The Shrewsbury and Telford Hospital NHS
NHS Trust

Quality Account

2015-16

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

Contents

Chief Executive statement

One of the things that has struck me since I joined the Trust is the commitment and willingness of staff across the organisation for on-going improvement. Likewise, there is a strong sense that people recognise what we do well and that there is a shared understanding of where we must go further to transform the experience, quality, safety and outcomes that we offer our patients.

I know that staff and patients alike will also recognise that recent months have been a challenging time within the Trust; with a very high demand for health care continuing over a protracted winter period. Despite this, our systems have managed very well and performance on most of the key measures has been better than last year. Although our hospitals have been exceptionally busy our staff have shown great resilience in their daily efforts in ensuring that our patients receive safe and appropriate care as soon as possible.

All of us want the reassurance of safe local care with day-to-day support to keep ourselves healthy, mobile, independent and active. We all want to be confident that we and our loved ones will be seen promptly by expert and experienced staff when we have illnesses and injuries. This years Quality Account therefore reflects the progress we have made against our 3 strategic priorities for the year in key areas such as how we:

* Improve our skills and pathways to better support patients wherever they are being cared for, particularly for patients at end of life and those suffering with dementia.

* Work together to improve patient experience across boundaries of care such as for those patients with cancer and timely discharge from hospital to community.

* Work together with the wider NHS to help deliver national priorities and reduce overall harm to patients.

To deliver on-going improvements, the Quality Account sets areas where we need to progress and whilst we have made progress in some key areas over the past year, we recognise that there is always room for improvement. For example, we know that our staff want and deserve feedback on how they are doing in their roles and our annual appraisals provide dedicated time to have a meaningful discussion about their individual contribution to patient care.

Currently 86% of our staff have received an appraisal; leaving 14% un-appraised of their valued work. Going forward, the workforce team will be making sure that all staff have the opportunity to discuss the work that they undertake within the Trust.

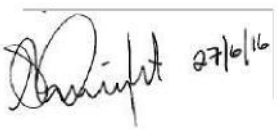
Through 2016/17, we will continue our quality journey with our priority areas reflected in our Quality Account. This is a big year for the Trust and the whole health system in Shropshire, Telford & Wrekin and mid Wales. By the end of this year, we will know the NHS Future Fit Programme's preferred option for the location of services and we will actively take part in the detailed public consultation.

I am delighted to introduce to you the Quality Account published by Shrewsbury and Telford Hospital NHS Trust 2015/16; reflecting a positive year for the Trust in our drive to keeping our patients safe whilst identifying where we need to improve further.

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.

Simon Wright
Chief Executive



Statement of directors' responsibilities in respect of the Quality Account

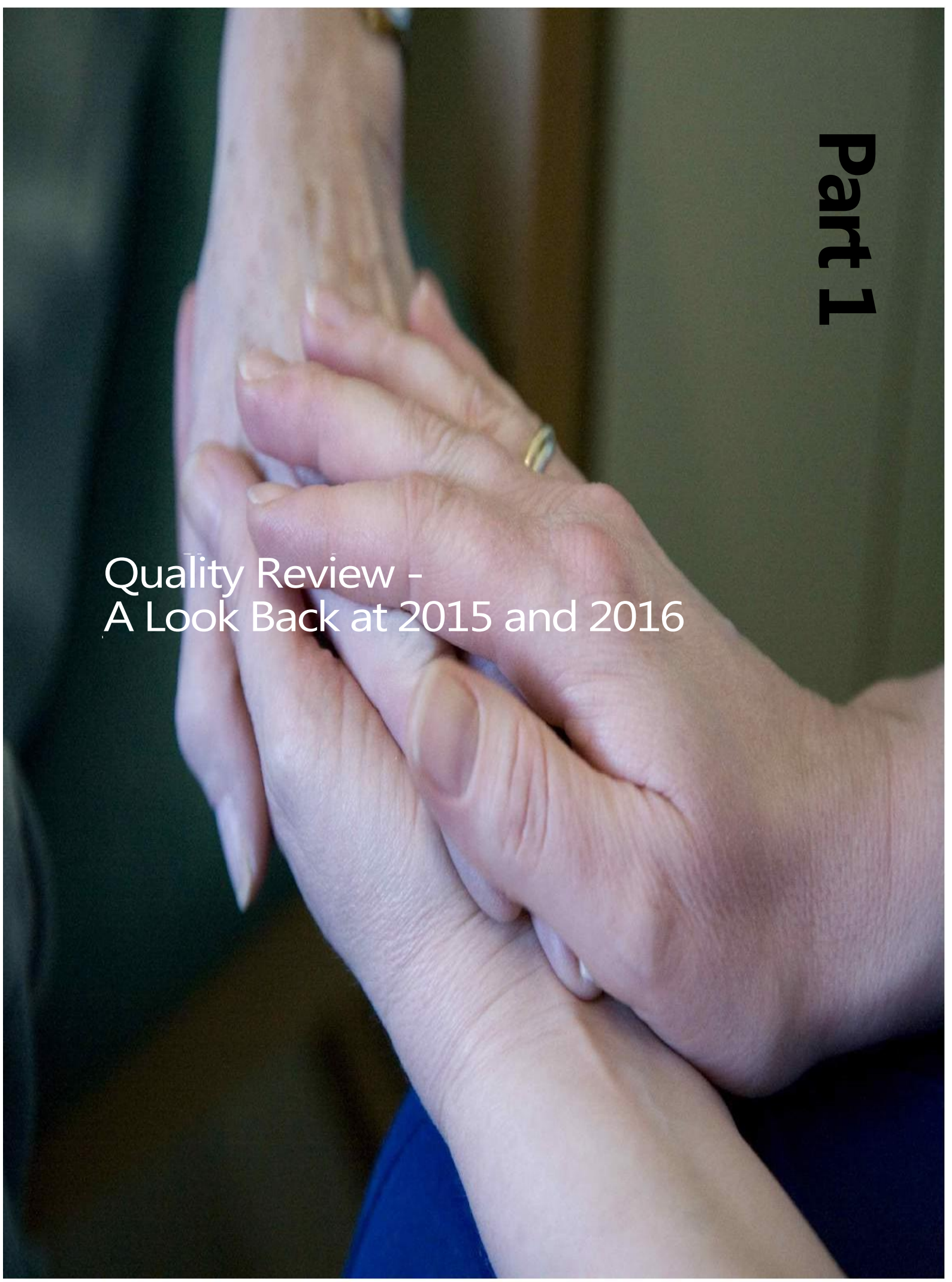
The Trust Board are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011) and reporting arrangements 2015/16.

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.

CEO/CHAIR DATE AND SIGNATURE

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.



Part 1

Quality Review – A Look Back at 2015 and 2016

A Review of Quality Performance in 2015 - 2016

In last year's Quality Account we outlined 3 over-arching strategic quality priorities. These were developed following engagement with our stakeholders, patient experience and involvement members, health and commissioning partners. For each priority we have provided a summary outlining the progress made.

Priority 1: Improve our skills and pathways to better support patients wherever they are being cared for in areas such as:

* The care of patients with Acute Respiratory needs. Introducing an immediate assessment within our Ambulatory Care Unit has reduced the time it takes for a patient to be assessed by 50%.
* End of Life - over 1000 staff have received enhanced training and education in end of life care. The Swan Symbol has been embedded across the Trust and improvements made to the Trusts Mortuary and viewing environment.
* Dementia – A permanent specialist nurse has now been appointed to take forward dementia awareness across the Trust.

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

* Access – Achievement of the national cancer waiting times standards is considered by patients and the public to be an indicator of the quality of cancer services. We have made improvements for patients accessing cancer services with all access targets currently green. Our local surveys carried out in specific targeted areas have provided exceptionally positive feedback for the care provided.
* Discharge - We are introducing a whole system approach to discharge where everyone agrees that patients who no longer require hospital level care can be safely discharged at the right time, without delay.

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

* Our Sign up to Safety plan was launched in 2015/16 with a 3 year objective to reduce avoidable harm by 50% and contribute to a national target of saving 6,000 lives across England.
* Within the UK 44,000 people die each year of sepsis and we know that early recognition and screening for sepsis is vital to ensure timely and effective treatment. Last year, we improved Sepsis screening and identification within our emergency departments by 25%.

Update on Quality Priorities in 2015/16

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 experiences for patients and their relatives and carers at the end of life. It is a privilege to care for people at end of life and support their relatives/friends. Despite improvements in 2014/15, we believed that end of life care needed to be a priority for 2015/16 and that as health care professionals we only have one chance to get this right and we want to get it right every time.

What were our goals for 2015-2016?

