The Shrewsbury and Telford Hospital NHS
NHS Trust

Putting Patients First

Annual Report
and Annual Accounts 2015/16

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

Contents

About this document

This document fulfils the Annual Reporting requirements for NHS Trusts. It is presented in accordance with the Department of Health Group Manual for Accounts 2015/16.

We publish a shorter Annual Review as a companion document for patients, communities and partner organisations.

Further copies of this document and our Annual Review are available from our website at www.sath.nhs.uk or by email to communications@sath.nhs.uk or by writing to:

Chief Executive's Office,
The Shrewsbury and Telford Hospital NHS Trust,
Princess Royal Hospital, Grainger Drive, Apley Castle, Telford TF1 6TF

Chief Executive's Office,
The Shrewsbury and Telford Hospital NHS Trust,
Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury, SY3 8XQ

This document is also available on request in other formats, including large print and translation into other community languages for people in Shropshire, Telford & Wrekin and mid Wales. Please contact us at the address above or by email at communications@sath.nhs.uk to request other formats.

Please contact us if you have suggestions for improving our Annual Report.

Part I. Performance Report

I.1 Welcome from the Chair

We are all risk managers: whatever we do, whatever we eat, wherever we go, there is risk involved, and we learn continually to manage the balance between risk and reward. Healthcare is also risk management. It is never possible for clinicians to know all the information needed to make a perfect decision. They cannot avoid risk: they must manage it in partnership with their patients, making informed judgements. This Hospital Trust deals with almost a thousand patient episodes per day, every day, throughout the year; it admits around 2,000 inpatients, and treats about 4,500 outpatients, every week. It's a busy place, it's a complex place, and it has to change continually to respond to people's needs and to drive forward clinical innovation. That's a lot of risk management. But the core of risk management in a complex organisation is not itself complicated. You need simple good practice guidelines for people to follow, to minimise unnecessary risk; and you need a culture in which kindness is king, so that when things don't go to plan – which by definition they sometimes will not – damage is minimised. So you need an emphasis on safety and on kindness.

Two years ago, in my first of these introductions, I noted that the organisation had not been where it should be, that it was fast improving, but that it would take time. Our journey has continued in a positive direction. Our clinical performance is significantly improved in most areas. We have the finances under good control. We are starting to see real progress in recruitment, and staff satisfaction levels are increasing. Our partnership with the Virginia Mason Institute is already showing impressive improvements in the way we work.

We have more than 700 volunteers working at all points across the Trust. But if we are to "leapfrog the average", as I think this organisation can do, we have much yet to resolve. We are still requiring our staff to be heroic, particularly over the winter. The essential fragility in some parts of the system (I'm thinking in particular about A&E) remains unresolved. Our people still do not feel sufficiently supported by the organisation. The wider health system, of which we are part, lacks proper coherence. It has not yet worked through how we turn these sickness mechanisms into a health movement, as much focused on building well-being as on treating illness.

It is worth noting that our local health system has been living with unnecessary risk for a long time. At any one time, over a hundred local people who should not be there are in SaTH's beds, waiting to go somewhere more suited to their needs. The urgent care system is both too narrow (with its dependence on just two hospital locations), and too fragile (with an inability to achieve critical mass staffing levels at either site). Organisational structures across health and social care mean that we focus on treating illness rather than keeping people well. The system does not explain itself well to the population it serves, and has struggled with key decisions because of the anxiety this causes. We have not made it easy for our people to learn from what did not go well, because we have a tendency to blame rather than learn. We have made it far from easy for the people we serve to help us to learn and improve. Here I am thinking in particular of the parents of Kate Stanton-Davies, whose tenacity and humanity has been extraordinary in the face of what has been the opposite of kindness (you can read more about this in our Director of Nursing and Quality's Report at I.2a).

So the way forward from here has a number of key parts. We need to play our part in helping the wider system be more coherent and ambitious. As a Hospital Trust, we must aim to be the safest and kindest of our kind. We need to listen better, and explain more clearly, and to hold ourselves thoroughly to account, to our communities. We need to blame the process not the person, to learn how to learn, and to balance compliance with innovation.

