Authority in May 2012, preparatory work took place during the summer ready for building work to begin in December. However, whilst adverse weather gripped the county this did little to deter the builders' progress and work has remained on track. A new staff car park has been constructed, the foundations for the new unit have been laid and shortly after year end the erection of the steel work is near completion. It is not just the building work that is progressing, as clinical teams alongside managers and staff across the Trust are moving forward with the implementation of changes and developments needed to ensure the safe transfer of services in summer 2014.

## Involving the communities we serve

A key element of this work has been the continued involvement of patients and families in the design and development of the new services. Focus groups continue to engage mums and families in shaping the new maternity services whilst a "hard hat" competition gave young people across Shropshire, Telford & Wrekin and mid Wales the opportunity to get involved.

The winning hat was designed by Joseph Dowle, aged 16, from Cedewain School, a special school in Newtown in Powys. As well as winning his school a prize of £100 in book vouchers, Joseph also secured a visit by the Unit's builders Balfour Beatty to his school to talk about life in construction and in hospitals. Shortly after year end Joseph and his school mates were invited to PRH to insert a golden bolt into a steel column which forms part of the new unit. He is pictured above with Councillor Kevin Guy who nominated local children's services as his 2012/13 Mayoral appeal in Telford & Wrekin and raised over £45,000 for education and play facilities for children at the hospital.



## New facilities at the Royal Shrewsbury Hospital



Alongside the activity at Princess Royal Hospital there have also been significant developments during the year at the Royal Shrewsbury Hospital with the opening of the new surgical facilities during summer 2012. The focus now shifts to the design and development of the new women and children's facilities planned for the Royal Shrewsbury Hospital. This includes designing a Children's Zone to include a new Children's Assessment Unit (CAU) and Children's Outpatients, and a Women's Zone featuring a new Midwife Led Unit (MLU), Maternity Outpatients, Antenatal Day Assessment and the Early Pregnancy Assessment Service (EPAS).

More information about this work is available from our website at [www.sath.nhs.uk/future](http://www.sath.nhs.uk/future)



# Amazing Patient Stories

Every year we hear fascinating stories about the experiences of our patients. These range from the emotional to the inspirational, and remind us all of the incredible work being carried out by staff at the Trust, and the determination shown by the patients we treat. Here are just a couple we would like to share from the year just gone.

## Gaynor Offland knew being pregnant could put her life at risk, but was determined to find a way to start her own family.

Gaynor suffers from a rare condition that causes clots to form in her body, which meant the chances of her having a successful pregnancy were extremely unlikely. Congenital Thrombotic Thrombocytopenia Purpura (TTP) only affects about 1 in 30 million people, and can lead to organ failure and even death.

Despite the odds being stacked against her, she started a course of radical treatment at the Royal Shrewsbury Hospital that helped her through her pregnancy to give birth to baby Oliver (mum and baby pictured right). This involved regular visits to the Renal Unit at the Royal Shrewsbury Hospital (RSH) where she underwent plasmapheresis, which involves removing and replacing the plasma in her blood. She was also closely monitored by the Maternity

Department given the nature of her condition, and her previous problems during pregnancy.

Once Gaynor reached 37 weeks a decision was made to induce her because of the increasing risks, and baby Oliver was born on 2 October 2012 weighing 6lb 15oz.

Gaynor, who lives with her partner Alan Griffiths in Telford, said they had kept in touch with staff at the hospital, who they thank for making their dreams come true.

Gaynor said: *"If it wasn't for the staff at the hospital then Oliver wouldn't be here."*

*"I was never going to give up. I was determined to have a baby no matter how difficult it was."*



## Retired District Nurse Jan Cooper knows just how important the organ donor register is.

The 64-year-old is on the transplant waiting list after being diagnosed with polycystic kidney disease.

Her mum was diagnosed with the same disease and had a successful transplant which lasted for 27 years before she died of an unrelated illness aged 91. Jan's grandfather had previously died aged 72 in the 1970s after suffering from the same disease.

Such has been the impact of their experiences, Jan's husband Alan has been moved to write a short story about organ donation, which has been published on Kidney Research UK's website. They decided to share their story to tie in with World Kidney Day in March.

Jan, a mum of four and grandmother of seven who retired from nursing about two years ago, has 12 hours of dialysis a week. She has been on the transplant waiting list since October 2010 and receives support from Transplant Nurses at the Trust.

They provide her with advice and information while she waits for a suitable donor to be identified.

Alan's story, called Life Chances and written under the pen name Al James, focuses on a primary school teacher who is having dialysis and is in need of a kidney transplant, and a young medical student who is involved in an accident and whose parents have to decide whether to allow his organs to be used for donation.

Alan, 67, said: *"I wanted to highlight what it is like and Kidney Research UK felt it was an interesting story and have published it on their website."*



# With a little help from our friends

We are immensely grateful for the support of our charity partners. Their fundraising over 2012/13 has been invaluable in helping us take forward a number of key projects which are benefiting our patients and staff.

Elsewhere in this review you can find information on the contribution of the **Lingen Davies Cancer Fund**. During the last financial year, we completed the £5 million Lingen Davies Centre — a building which is offering our cancer patients cutting edge technology in a modern and comfortable environment. Without Lingen Davies, who contributed £2 million of the total cost, this simply would not have been possible. We also get tremendous assistance from the **RSH League of Friends** and the **Friends of the PRH**. These two charities are a constant presence on our hospital sites, running popular cafes and shops which are appreciated by patients and staff alike. The profits have been ploughed back into hospital projects, and we have seen plenty of examples over the past 12 months.