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

* We achieved all of the goals for 2014-15 with the exception of the implementation of the Amber Care Bundle which is still in development and will be led by the End of Life project group through 2016/17.

* Our focus for 2015/16 has been on the introduction of the new End of Life Plan with the training and support that accompanies this.

* Sustaining the good work that was already introduced and embedding good practice and drive improvements through 2015/16.

* Gain more feedback from bereaved families to understand learning and help us improve care and support in this sensitive area.

* Introduce a special questionnaire for bereaved families during 2015.

What did we achieve?

* 1162 clinical staff have attended End of Life Care Sessions, which include a walk-through of the End of Life Plan.

* The Trust has implemented the Swan Scheme to represent end of life and bereavement care; the Scheme is symbolised by a Swan Logo. Thanks to the support and fundraising of the League of Friends of the RSH and Friends of the PRH, the scheme is now fully implemented and feedback to date has been very positive.

* All Wards have been issued with Swan Memory Boxes, containing useful items such as toiletries.

* Major improvements were made to mortuary facilities, including a new Swan Bereavement Suite and improvements to viewing rooms across the Trust.

Acute Medical Needs - Respiratory Care

Why was this a priority?

Respiratory or lung problems are some of the most common medical conditions; with millions of people affected with diseases such as Asthma, COPD, Emphysema and Bronchiectasis. Respiratory disease is a common and significant cause of illness and death around the world. During 2014/15, we know that 5011 patients attended our emergency departments suffering with acute respiratory problems; needing timely assessment and treatment of which 3018 were admitted to a hospital bed.

What were our goals for 2015-2016?

* Implement an Ambulatory Emergency Care (AEC) project to oversee work streams that will improve care for those patients with acute medical conditions such as respiratory disease.

* Review the diagnostic availability and requirements of patients who would benefit from AEC.

* Develop new roles such as Advanced Care Practitioners (ACP) in Acute Medicine and Elderly Care to support the timely treatment of patients requiring 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 closer to home

What did we achieve?

* Introduced an Ambulatory Care Unit at RSH which has reduced the time
a patient with respiratory disease waits to be assessed and treated by 50%, meaning more patients are seen and treated quickly without being

* Introduced a programme to develop the role of the ACP across the Trust that undertakes physical and/or mental health assessment of patients with acute care needs. The new role will be able to assess patients request and interpret diagnostic tests, diagnose and plan and deliver care. They will also work along side the multi-disciplinary team to prescribe medications and also work independently where necessary.

Ambulatory Emergency Care

Delivering same day emergency care

Dementia Care

Why was this a priority?

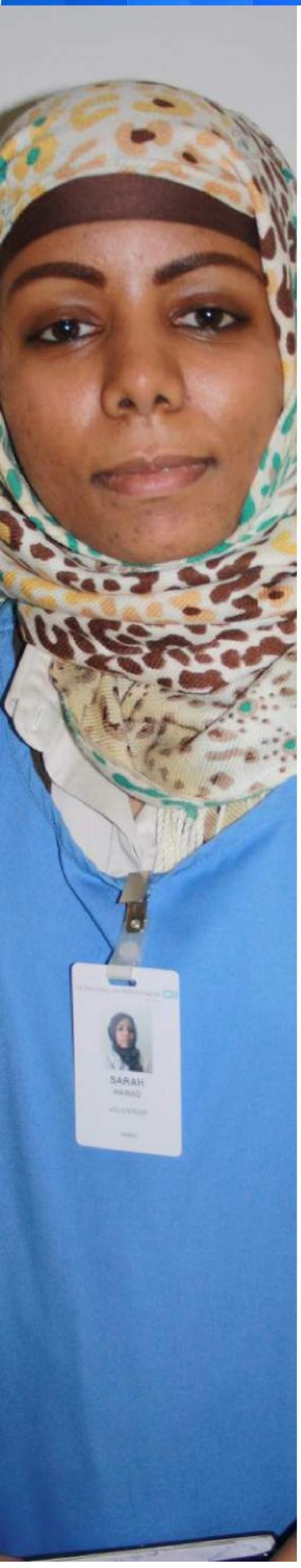
We know from our patients and relatives or carers that our hospitals are disorientating and frightening places for patients with Dementia to be in and it is essential that we give staff the knowledge understanding and skills to support them and their families whilst in our care. Despite improvements in 2014/15, we believed that Dementia care needed to be a priority for 2015/16.

What were our goals for 2015-2016?

* 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.

What did we achieve?

* We have permanently recruited a Dementia Clinical Nurse Specialist to promote good practice and support staff training.
* The specialist nurse is working with carers and the local health economy to promote and improve the care of patients with dementia across pathways.
* On-going promotion of the carers passport and the '**This is Me**' patient passport
* Improved care for patients with dementia and their carers by focussing on personalised assessment and care plans across the patient pathway.
* Implemented Dementia friendly-environments in some wards.
* Dementia care will also continue to be a priority during 2016/17 and we will aim to embed best practice and teach staff about the specific needs of patients with dementia.



Understanding the Patients Experience

As an organisation we value feedback from our patients, their families and carers to help us understand the patients experience. We do this so that we can learn directly from patients about the care they've received and they in turn help us to improve through learning the very best patient experience for our patients. We receive feedback in a number forms such as formal surveys, comments cards, complaints, compliments and from participation in national and local patient experience surveys. We also undertake local listening events to gain service user feedback from all around the County and Mid Wales.

You said and we did:

1. You told us that we needed to better understand the needs of the carers of patients with dementia and provide better information and support.

* We carried out a survey of dementia patient's carers to better understand their specific needs. and will use the findings to provide focused support.
* We will conduct the survey annually to measure how successful we have been meeting their needs.
* We have employed a Lead Nurse for dementia to support the delivery of the Trust Dementia delivery plan
* We have employed Dementia Champions to assist the Dementia Lead Nurse and focus on supporting the needs of carers.

2. You told us that we needed to do more to ensure our patients received fast and effective acute pain relief

* We have developed an advanced practice programme for nurses with enhanced prescribing skills to work in our emergency departments to administer fast and effective pain relief.

3. You told us that you wanted to be involved in making decisions about your treatment.

* We have provided training to our consultant medical teams and clinical nurse specialists to ensure that they fully engage with the patient in decisions made about treatment.
* We have co-produced information to advise patients and carers how to get the best out of their appointment with clinical staff.

4. You told us that we needed to improve the information we gave to patients and families about what happens to them whilst in hospital and the information we give when they are ready to go home.

* We provide all patients with a copy of the letter that is sent to their GP, including their medications, what has been done whilst in hospital, our findings and what the plan is for follow up care.
* We measure how well we are delivering this by surveying our patients each quarter.
* Every patient has available to them a patient 'Handbook' that provides all the information they need whilst they stay with us.

Understanding the Patients Experience

5. You told us that we needed to provide a summary of care for those patients undergoing treatment for cancer and we needed to make information about cancer and the support patients can access readily available.

* Our multidisciplinary teams provide cancer patients with a written summary of their plan of care.
* Our Cancer Nurse Specialists conduct a health needs assessment with each of their patients
* We have opened a Macmillan Cancer information point at The Princess Royal Hospital

6. You told us that we needed to improve the new mothers experience during labour and immediately after the birth by listening to the Mums and involving them in making informed choices.

* We have reviewed the information we give to expectant mothers to enable them to make informed choices about their planned delivery.
* We measure how well we are doing by surveying our expectant mothers every 3 months.

Friends and Family Test (FFT)

During 2015/16 we rolled 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 2015/16, we continue to face a challenge of increasing our response rates and we will continue to work with clinicians, senior nurses and NHS England to deliver an increase. The table below shows the Trust performance for FFT since 2014.

		Inpatient	A/E	Maternity	Outpatients
2014/15	% of promoters (recommenders)	92.0%	91.2%	86.1%	NA
	Response rate	27.6%	6.7%	15.7%	NA
2015/16	% of promoters	96.4%	90.4%	98.8%	95.5%
	Response rate	22.1%	19.1%	26.6% (birth only)	NA

Complaints

During 2015/16 we focused on improving how we respond to complaints from patients and their families. Our aim is to ensure that the feedback we receive is used to improve care we provide to our patients. The Trust has continued to see a downward trend in the number of formal complaints received with a 16% (317) reduction compared to 2014/15 (377). We have also focused on improving our responsiveness to complaints with over 90% of complaints. responded to within the timescale agreed with the complainant.