A challenging agenda! - but an important one. In that context, I am very glad to be able to celebrate the arrival onto our board during the year of Simon Wright, the new Chief Executive; of Clive Deadman, as a Non-Executive Director, and of Paul Cronin, as Non-Executive Director Designate. These are three top class appointments, whose experience and wisdom will be crucial to our continued progress.

I'd also like to take the opportunity to thank all of staff, volunteers, the Friends of the Princess Royal Hospital, the League of Friends of the Royal Shrewsbury Hospital, and the Lingen Davies Cancer Fund as well as the numerous other people who have raised money for our hospitals, for all of their hard work and support over the past 12 months.

Peter Latchford, Chair

I.1a Chief Executive's Overview: Reflecting on 2015/16

Every year we reflect on the previous 12 months. This is my first such opportunity to do this and I would like to celebrate the strides our organisation has taken. We began the year with my predecessor Peter Herring's retirement and I would again like to thank him for his hard work on the Trust's behalf during his tenure. Since starting in late September I have been walking our sites, meeting staff, attending department meetings and hearing great stories about high quality safe healthcare.

During the year we appointed an additional 114 Whole Time Equivalent (WTE) nurses, 15 Consultants and treated more patients than ever before exceeding 500,000 treatments. Our wonderful workforce were joined by additional nurses from the Philippines and over 200 staff were recognised for their achievements in our SaTH Heroes awards scheme, with more than 300 Long Service awards presented for staff who have totalled over 9,000 years of service! During the year we were recognised by Health Education England as being Highly Commended as a large employer supporting apprenticeships, our Colorectal Nurse Specialist Paula Brayford received the Gary Logue Colorectal Nurse Award from the charity Beating Bowel Cancer and Dr Nigel O'Connor was awarded an MBE for services to healthcare.

Our organisation took over the chair of the Local Education Committee for Shropshire and Staffordshire, the system Sustainability and Transformation Programme and invested over £8million in facilities and equipment including the £500,000 new cubicles in the A&E Department at the Princess Royal Hospital and the £2million new Mortuary at the Royal Shrewsbury Hospital alongside two new state of the art CT scanners.

Our success in securing the new partnership contract with the Virginia Mason Institute (VMI) in Seattle for the next five years has seen us working with the NHS Trust Development Authority (TDA) and four other Trusts as we roll out the learning and engagement across our organisation, embarking on the same journey which took the VMI from a challenged hospital to 'USA Hospital of the Decade' and one of the safest hospitals in the world. Our teams in respiratory medicine and sepsis care have started two value streams with taster sessions and training being taken up by over 280 staff. We have also seen three members of our Kaizen Promotion Office team – which is supporting our VMI work - being trained in Advanced Lean Training skills. During the year, the Trust was awarded the prestigious international Baby Friendly Award from UNICEF (United Nations Children's Fund), Employer of the Year in the Energize Awards and the CHKS Top 40 Hospitals award for the third year in a row.

Like many organisations of our size we need to strive to be even better and ensure we consistently deliver against every performance marker. This winter has been another challenging period but the huge efforts of all of our staff saw no patient breaching the 12-hour wait while our Trust was amongst a very small group to routinely deliver upon the cancer access targets and the 18-week Referral To Treatment (RTT) standard alongside an improving financial position. It's been a tough year but so much has been achieved by our great teams. The NHS Future Fit programme work on the Strategic Outline Case (SOC) has moved to completion allowing our system partners alongside our Trust to look to create a new future for our hospitals and help us address our staffing frailties – although the SOC is just the start of a significant amount of work which you'll hear more about throughout 2016/17. A single site for the county's emergency department is the best way to ensure our patients receive safe and dignified care in the right place at the right time and that we continue to attract the best doctors and nurses and have facilities which are fit for the 21st century.

As we look further into 2016 we will see the Trust launch its very first Leadership Academy, a clear five year strategy to move into financial surplus and play a full part in creating a Healthcare System five year strategy to deliver one unified vision for our population supporting the development of neighbourhood models of care in support of our rural footprint. We will work ever closer with our universities to enhance our educational offers, begin the redesign of urgent care and invest over £8 million in new facilities and equipment. I'm sure 2016 will be a very exciting and pivotal year!