*RSH League of Friends chairman Iain Gilmour gets a demonstration of the new patient monitoring equipment*

Donations included more than £500,000 for hi-tech patient monitoring equipment as well as continued donations totalling a similar total for the Trust's Breast Screening service. As a direct result of the support of the two Friends groups, the Trust can now boast a fully digital breast screening service.

Dr Marie Metelko, Shropshire's Breast Screening Programme Director, said: "On both sites, the League of Friends have been exceptional supporters of the breast service. The service is as good as it is because of the hardware we have and we wouldn't have that without the League of Friends."

Peter Herring, Chief Executive at the Trust, said: "We are always grateful for the support we receive from the League of Friends, who dedicate so much time and effort to fundraising on behalf of their local hospital. I would like to thank them on behalf of everyone at the Trust for the fundraising they have already carried out to support our services, and look forward to hearing more about the good work being carried out in future."

Other donations in 2012-13 included £11,000 from the Shropshire Prostate Cancer Support Group — money which was used to fund a state-of-the-art ultrasound machine used to investigate patients with bladder, kidney or testicular problems.

"We are very grateful to the Shropshire Prostate Cancer Support Group for their magnificent support," said Mr Andy Elves, a Consultant Urologist at the Trust.

"Without the support of the charity, it is unlikely we would have been able to buy something like this out of existing funds so we extend our heartfelt thanks for their generosity."



*Alan Millward, chairman of the Friends of the PRH (front), with chair of the Friends of RSH Iain Gilmour and members of the Breast Screening Team*

# Delivering emergency care in challenging times

## This winter saw Shropshire's two acute hospitals facing some of the biggest challenges in delivering emergency care for many years.

With increase in demand for hospital services, difficulties in discharging patients, and challenges to balance capacity, demand and timely flow of patients through our hospitals this had an impact on those patients waiting for treatment in A&E, but also for those waiting for planned operations.

Whilst the number of people attending A&E departments saw a small increase (0.23%) the number of people being admitted to hospital in an emergency spells increased by nearly 17% compared with 2012/13.

During the winter there were hundreds of operations cancelled on the day of surgery for non-medical reasons. This is unacceptable for a Trust that aspires to deliver safe, compassionate and dignified care to all of its patients, all of the time. It is incredibly frustrating for our patients and their families, particularly if the operation is cancelled at very late notice. It is also frustrating for the members of staff who come to work every day with the aim of making a positive difference and caring for patients.

This rising tide of pressure led to "major incident" procedures being put into effect at the Royal Shrewsbury Hospital shortly after year end in April 2013 in order to make sure we could continue to provide safe emergency care for those who needed it. This is something the Trust is determined to avoid happening again, and this means finding sustainable solutions to the challenges being faced not only in Shropshire, but by the NHS as a whole.

The Trust has now made a number of key improvements at both hospitals. During the year this included opening additional



permanent beds, and shortly after the year end we reorganised some of the existing wards at both PRH and RSH to help improve patient flow.

There has also been continued close working with health and social care partners to develop a renewed, refreshed and robust urgent care strategy for the health community. Key priorities include making better use of alternatives to attendance at hospital, strengthening the initial assessment and treatment at the front door of our hospitals (for example, to reduce the need for hospital admission), reducing delays in hospital and waiting for discharge, and improving the range of integrated services that support people to leave hospital in a timely manner when they no longer need the specialist care provided by an acute hospital. This will add to the improvements that have already been made this year.

The pressures facing hospital services up and down the county have been a major focus for politicians, press and the public and it is clear that in the year ahead there will continue to be a big debate about the best way to provide emergency care and to ensure that patients, relatives and staff do not face the same challenges as during winter 2012/13.

*"We aim to provide the highest standards of timely and dignified care that we can. Every day is an opportunity to Put Patients First. But at times during the year local services have not met the high standards that our patients have a right to expect. We know this has been incredibly frustrating for our patients, their families and our staff, and I would like to apologise if this has affected you – for example, if you have had to wait longer for treatment at our hospitals, have had an operation or appointment cancelled at short notice, or felt that communication or your continuity of care needed to improve. We are working hard to get it right.*

*"From what I have seen since joining the Trust I know that we have the right foundations in place to provide the people of Shropshire, Telford & Wrekin and mid Wales with the standards of safe, high quality services they expect and deserve. This helps me to ensure we are responding to the Francis Report, and going forward that we are a Trust that is relentless in its pursuit of our patients interests."*

**Peter Herring, Chief Executive**



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## 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](http://www.sath.nhs.uk)), or becoming a public member of the Trust (contact details for the Membership Office are at the bottom of this page). 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

Our Twitter accounts share the latest news and service updates from the Trust and our partners.



The Trust uses three Twitter accounts:

**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](http://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](mailto:members@sath.nhs.uk)

## About this Annual Review

Our Annual Review provides a shorter summary of our full *Annual Report and Annual Accounts 2012/13*, and our *Quality Account 2012/13*. The *Annual Report and Accounts 2012/13* and *Quality Account 2012/13* is available from our website at [www.sath.nhs.uk](http://www.sath.nhs.uk) or on request from the Chief Executive's Office at the address above.



# Annual Review 2012/13

**Our vision for Putting Patients First is to ensure that the interests of our patients, and providing the best possible care to them, are at the heart of everything we do.**