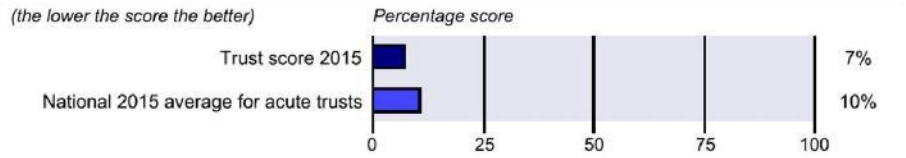
Understanding our Staff Experience

Listening to our staff and understanding their experiences at work is important to us as a Trust and it particularly helps us to know how we can support them to provide quality care. We know that when our staff feel safe and happy, they will provide safe and compassionate care to our patients.

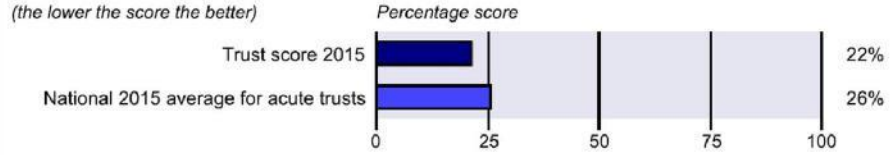
The NHS Staff Survey is the largest survey of staff opinion in the UK and may be the largest in the world. Each year NHS Staff are offered the opportunity to give their views on the range of their experience at work. It uses a method of assessing overall performance on how we manage our staff to enable organisations to understand and compare their own performance. Performance in in relation to our overall staff survey can be found at www.sath.nhs.uk.

During 2015/16 2,309 completed their staff survey out of 5,445; giving an overall Trust response of 44% against a national response rate of 41%. The full results are available to the public on the NHS staff survey website however; our Top 5 ranking scores include:

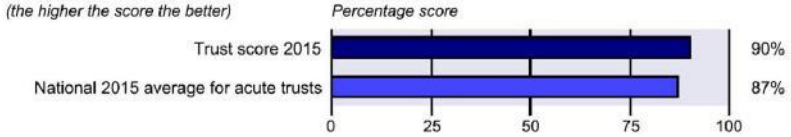
✓ **KF20.** Percentage of staff experiencing discrimination at work in the last 12 months



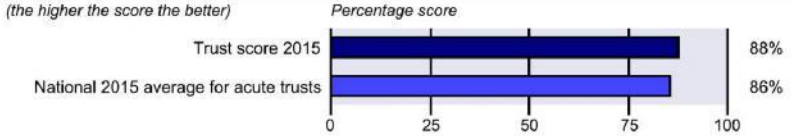
✓ **KF26** Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



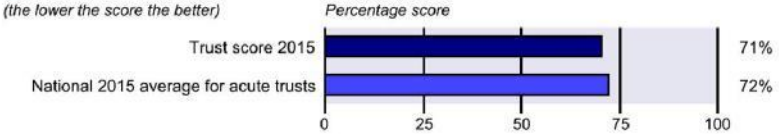
✓ **KF21.** Percentage of staff believing that the organisation provides equal opportunities for career progression of promotion



✓ **KF11.** Percentage of staff appraised in the last 12 months



✓ **KF16.** Percentage of staff working extra hours



West Midlands Quality Review Service (WMQRS)

West Midlands Quality Review Service (WMQRS)

The WMQRS is a collaborative venture by NHS organisations in the West Midlands to help improve the quality of health services. Their main focus is to:

- Develop evidence-based Quality Standards
- Carry out developmental and supportive quality reviews - often through peer review visits
- Produce comparative information on the quality of services
- Provide development and learning for all involved.

The WMQRS aim is to support the development of:

- Better quality, safety and outcomes.
- Better patient and carer experience.
- Organisations with better information about the quality of clinical services.
- Organisations with more confidence and competence in reviewing the quality of clinical services.

An Annual review programme is agreed with each health economy which includes commissioners and providers within the area. The WMQRS Board oversees the delivery of the annual programme and general development of the WMQRS.

In May 2015 the WMQRS conducted a local health economy review within Shropshire, Telford & Wrekin, into the way in which patients are transferred from the acute hospital setting into intermediate and community services. From the review the Trust learned of a number of improvements that could be made in the way in which we supply patients with medications on discharge from hospital.

In response, we used a rapid improvement approach to how medication is dispensed and delivered to patients on the ward. We also worked with our community partners to identify and share best practice to help achieve safe and effective transfer of care for patients. We regularly audit the patient's experiences of discharge to ensure we are delivering a good quality transfer of on-going care and identify any areas for improvement.

1.2 Other quality measures that remain a high priority

Patient Safety

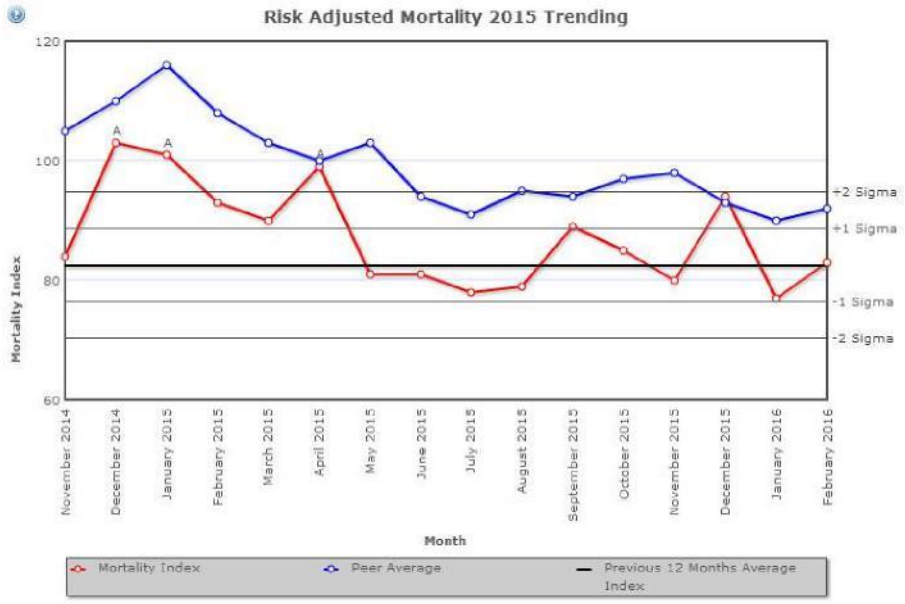
We believe that patient safety is paramount; which is why we have pledged to the national Sign up to Safety Campaign and contribute to the national ambition of making the NHS the safest healthcare system in the world. During 2015/16 we have made positive improvements to the safety of our patients and we recognise that we can be even better.

* **Falls -** The total number of falls in 2015/16 has decreased by 6.5% and shows a 16% decrease in the number of reportable falls since monitoring began in 2011/12. Using the number of falls against recorded bed days activity; benchmarked against the average number of falls in acute Trusts in England, the Trust is below the mean of 6.6 falls (5.5) per 1000 bed days. We have also seen a reduction of the level of harm caused to patients; which has decreased by 42%.
* **Pressure Ulcers -** The Trust reported 0 avoidable Grade 4 pressure ulcers and 7 avoidable Grade 3 avoidable pressure ulcers; which remains unchanged from 2014/15.
* **Healthcare acquired infections -** During 2015/16 the Trust reported 1 case of MRSA Bacteraemia and at the time of the account it is 368 days since our last recorded case. Although we have not achieved our target of zero cases; we continue our very low level of MRSA bacteraemia. The Trust also reported 30 cases of C difficile in 2015/16 against a target of 25 which compares with 29 reported during 2014/15.
* **Serious incidents (SIs) -** The Trust reported 97 SIs during 2014/15 and for 2015/16 this reduced to 60. The reduction does not reflect incidence of under-reporting, rather it is as a result of changes introduced by the department of health revised SI framework in March 2015. The changes introduced impacted on some mandatory reporting categories being removed.
* **Never Events -** Sadly, the Trust reported 2 never events in 2015/16. Never Events are serious incidents that are wholly preventable and although there was no harm caused to the patients the incidents should not have happened. These were the first never events identified for over 3 years within the Trust. And have triggered in depth reviews and improvements to practice to enhance safety procedures.
* **Being Open and Duty of Candour -** After an incident occurs the Trust is committed to being open with patients to discuss with them and their carers what has happened; in order to learn and improve. 100% of our serious incidents reported during 2015/16 were openly reviewed and shared with patients and their relatives.