Simon Wright, Chief Executive

I.1b About the Trust

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

Our main service locations are the Princess Royal Hospital (PRH, below) in Telford and the Royal Shrewsbury Hospital (RSH, bottom) in Shrewsbury, which together provide 99% of our activity.

Both hospitals provide a wide range of acute hospital services including accident & emergency, outpatients, diagnostics, inpatient medical care and critical care.

During 2012/13 the Princess Royal Hospital became our main specialist centre for inpatient head and neck surgery with the establishment of a new Head and Neck ward and enhanced outpatient facilities. During 2013/14 it became our main centre for inpatient women and children's services following the opening of the Shropshire Women and Children's Centre in September 2014.

During 2012/13, the Royal Shrewsbury Hospital became our main specialist centre for acute surgery with a new Surgical Assessment Unit, Surgical Short Stay Unit and Ambulatory Care facilities.

Together the hospitals have just over 700 beds and assessment & treatment trolleys.

Alongside our services at PRH and RSH we also provide community and outreach services such as:

- Consultant-led outreach clinics (including the Wrekin Community Clinic at Euston House in Telford);
- Midwife-led units at Ludlow, Bridgnorth and Oswestry;
- Renal dialysis outreach services at Ludlow Hospital;
- Community services including midwifery, audiology and therapies.

Our People

We employ over 5,500 staff, and hundreds of staff and students from other organisations also work in our hospitals. In 2015/16 our actual staff employed (headcount) increased by 182 to 5,774. When taking into account those employed on part-time contracts, the full time equivalent (fte) number increased by 180 to 4,921. Our substantive workforce at 31 March 2016 included approximately:

- 551 fte doctors and dentists (11%), a decrease of 19 fte compared with 2015;
- 1430 fte nursing and midwifery staff (29%), an increase of 48 fte;
- 642 fte scientific, technical and therapies staff (13%), an increase of 31 fte;
- 1,337 fte other clinical staff (27%), an increase of 95 fte;
- 961 fte non-clinical staff (20%), an increase of 26 fte.

In addition to this the available workforce at year end included over 860 staff employed through the Trust's internal bank, in addition to staff working within the Trust via external agencies.

Expenditure on staff accounts for approximately 64% of expenditure, a slight decrease on the previous year. One of our key priorities continues to be to reduce our pay costs by reducing our reliance on agency workers. We have seen a successful programme of nursing recruitment over the past 18 months, which we expect to continue to bear dividends during 2016/17.

There are currently approximately 1,000 volunteers active in the Trust and during the year we worked closely with our main charitable partners (including Leagues of Friends at our two main hospitals, Royal Voluntary Service and the Lingen Davies Cancer Appeal).

Our Finances and Activity

With a turnover in the region of £326 million in 2015/16 we saw:

- 61,315 elective & daycase spells;
- 54,839 non-elective inpatient spells;
- 6,659 maternity admissions;
- 407,108 consultant-led outpatient appointments; and,
- 121,105 accident and emergency attendances.

More details about our activity is provided on page 8 and further information about our financial performance is included in Section I.2d.

Our Strategy and Priorities

Our central organising principle is Putting Patients First. This guides all of our decisions, striving to be relentless in our pursuit of the patient's interests and using our resources wisely to provide timely care that meets the standards of quality and safety that our patients and communities expect and deserve. Building on this, our strategy during the year was based on five strategic goals:

- Quality and Safety: *Providing the best clinical outcomes, patient safety and patient experience*
- Healthcare Standards: *Delivering consistently high performance in healthcare standards*
- People and Innovation: *Striving for excellence through people and innovation*
- Community and Partnership: *Improving the health and wellbeing of our community through partnership*
- Financial Strength: *Building a sustainable future*

These goals provided the framework for our operational objectives during the year, and for our strategy and decisions going forward.

Further information about our Strategy is available in Section I.1c of this report.

Our Board and Leadership

Strategy and oversight is provided by our Trust Board, with a majority of Non-Executive members including a Non-Executive Chairman appointed from local communities and networks by the NHS Trust Development Authority on behalf of the Secretary of State. Executive members with voting rights at the Trust Board are the Chief Executive, Director of Nursing and Quality, Medical Director, Chief Operating Officer and Finance Director. More information about our board membership is available in Section II.1 of this report.

Our Values

Underpinning our strategy is our framework of Values (below), developed with staff and patients during 2013/14 and which have become embedded since:

Our statutory basis

We are legally established under the National Health Service Act 2006 as a National Health Service Trust and were established in our current form as The Shrewsbury and Telford Hospital NHS Trust in 2003 following the merger of The Princess Royal Hospital NHS Trust and the Royal Shrewsbury Hospitals NHS Trust. Find out more at **www.sath.nhs.uk**

The Trust as a going concern

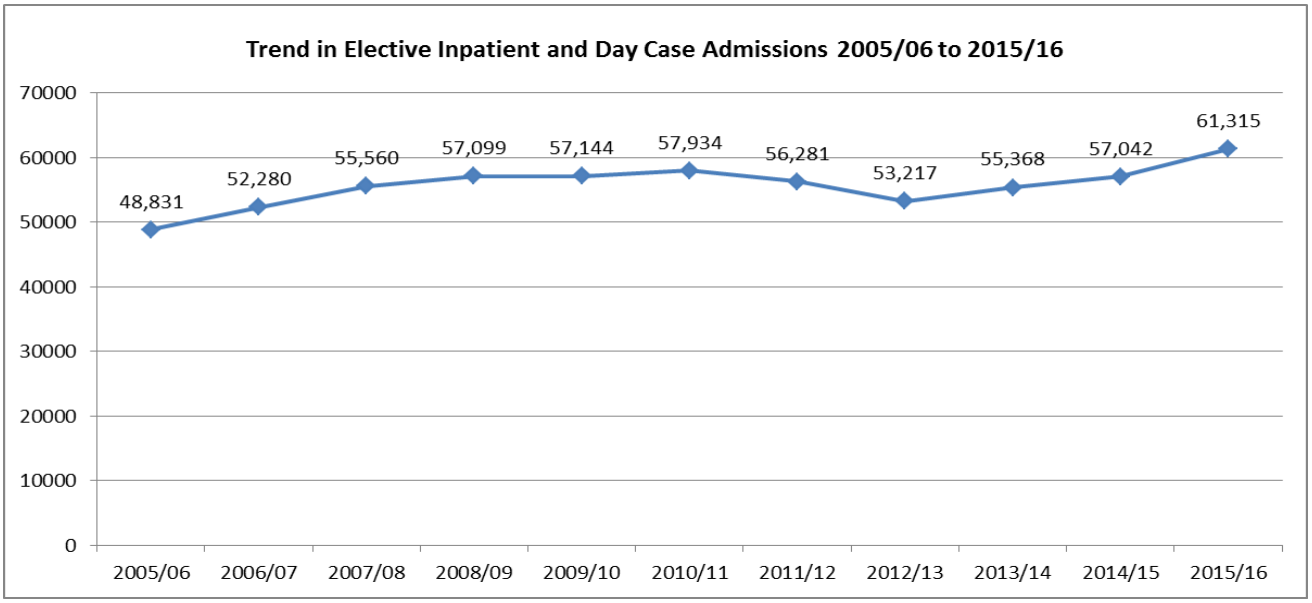
The Board of Directors has concluded that the Trust is able to demonstrate that it is a going concern on the following basis:

- The Department of Health and the NHS Trust Development Authority (TDA – which is now NHS Improvement) will confirm to the Trust arrangements for accessing cash financing for organisations that have submitted a deficit plan for 2016/17. The NHS Improvement Accountability Framework sets out the process where an NHS Trust will be assisted to develop and agreement of a formal recovery plan to address deficit positions.
- The Trust has received a letter from the NHS TDA stating that it can confirm that it is reasonable for the Directors of The Shrewsbury and Telford Hospital NHS Trust to assume that NHS Improvement will make sufficient cash financing available to the organisation over the next 12 month period such that the organisation is able to meet its current liabilities. On this basis they fully support the Trust's view that the NHS organisation Accounts are prepared on a Going Concern basis.
- Robust arrangements are in place for the delivery of cost improvement plans through Executive Director meetings.