Mortality

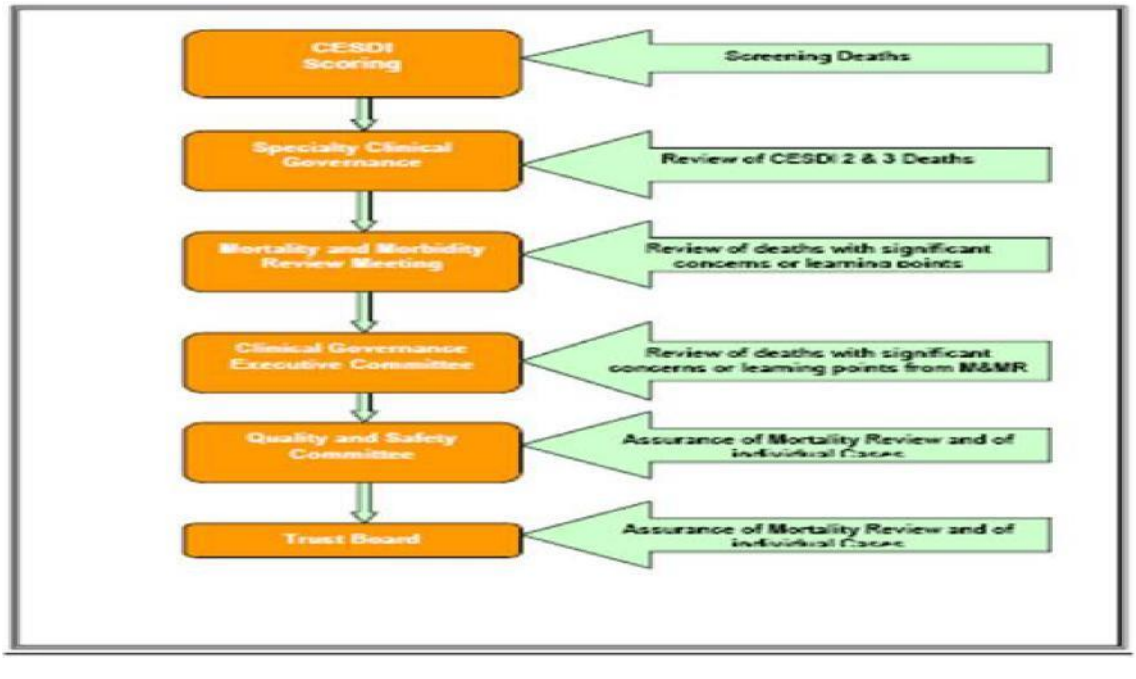
The Trust aims to be an organisation that delivers high quality care which is clinically effective and safe this is supported by continually monitoring and learning from our mortality rates. This data can provide us with insights into areas for improvement. We have seen an improvement in our performance regarding mortality over the last four years, and this has been maintained during 2015/16 and demonstrated over the four mortality parameters that we are consistently better (lower) than our peer comparators. **Figure 1** below shows the Trust position for RAMI against our peers from Feb 2015/16. The Trust is delighted to account that the average index for this period is 83 against 129 for the Trusts peers.

Figure 1



Governance for Mortality Reporting within the Trust

The diagram below shows how mortality is reviewed, overseen and reported. We have implemented a 'lessons learned' approach whereby mortality reviews are fed back to all Clinical Governance meetings within each specialty; particularly where avoidable factors played a part. We have also implemented a schedule for improvement whereby we identify and review any areas within the Trust where change is needed; shared with Commissioners for external scrutiny.



Looking Forward to our Quality Priorities for Improvement for 2016 - 2017

The Trust is required to produce priorities for the quality account with involvement and engagement of all with an interest in our hospitals. As such, through engagement with our staff, partners and external stakeholders we have listened to what matters to them and reflected 3 new priorities for 2016/17; along with others that we will continue working on.

Priority 1: Implementation of the "Exemplar Ward" initiative.

Why is it a priority?

As a Trust we want to deliver excellent quality care 24 hours per day, every day for every person, every time. We want to ensure our patients are central to our improvement work in ensuring that essential standards of care and best practice is shared throughout our hospitals.

Our vision: The Trust will develop a ward accreditation approach for all wards across Shrewsbury and Telford Hospitals. The 'Exemplar' philosophy is to deliver excellence in the quality of care all day, every day for every patient, every time on our wards.

What do we aim to achieve?

Underpinning this philosophy is introducing standardised approaches to care and remove variation in all we do; with the purpose of:

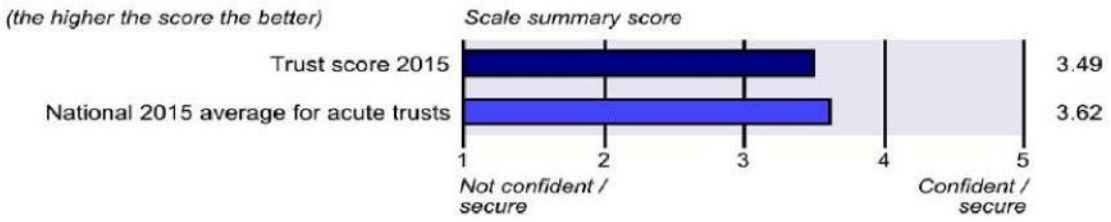
* Removing waste and inefficiency through improvement.
* Improve performance against a number of quality measures such as board rounds, ward standards and consistency across all areas including patient flow and discharge.
* Improve care, patient experience, environment and ward leadership.
* Increase time to care for patients leading to improving positive experience within our hospitals for our patients.

Priority 2: Developing our culture of openness.

Why is it a priority?

We recognise that the contribution and voice of our staff helps us make a difference and improve the care and safety of our patients. In order to do this we know that we must raise awareness amongst staff and instil confidence that concerns will be listened to and addressed. The table below shows one of the areas that staff have told us we need to improve from feedback within our staff survey during 2015/16.

KF31. Staff confidence and security in reporting unsafe clinical practice



Our vision:

We aim to increase morale and improve culture of trust, openness, respect, and engagement as reported in our staff survey.

Looking Forward to our Quality Priorities for Improvement for 2016 - 2017

What do we aim to achieve?

Our workforce team will introduce 6 value guardians who will act as speak up champions who will:

* Offer staff an alternative reporting route to speak up other than their line manager.
* Help ensure that the voice of staff is heard at a senior level.
* Provide feedback at a senior level to ensure a constant opportunity for improvement through learning.

Values guardians can help ensure concerns:

Priority 3: Improving Nutrition and Hydration care for our patients

Why is it a priority?

Malnutrition and dehydration are a risk to hospitalised patients especially for those who are vulnerable; such as those patients with dementia or frail and elderly. As well as leading to delays in recovery, it can also be associated with increased mortality rates, hospital admissions and the development of co-morbidities such as impaired cognitive function, falls, poor control of diabetes and hyperthermia.

Our vision:

Our vision is to improve food and drink standards in our hospitals including the quality of food and drink across our hospitals; so that everyone has a healthier food experience and everyone involved in its production is properly trained and valued.

What do we aim to achieve?

As a Trust our key areas to focus on in 2016/17 for improving the nutrition and hydration of our patients include:

* Improving overall patient nutrition and hydration.
* Healthier eating across the Trust for both patients and our staff.
* Sustainable procurement of food and catering services.
* Ensure all patients are screened to identify who are malnourished or at risk of being malnourished.
* All patients will have a care plan which clearly describes their nutritional needs and how they will be met.
* Improve hydration to bring well-being, better quality of life and improved outcomes to patients.
* Improve the monitoring of fluid balance using standardised fluid measurement, fluid management policy, procedure, education and training.

Background

During 2014/15 we were delighted to be identified as one of five Trusts nationally to be supported on this accelerated transformation programme with the Virginia Mason Institute (VMI). This has been made possible with funding from NHS England, support provided by the Trust Development Authority (TDA) and NHSI.
Our work with VMI involves a five year partnership approach to business and performance; supported by a formal agreement (compact) that includes all partners; with the aim to make our hospitals the safest in the NHS. We aim to create a culture and provide the tools to enable sustainable continuous improvement across our organisation and beyond.

Approach

Our approach to the programme is to learn from our colleagues at the Virginia Mason Hospital in Seattle. The hospital have achieved continuous improvement over a 13 year period and shown impressive improved clinical outcomes for their patient's. We are currently learning the Virginia Mason Production Method whilst looking back at our previous approaches to change and improvement; that often lacked long term support and/or staff engagement.

With this reflection in mind, the implementation plan builds steadily over the five years. Two value streams have commenced so far with focussed support to the issues identified and in need of improvement. The continuous Plan Do Study Act (PDSA) cycles will be implemented by the staff responsible for the area/work and supported by the specially trained transformation team (Kaizen Promotion Office (KPO) until the improvements have been embedded.

Value Streams

The first 2 value streams for improvement are well underway with Value Stream 1: Discharge Pathway for the Respiratory Patients chosen as an opportunity to further improve the patient experience for those admitted with respiratory disease to our hospitals.