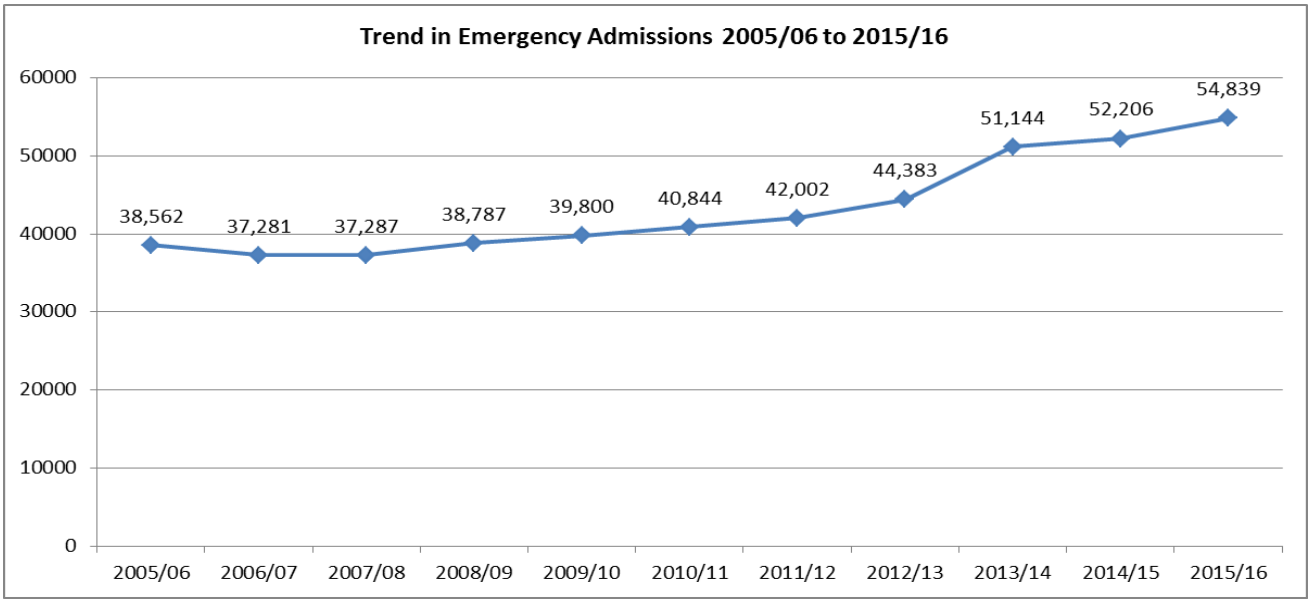
Summary of Service Activity in the year ended 31 March 2016

Table I.1b		Inpatient/Daycase			Outpatient		
Centre	Speciality	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16
Diagnostics	Chemical Pathology	-	-	-	674	587	615
Emergency	A&E Outpatient & Spells	1,121	1,089	1,000	3,548	3,486	3,856
Head & Neck	Audiological Medicine	-	-	2	2,453	1,706	1,390
	ENT – Adult	2,972	2,888	2,613	20,078	21,347	22,627
	ENT - Child	-	-	-	227	34	-
	Maxillofacial Surgery	798	852	542	614	732	333
	Oral Surgery	771	1,144	1,135	9,207	11,783	11,233
	Orthodontics	-	-	-	7,769	7,116	6,583
	Ophthalmology – Adult	3,207	3,554	3,396	41,394	41,343	46,129
	Opthalmology – Child	1	54	130	6,861	6,488	8,073
	Ophthalmology - Medical	4	3	4	3	1	4
	Restorative Dentistry	-	-	-	614	595	663
Medicine	Cardiology	2,376	2,572	2,695	16,778	23,198	23,083
	Cardiothoracic Surgery	1	-	1	1,179	1,159	1,330
	Dermatology - Adult	7	3	7	15,241	16,733	17,215
	Dermatology – Child	2	1	1	147	208	258
	Diabetic Medicine	11	17	3	4,819	5,211	6,281
	Endocrinology	94	131	270	2,152	2,276	2,540
	General Medicine inc Stroke	22,793	22,965	22,961	7,623	8,605	6,769
	Geriatric Medicine	37	127	150	2,387	3,443	3,590
	Nephrology	141	177	422	4,015	5,181	5,871
	Neurology	401	361	281	7,818	8,067	8,310
	Rehabilitation	105	42	40	-	-	-
	Respiratory Medicine	518	790	1,960	8,060	9,434	10,848
	Respiratory Physiology	1	-	-	33	179	192
Musculoskeletal	Pain Management	906	731	543	2,882	1,781	1,045
	Rheumatology	-	-	-	1,098	101	15
	Trauma and Orthopaedics	6,622	6,549	6,222	52,818	53,028	53,550
Surgery, Oncology & Haematology	Breast Surgery	896	903	931	13,629	15,041	17,219
	Colorectal Surgery	997	793	1,016	7,557	7,835	11,412
	Gastroenterology	14,551	16,126	17,978	8,116	8,211	8,942
	General Surgery	8,562	6,664	6,579	3,474	1,583	926
	Hepatology/Hepatobiliary	3	7	12	1,230	1,371	2,923
	Neurosurgery	614	1,777	-	163	180	196
	Plastic Surgery	53	1	-	795	14	3
	Upper GI Surgery	-	3	1,136	3,384	4,386	6,288
	Urology	4,672	4,912	5,293	14,872	16,029	19,482
	Vascular Surgery	716	835	1,971	5,392	5,613	6,904
	Clinical Haematology	5,870	6,081	6,658	9,161	9,968	12,293
	Clinical Oncology	8,992	9,916	11,299	12,412	14,907	17,355
	Medical Oncology	643	558	663	2,712	1,451	995
Anaesthetics	Anaesthetics	-	1	1	291	222	459
Women and Children	Gynaecology	4,177	3,920	4,154	13,874	18,837	19,956
	Gynae Oncology	9	4	4	5,893	5,845	6,188
	Obstetrics / Maternity	6,532	6,185	5,660	12,556	823	10,800
	Neonatology	92	486	3,064	13	232	825
	Paediatrics	12,985	12,242	9,308	19,258	14,213	21,460
	Psychotherapy	-	-	-	81	112	79
	Total	**113,256**	**115,505**	**120,105**	**355,353**	**360,706**	**407,108**

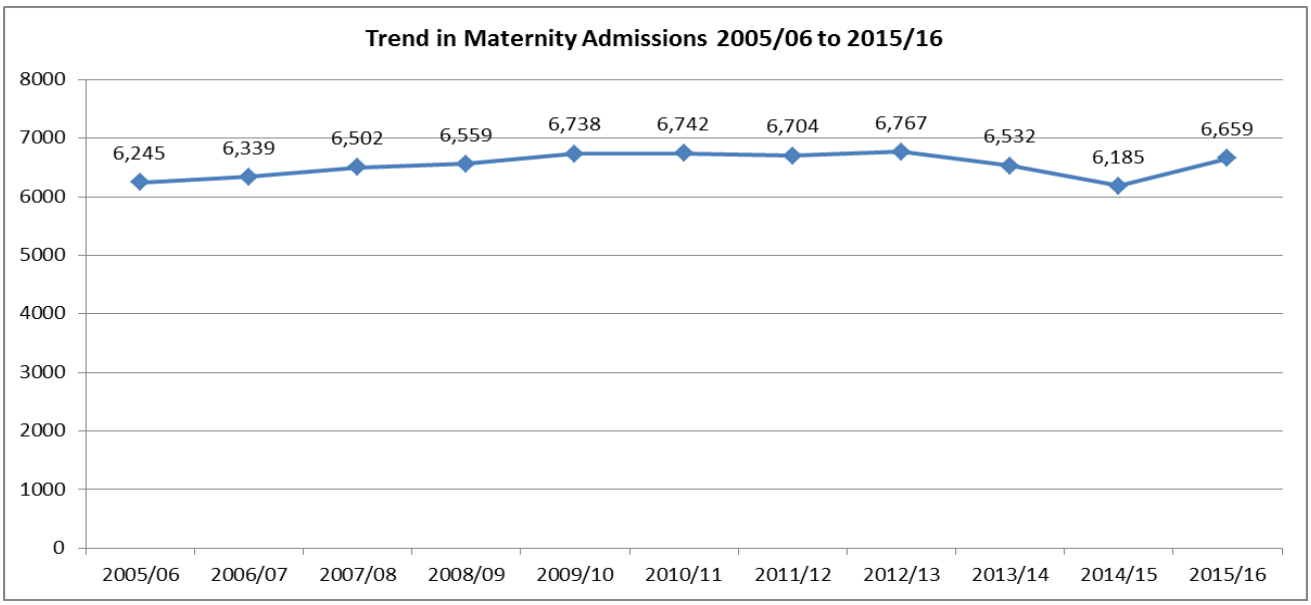
The following graphs show trends in activity from 2005/06-2015/16, which have increased.