Value Stream 2: Screening and recognition of Sepsis was also chosen for the potential to improve outcomes for our patients presenting in our hospitals with sepsis. We know that at least 4 of our patients within the Trust may die each month from Sepsis and within the UK, 44,000 people die each year. Within this value stream we are looking to improve the ability to quickly recognise the signs and symptoms of sepsis in a consistent and standardised way, using the concepts of standard work, mistake proofing and reducing inefficiency.

It is wonderful to see the enthusiasm of so many of our staff to be part of the transforming care work. The engagement with Sponsor Development Days, Value Stream Teams and KPO has been incredibly inspiring. Looking forward., further opportunities for improvements will be identified and rolled out during 2016/17, aspiring to be another busy, exciting and improving year.

Care Quality Commission

As part of the regime of hospital inspections the Trust underwent an announced visit during October 2014. The team of 35 inspectors visited a range of wards and departments at both the Royal Shrewsbury and the Princess Royal Hospital and visited Ludlow, Bridgnorth and Oswestry Midwifery led Units.

In addition there was a number of focus group and drop in sessions which staff from all disciplines and levels in the organisation attended. Prior to the inspection two local listening events took place to ascertain the views of patients, public and other organisations. The announced visit was followed up with an unannounced visit at the end of October 2014. 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 was issued and a rating of 'requires improvement' however, each core service received individual ratings for each site whereby approximately 50% were in the 'good' category.

Actions and Next Steps

In addition the following areas were identified as requiring immediate action for improvement:

* Review nurse staffing in the emergency departments, including paediatric nurses provision, end of life care services and Midwives in the Labour ward .
* Ensuring staff in all areas have access to mandatory training.
* Ensuring that all staff are consistently reporting incidents, and that staff receive feedback on all incidents raised, so that service development and learning can take place across the organisation .
* Pathways of care for patients in surgery required review to ensure they reflect current good practice guidelines and recommendations.
* Ensure accident and emergency and all surgical wards are able to access the necessary equipment, to provide safe and effective care.
* Take steps to ensure the Trust meets its 95% A/E four hour target .
* Ensure that all staff on the wards are trained to provide appropriate end of life care to patients.

The Trust submitted an action plan to the CQC within 28 days outlining how we were going to address the issues and make improvements, to move the Trust position from requires improvement to good. Each care group and service provider has developed their local action plans to take forward and implement the Trust action plan. The plan has been overseen by the Quality and Safety Committee and Trust Board.

1.4

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 1.3?
- 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?

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 improvement 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	96	94	111	60	Apr 15—Oct 15
(b) the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	17.20%	26.20%	58.84%	9.27%	Apr 15 –Oct 15
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,	0.086	0.085	0.149	0.003	April 14—Dec 14
(ii) varicose vein surgery,	No data	No data	No data	No data	-
(iii) hip replacement surgery, and	0.439	0.440	0.533	0.323	April 14—Dec 14
(iv) knee replacement surgery,	0.28	0.316	0.415	0.175	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	9.90%	9.00%	18.13%	2.02.%	Apr 15—Oct 15
(ii)15 or over,	7.66%	7.50%	11.16%	3.43%	Apr 15—Oct 15
Patients 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.	No data	No data	No data	No data	-
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.	80%	79%	100%	48%	Qtr2 2015— 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.	94.70%	95.80%	100%	61.50%	Qtr. 3 (Oct15-Dec15)
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.	12.15	13.83	58.1	0	Apr 15—Jan 16
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	3364	4647	12080	1559	01 Apr 15— 30 Sept 15
Rate of patient safety incidents per 1000 bed days	28.04	39.30	74.67	18.07	01 Apr 15— 30 Sept 15
Numbers/Percentage of patient safety incidents that resulted in severe harm or death	14/0.4	20/0.5	89/2.9	2/0.1	01 Apr 15— 30 Sept 15

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; a formal subcommittee of the Trust Board. Further assurance against progress is achieved in reporting to our commissioners including Wales through 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 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, since 2014 we record staffing fill rates 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 2015/16 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 2015 and 2016. These were undertaken internally as well as external organisations. The income generated by those NHS services that were reviewed in 2015/16 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.

2.3 Reviews of Services

The following internal and external reviews tool place between April 2015 and March 2016

Service	Review
Trust Wide PLACE Assessments	Patient led Assessments of the Care Environment (PLACE) took place between March and June 2015. These assessments were supported by members of our local Healthwatch and patient Experience and Involvement Panel. The results were published in September and the scores for Shrewsbury and Telford Hospital are compared to the national average (NA); **(14/15)** * Cleanliness 98.6% (NA 97.5%) (98.7) * Food 89.38% (NA 88.4%) (86.2) * Privacy, dignity and wellbeing 79.85% (NA 86.03%) (78.9) * Condition & Appearance 83.98% (NA 90.11%) (92,2)
Trust Wide Pharmacy	The MHRA re-inspected the compounding facility within pharmacy at RSH during 2015/16; and we have successfully maintained licensed status without conditions for a further year. The General Pharmaceutical Council (GPC) regulatory body inspected our pharmacy at PRH in February 2016 and the Trust received an overall satisfactory judgement.
Medical Engineering Services	The department maintained business continuity for 2015/16 and this process is no longer required going forward. The department has also been re-certified for Quality Management System ISO 9001 and Medical Devices 13485..
Endoscopy Units RSH and PRH	The endoscopy departments across the Trust completed their JAG return for April 2016. JAG requires notification every 6 months of adherence to standards covering safety, quality, training, workforce and customer care. All standards were met, except timeliness and consent (the latter being a new standard which is in the process of being implemented.
Deloitte Audit - Delayed Transfers of Care (DTOC)	An audit of delayed transfers of care was carried out by Deloitte. The majority of discharges from hospital are managed effectively however, a small number of complex patients, if delayed, can have a high impact on bed occupancy. The audit findings concluded moderate assurance with two high priority recommendations relating to improvements to board level reporting so that causal factors of internal and external delays can be understood and action taken to resolve emerging or longer term trends.
Oncology and Haematology - Peer Review	The Trust is participated in the National Cancer Peer Review process and minor improvements will be implemented following full receipt of the review.
Oncology and Haematology - Cancer patient experience	The Trust participated in the National Cancer Patient Experience survey during 2015/16. The results of the 2015 survey are due to be published mid to late summer 2016.
Telford & Wrekin Local Safeguarding Children's Board (LSCB)	The Trust took part in a peer review of our self assessment of safeguarding practices under Section 11 of the Children Act. The outcome was that the Trust assured the LSCB of our safeguarding practices, policies, procedures and training.
West Midlands Quality Review — Orthopaedics	The West Midlands Quality Review Team assessed our Orthopaedic services against a set of standards; developed by clinicians and managers within the region. Areas of good practice were identified along with areas for development.
Royal College of Ophthalmology (RCO) Review	The RCO reviewed the Trusts Ophthalmology service in September 2015. Overall findings were positive with recommendations reviewed and an implementation plan developed locally between commissioners and the Trust.

2.4 Participation in Clinical Audit

Participation in 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 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 2015 to 31st March 2016, 105 national clinical audits and 7 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 50 out of 64 [78%] of the national clinical audits and 6/6 [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 2015 to 31st March 2016 [60] are listed at

http://www.sath.nhs.uk/wp-content/uploads/2016/12/QA-2015-16-TABLE-1.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 2015 and 31st March 2016 are listed at:

http://www.sath.nhs.uk/wp-content/uploads/2016/12/QA-2015-16-TABLE-2.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 2015 and 31st March 2016 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:

http://www.sath.nhs.uk/wp-content/uploads/2016/12/QA-2015-16-TABLE-3.pdf

Section 2.5 The reports of 21 national audits were reviewed by the provider during 1st April 2015 and 31st March 2016.

Section 2.6 The Shrewsbury and Telford Hospital NHS Trust intends to take the actions listed to improve the quality of healthcare provided:

http://www.sath.nhs.uk/wp-content/uploads/2016/12/QA-2015-16-TABLE-4.pdf

Section 2.7 The reports of 161 local clinical audits were reviewed by the provider during 1st April 2015 and 31st March 2016

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:

http://www.sath.nhs.uk/wp-content/uploads/2016/12/QA-2015-16-TABLE-5.pdf

Payment by Results clinical coding audit

The Trust was not audited by the Audit commission on its clinical coding activities during the Quality Account period 2015—2016.

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.

What have we achieved in 2015/16?

We work closely with the West Midlands Clinical Research Network (CRN) to ensure a culture of Research and Innovation is embedded within the Trust.