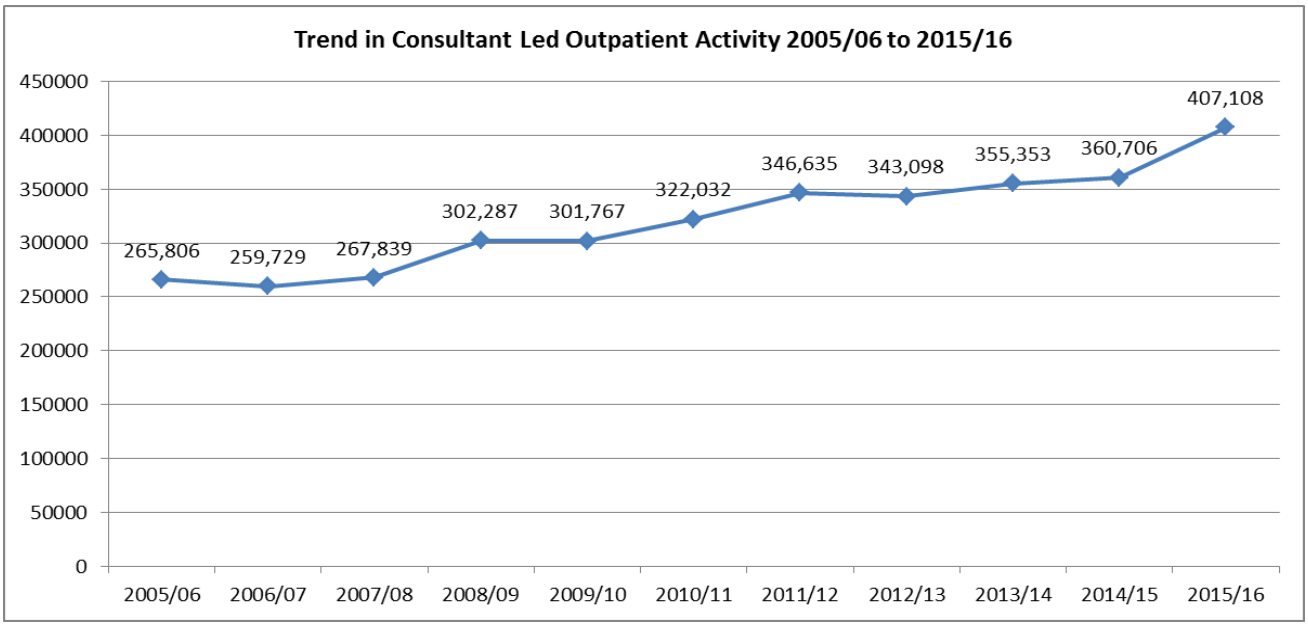
Elective and daycase activity showed a 7.49% increase in 2015/16 following a 3% increase in the previous year.