Research activity has grown again this year and we are included in the National Institute for Health Research (NHIR) list of 100 top recruiting Trusts. The Trust offers clinical studies to patients' within 16 different specialties'.

We have maintained 100% success rate in achieving Trust approval for studies within the 15 day target and the proportion of studies recruiting the first patient within 30 days of receiving approval has increased significantly this year to 78%. The number of actively recruiting Principle Investigators has increased from 36 to 42. We have appointed a paediatric research nurse to increase our paediatric clinical research portfolio.

The Trust is proud of a number of success stories in our cancer portfolio including being the highest recruiters into the Mammo-50 interventional study, second highest recruiter out of 52 Trusts in England to the PROMPTS Study- An interventional prostatic cancer study and 8th out of 128 Trust recruiting into the STAMPEDE international study.

We were the top recruiter in the UK into the Stroke study: FOCUS in January 2016 and we recruited the first UK patient into the commercial Ulcerative Colitis trial RECEPROS in March 2016.

Work is on-going in improving engagement at all levels within the Trust and the public by promotional events providing speakers at local groups and activity reports to the Board, two lay members on the R&I committee and inclusion of a research award within the Trust 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 and lead nurse support are also provided for patients taking part in clinical research in our local mental health trust and primary care.

The number of patients receiving NHS services provided or sub-contracted by The Shrewsbury and Telford Hospital NHS Trust in 2015/16 recruited during that period to participate in research approved by a research ethics committee was 2062. This is a significant increase from previous years. A full list of recruiting studies is available from the Trust: research@sath.nhs.uk

2.6 Information Quality

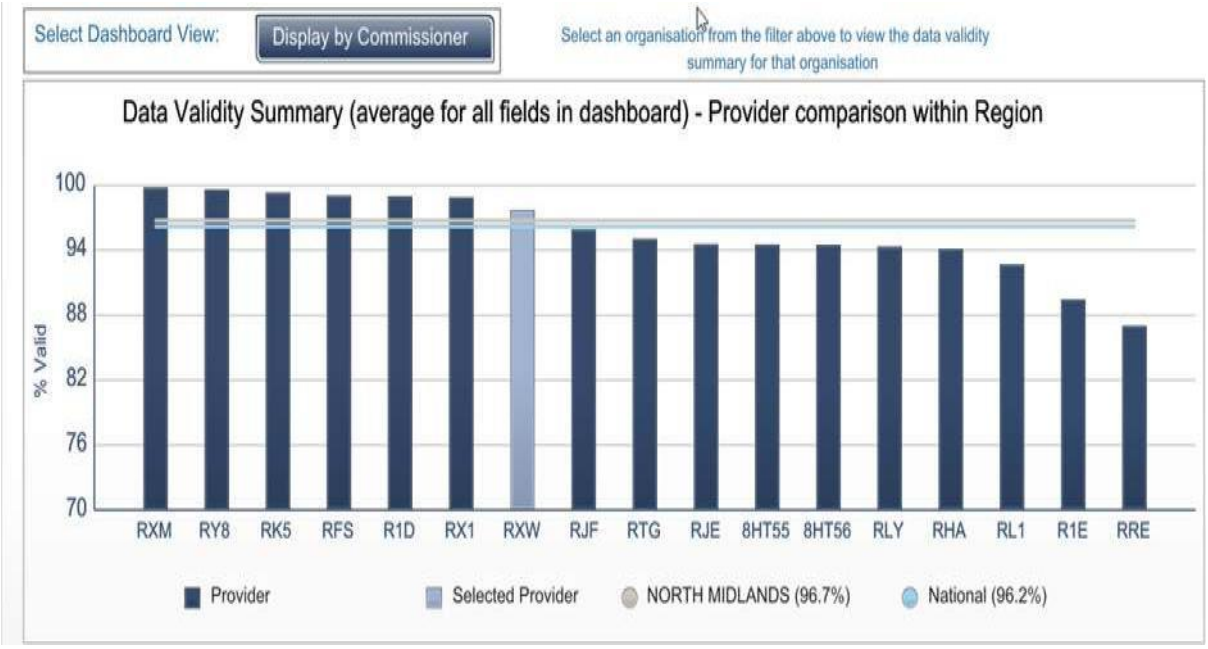
As a Trust we recognise the importance of having reliable and timely information to support the delivery of care, support operational and strategic management and overall governance and for accountability, commissioning and strategic planning purposes. High quality and meaningful information enables people at all levels in the Trust (including external stakeholders) to:

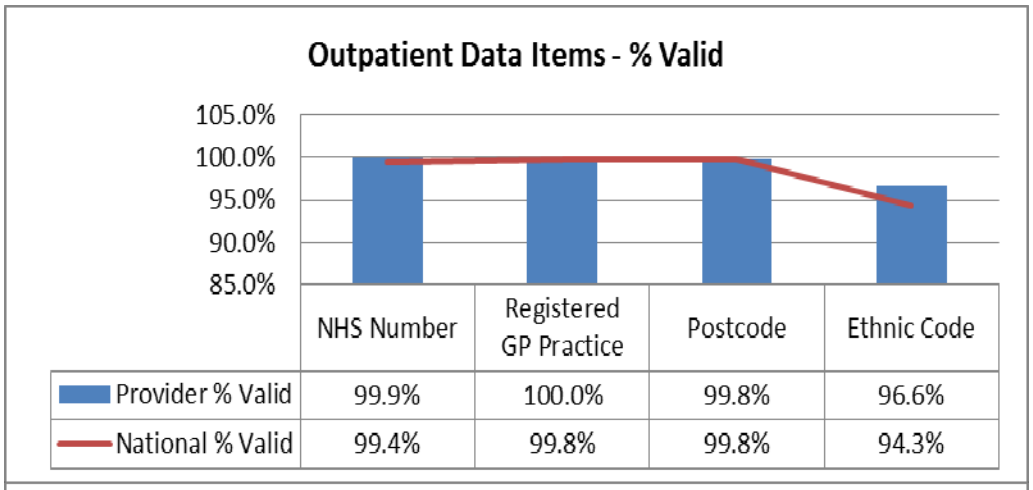
* Judge our service quality and outcomes and to monitor progress
* Make strategic and service decisions based on evidence
* Investigate and analyse suspected problems and evaluate service/practice changes
* Benchmark against other Trusts and internally across services

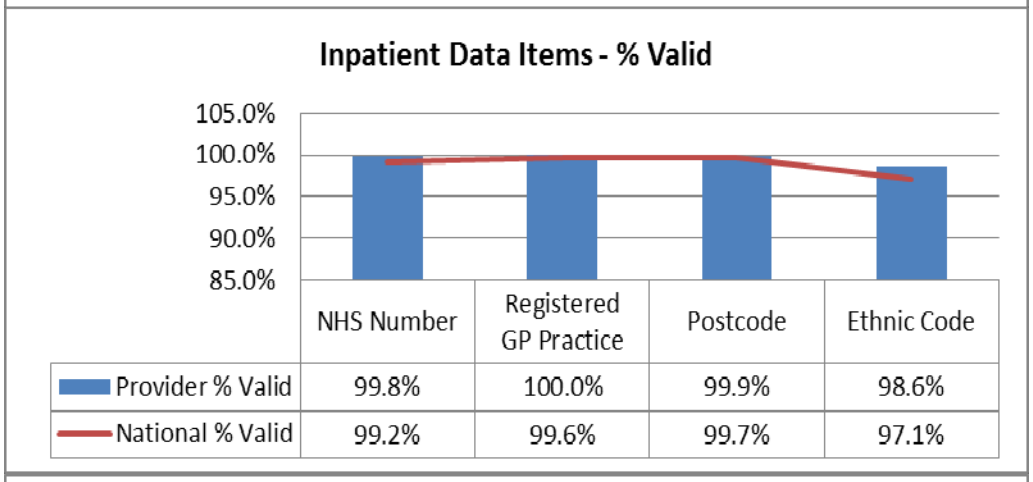
Information derived from the Trust's electronic systems' is a key component of this. Hence assuring the quality of the data held by the Trust is of crucial importance. The Francis report – (2013) contained a number of recommendations where the use of high quality information is crucial. Some of the key recommendations are included below:

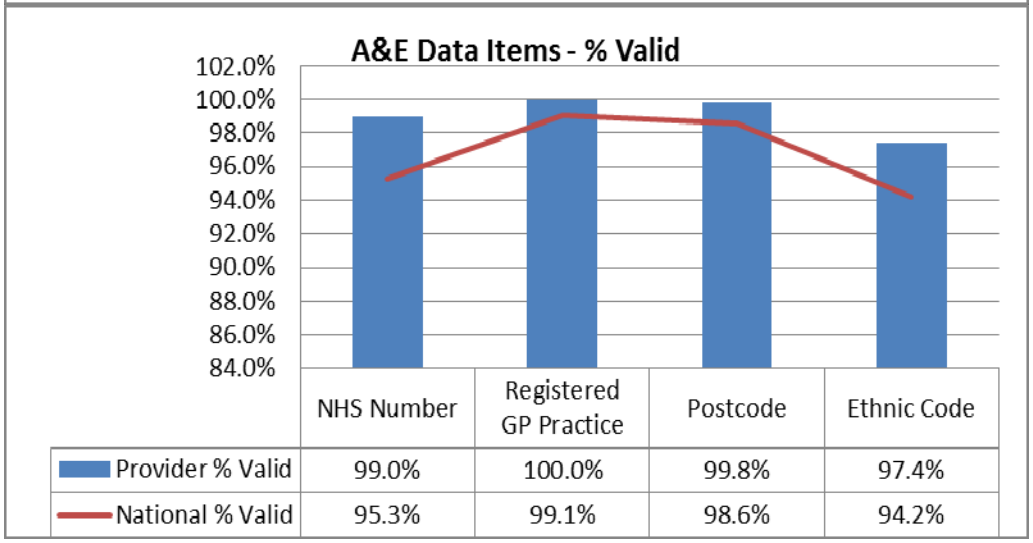
* The regulator should have a duty to monitor the accuracy of information disseminated by providers and commissioners.
* A co-ordinated collection of accurate information about the performance of an organisation must be available to providers, commissioners', regulators and the public in as near 'real time' as possible.
* Trust Boards should provide, through quality accounts and in a nationally consistent format, full and accurate information about their compliance with each standard which applies to them.
* Commissioners must have the capacity to monitor the performance of every commissioning contract

The only practical way of ensuring reasonable accuracy is vigilant auditing of data inputted into systems at a local level. This is important work, which must be continued and where possible improved. The data quality team follows such practice and has a regular audit cycle in line with Information Governance (IG) requirements. Any information errors are reported back to source and referral for further training recommended as necessary. The Trust was audited in respect of data quality management in November 2014. The recommendations were completed in 2015. Key information fields taken from data provided for secondary uses included in Hospital Episodes Statistics are found in the following tables:









Information Governance Toolkit Assessment - Overall Score 73%

Initiative	Level achieved 2015	Grade
Information Governance Management	80%	satisfactory
Confidentiality and Data Protection Assurance	66%	satisfactory
Information Security Assurance	66%	satisfactory
Clinical Information Assurance	93%	Satisfactory
Secondary Use Assurance	79%	satisfactory
Corporate Information Assurance	66%	satisfactory

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

A proportion of Shrewsbury and Telford Hospital NHS Trust income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into contract through the Commissioning for Quality and Innovation payment framework. During 2015/16 2.5% of our contract values with Clinical Commissioning Groups in England was based on achievement of 4 national CQUIN goals, 4 locally agreed CQUIN goals and 3 specialised goals with NHS England.

The schemes are summarised in the Table 1 and 2 below.

Table 1

No	CQUIN Goal	Status
1	Physical Health - Acute Kidney Injury	Met
2	Physical Health - Sepsis Screening	Partially met
3	Physical Health - Sepsis Antibiotic Administration	Partially met
4	Mental Health - Dementia, Find Assess, Investigate, Refer, Inform (FAIRI)	Met
5	Mental Health - Dementia, Clinical Leadership	Met
6	Mental Health - Dementia, Supporting Carers	Partially Met
7	UEC - Improving Diagnosis and Re-attendances Rates of Patients with Mental Health Needs at A&E	Met
8	End of Life Care	Partially Met
9	Patient Experience in Relation to Booking and Scheduling	Met
10	Workforce - Staff Engagement	Met
11	Transfer and Discharge from Acute Hospital and Intermediate Care	Met

Table 2

No	Specialised CQUIN Goal - NHS England	Status
1	Renal Patient Experience	Met
2	eGRF	Met
3	NICE DG10 (Oncotype)	Met

For information: details of financial penalties and rewards in relation to CQUIN payments for 2015/16 can be found within the Trust Board Annual Accounts and Report.

2.9 Proposed Commissioning for Quality and Innovation (CQUINS) for 2016/17

The CQUINS for 2016/17 at the time of the account are in the proposal and agreement phase between the Trust, commissioners and NHS England. Table 3 provides a summary of the current national CQUINS however, local CQUINS are still to be determined at the time of accounting.

Table 3

No	CQUIN Goal 2016/17	Target
1	Healthy food for NHS staff, visitors and patients	To be determined
2	Improving the uptake of flu vaccinations for front line staff within Providers	To be determined
3	Timely identification and treatment of Sepsis - emergency departments	To be determined
4	Timely identification and treatment of Sepsis - inpatients	To be determined
5	Antimicrobial Resistance and Antimicrobial Stewardship	To be determined
6	Promote a system of timely identification and proactive management of frailty in community, mental health and acute providers	To be determined
7	Outpatient Ambulatory Emergency Same Day Assessment and Treatment Service	To be determined

Annex 1

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

Healthwatch Shropshire (HWS)

We would like to congratulate the Trust on an easy-to-read and informative Quality Account. HWS was pleased to see that Dementia Care was a priority for 2015/16 and would have welcomed some more detail on the Butterfly scheme. We would also be interested to know if the Trust shares best practice with other trusts in the county, who are also doing a lot of work to improve experiences for patients with dementia. We welcomed the event held with local stakeholders including HWS, to review and identify future priorities. We note that some of the issues highlighted at this event are included in the 2016/17 priorities but are disappointed that discharge is only touched on within priority 1 and is not a priority in its own right. The aims of priority 1: Implementation of the 'Exemplar ward' initiative are very broad and there is no clear indication of what the Trust will do to achieve these aims.

We were impressed by the inclusion of the section 'Your Feedback Counts' into the report which gives members of the public very clear options for sending in their comments. We liked the way the 'Patient experience' section was laid out as an easy-to-read 'You said and we did'. However, we were disappointed that the table relating to the Friends and family Test was incomplete as it was hard to gather anything meaningful from it.

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 also very pleased to see that in the section on patient safety 100% of serious incidents reported during 2015/16 were openly reviewed and shared with patients and their relatives. We congratulate the Trust on being in the 100 top recruiting hospitals for research and for the detail given in the Quality Account around the clinical research carried out by the Trust.

Healthwatch Shropshire is keen to develop its relationship further with the Trust. We are keen to share information and to continue to collaborate in the development of our Enter & View programme.

Healthwatch Telford and Wrekin (HWTW)

Healthwatch is the independent consumer champion, created to gather and represent the views of the public. We listen to the local community, hearing about their experiences of health and social care services across Telford and Wrekin, and use this feedback to help improve services for everybody. Our mission is make health and social care services in Telford and Wrekin as good as they can be.

Response to Shrewsbury and Telford Hospital NHS Trust Quality account 2015/16

We welcome the opportunity to respond to the draft Quality Accounts (QA) of the SaTH NHS Trust, HWTW is an independent body and voice but is working constructively with providers to continue with a regular dialogue and to maintain effective communication with the trust giving us chance to provide regular HWTW feedback

We welcome the executive statement stating that the QA priorities have been influenced and identified with patients, staff and partners by listening to views and comparison with other NHS Trusts. We note they provide a 'snapshot' of the broad range of hospital activities. We support your view that we must all respond to the changing needs of the health of our community. We note the improved access to appraisals for the staff, also the highlighted issues around the Future Fit programme and the public consultation that will ensue this year.

We are pleased to see the review is an easy read with clear pictorials highlighting whether the priorities have been met. The review of the end of life care is something HWTW along with HW Shropshire have played a role in this year and we are pleased to see the increased training for staff. We were pleased to welcome the End of Life lead to HWTW public board; we were impressed by the knowledge sharing across the trust and the improved action on End of Life care.

We note that further work is required on discharge, listening to our patients and their families tells us that we fall short in sharing enough or the right information when we send patients home and that often this relates to medication. We have recently completed the discharge pilot and now we need to work together to improve this important priority.

Patient Family and Carers experience; we acknowledge the extension of the friends and family test by the trust, but note the low response rates. We would like to co-operate further with the Trust on the collection and use of data to enhance the Trust responses and to seek to engage the public more widely. We are pleased that the number of complaints continues to decrease and also that complaints are responded to within an agreed timescale.

Conclusion

HWT&W welcomes this opportunity to respond to the Shrewsbury and Telford Hospital NHS Trust Quality Accounts. We believe that in a number of priority areas there is scope for a fuller partnership with voluntary sector organisations - including working jointly on projects. Our engagement continues to reflect concerns in the areas of parking, we are hoping the new system recently commenced at Princess Royal Hospital will allay some of those.

We look forward to further feedback on the Virginia Mason Institute transformation programme and the potential to improve services for our population.

Shropshire Council Health and Adult Social Care Scrutiny Committee

Members noted that the Quality Account document that they had received had since been amended. Members were satisfied with the contents of the Quality Account document, feeling that it was 'upbeat' and that previously raised comments had been taken on board. Members were pleased with performance in 2015 – 2016 and particularly commended achievements related to:

- Improvement of sepsis screening and identification within emergency departments by 25%.
- Swan Memory Boxes.
- Improvements made to mortuary facilities.
- Implementation of dementia friendly environments in some wards and the plan to expand this further.
- Reduction in both the number of falls and the level of harm caused to patients.
- Pressure ulcer prevention.
- Mortality rates maintained and consistently better than peer comparators.

In relation to falls, Members were pleased that the number of falls in 2015/16 had decreased by 6.5% and showed a 16% decrease in the number of reportable falls since monitoring began in 2011/12. The reduction of the level of harm caused to patients had also decreased by 42% and Members were interested to hear of the many initiatives that had been implemented (e.g. slippers with grips on, non-slip stockings and 'bay watch' on Ward 28).

Members were happy with the three Quality Priorities for Improvement set by the Trust for 2016 – 2017, along with the priorities within the Virginia Mason Institute Transformation Programme. In terms of Priority 2 'Developing our culture of openness', Members asked if the data for both 2013 and 2015 was available for inclusion within the comparison table. In terms of Priority 3 'Improving Nutrition and Hydration care for our patients', Members were pleased that one of the areas earmarked for improvement was the monitoring of fluid balance via standardised fluid measurement, underpinned by a fluid management policy, procedure, education and training.

Members welcomed the improvement in screening and recognition of sepsis as part of the Virginia Mason Institute Transformation Programme which they acknowledged was vital to ensure timely and effective treatment. In terms of the audit of delayed transfers of care carried out by Deloitte, Members commented that they would like a future report on how effective the recommendations were towards alleviating the concerns.

Members stated that some of the diagrams and tables were difficult to read/understand and asked if these could be amended. They also suggested several changes to the document's wording in order to improve clarity of information. The use of a glossary was welcomed and it was suggested that a note be put at the front of the document directing readers to the glossary at the back.

Members spoke highly of the considerable commitment of staff, bearing in mind the effect of recent outside influences. They welcomed continued engagement between the Trust and the Health and Adult Social Care Scrutiny Committee in the coming year.

Present at the meeting: Councillors John Cadwallader, Gerald Dakin, Pam Moseley and Madge Shineton.

Councillor Gerald Dakin
Chairman
Health and Adult Social Care Scrutiny Committee
Shropshire Council
27 May 2016

Telford & Wrekin Council Health and Adult Social Care Scrutiny Committee

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

Review of Quality Performance in 2015/16

Priority 1: Improve our skills and pathways to better support patients wherever they are being cared for in areas such as:

End of Life Care

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

The committee has been informed that a working group has been established with partner agencies to gain a greater understanding of issues relating to the CHC process from all perspectives. The committee will continue to monitor how the CHC process is operating and the Department of Health Guidance is implemented locally. As part of this work the committee will consider how information about the CHC Fast Track process is incorporated into the end of life care training sessions and the End of Life Plan.

Dementia Care

This has been an on-going area of interest for the Health and Adult Scrutiny Committee. The committee was particularly pleased that one of the goals for 2015/16 was to providing on-going training and education to staff at all levels of the organisation and that a Dementia Clinical Nurse Specialist has been appointed to promote good practice and support staff training. The Committee noted that dementia will continue to be a priority for 2016/17.

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

Discharge

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

Safeguarding

Safeguarding procedures in the Trust were recognised as Outstanding in the Care Quality Commission Inspection report in January 2015. The Trust also contributed to the review on multi-agency working against child sexual exploitation (CSE) undertaken by the Telford & Wrekin Council's Children and Young People's Scrutiny Committee. The Committee concluded that agencies in the Borough are working well together to respond to known cases of CSE.

During 2015/16 the Joint HOSC has scrutinised the development of the Future Fit Programme and this will continue to be a focus for the Committee during 2016/17. The Trust has provided assurance that while some services at the Trust including emergency medicine, acute medicine and critical care, are fragile the services provided to patients are safe.

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

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

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

It has been a challenging year for the Trust as referenced in their Quality Account, which includes the difficulties experienced due to a high demand for healthcare over a protracted winter period with some patients waiting to be seen longer that expected to access hospital services. It is recognised by Commissioners that the Trust and its staff demonstrate both resilience and a continued focus both within the Trust and collaboratively with health, social care partners, patient and voluntary groups to ensure it delivers safe and effective services.

During 2015/16 SCCG and TWCCG have jointly conducted a number of patient safety and assurance visits to wards and clinical departments in both hospitals including the Accident Emergency departments and other urgent care admission areas. Feedback following the visits including positive patient feedback has been well received and any issue requiring further assurance has been acted upon by the Trust as necessary.

The Trust Reported 2 Never Events in 2015/16 which triggered in depth reviews and improvements in practice by the Trust. As part of the assurance process commissioners visited the hospitals operating theatre departments and were pleased with the measures which have been put in place to improve patient safety and experience in these areas. We also recognise the commitment and continued work being undertaken by the Trust to enable sustainable continuous improvement as part of the Virginia Mason Institute - Transformation Programme.

We note the achievement of the Trusts key priorities for 2015/16 including providing the best experiences for patients and their families at the End of Life, the introduction of the Butterfly scheme for patients with Dementia and improving skills and pathways to better support patients wherever they are being cared for. We also recognise the continued commitment to progress those areas identified as needing further improvement including a unified whole system approach to discharge and early recognition and screening for sepsis.

We are pleased to see the Trust's priorities for 2016/ 17 include delivery of effective quality care 24 hours per day, every day for every person, every time and further development of a culture of openness which recognises the contribution of staff to make a difference and improve the quality and safety of patient care.

Accuracy of Information contained with the Quality Account 2015/16
The CCG has taken the opportunity to check the accuracy of relevant data presented in the draft version of the document received and has raised several queries, which the Trust has confirmed will be revised in the final version of the Quality Account.

David Evans	Linda Izquierdo
Accountable Officer	Director of Nursing

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.

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

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- We have amended the figures for serious incidents and pressure ulcers on page 15 following validation of the most recent data prior to publication of the account.
- We have included 2 local CQUIN schemes recently agreed on page 32.
- Amended the Glossary.
- Provided clarity to a number of tables where descriptions were lacking.

Annex 3.

ERNST & YOUNG LLP Limited Assurance Audit report

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

We are required to perform an independent assurance engagement in respect of Shrewsbury and Telford Hospital NHS Trust's Quality Account for the year ended 31 March 2016 ("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 2016 subject to limited assurance consist of the following indicators:

Rate of clostridium difficile infections; and

Percentage of patient safety incidents resulting in severe harm or death.

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

Respective responsibilities of Directors and auditors

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 issued by the Department of Health in March 2015 ("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.

ERNST & YOUNG LLP Limited Assurance Audit report

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 2015 to June 2016;
- papers relating to quality reported to the Board over the period April 2015 to June 2016;
- feedback from the Commissioners dated June 2016.
- feedback from Local Healthwatch dated May 2016;
- the Trust's complaints quarterly reports for Q1-Q3 2015/16;
- feedback from other named stakeholder(s) involved in the sign off of the Quality Account;
- the latest national patient survey dated March 2015;
- the latest national staff survey dated March 2016;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 02/6/2016 (as part of the AGS)
- the annual governance statement dated 02/6/2016;
- the Care Quality Commission's intelligent monitoring reports dated 20 January 2015; and
- the results of the Payment by Results coding review dated February 2016

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 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 Shrewsbury and Telford Hospital NHS 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;
- 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.

ERNST & YOUNG LLP Limited Assurance Audit report

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 Shrewsbury and Telford Hospitals 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 2016:

- 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.

Ernst & Young

28 June 2016

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.
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
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
eGFR - estimated Glomerular Filtration Rate	A derived value from serum creatinine, age, sex, and race. It is an estimate of kidney function.
ISO 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
JAG (Joint Accreditation Group)	The JAG is a monitoring and quality assurance system that quality assures processes and practice for Endoscopy services.
KPI: Key Performance Indicators	A set of defined measures which show progress against the target
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.
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
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;

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
- Staff involvement lead
- 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, 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