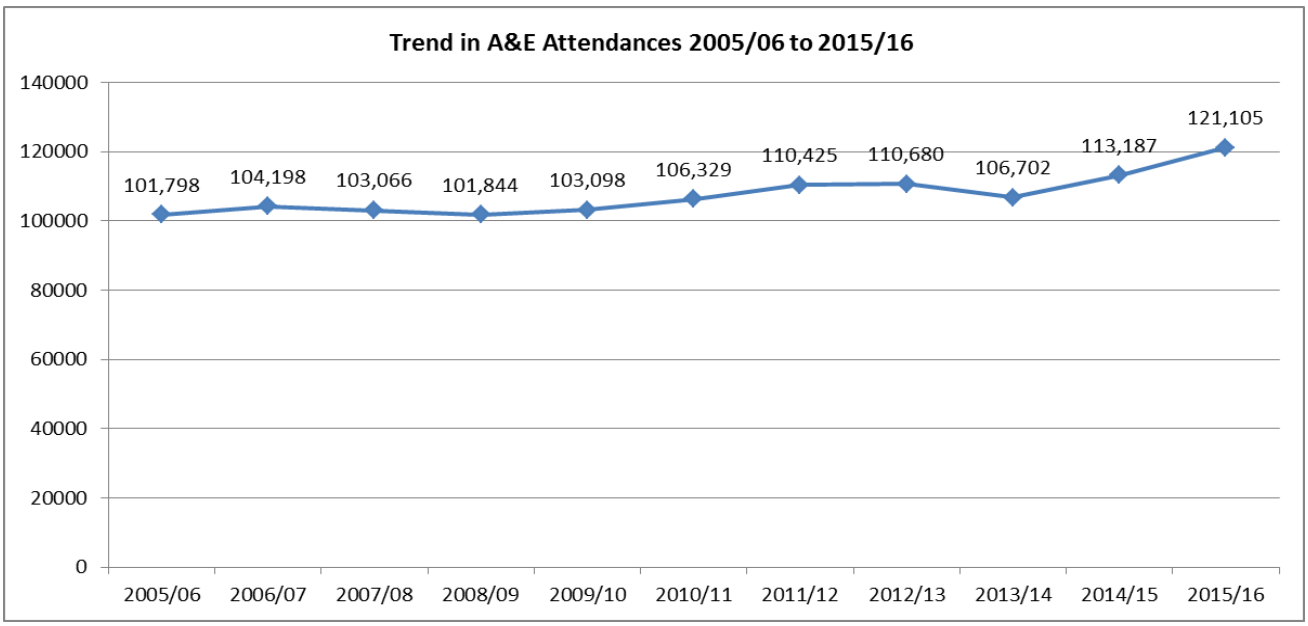
There has been a consistent rise in emergency admissions from 37,281 in 2006/07 to 54,839 in 2015/16. They have increased by 5.04% from 2014/15 to 2015/16.



Maternity episodes have increased by 7.66% over 2014/15. This followed a reduction of 5% the previous year.



Apart from a small dip in 2012/13 year, there has been a general upward trend in consultant-led outpatient activity since 2006/07, including a 12.86% year-on-year increase from 2014/15 to 2015/16.



After a reduction in 2013/14 (reflecting changes in admissions pathway during 2013/14 with GP referrals admitted directly to admissions units rather than via the Accident and Emergency Department), A&E attendances have increased over the last two years to their highest ever levels. The 2015/16 figure was 7% higher than in 2014/15. Please note the figures include the Urgent Care Centre (UCC) and Walk-In Centre (WIC) activity at our hospital sites.

I.1c A Forward Look: Strategic context

NHS Services within Shropshire face an increasing challenge of delivering high quality, safe and sustainable acute services. This is within a climate of rising demand, reducing levels of funding and on-going changes within the workforce.

Context

The Trust is faced with an ageing population with a significantly higher proportion of people in Shropshire and Powys over 65, than the national average. The forecast continuing growth of this population will, in the absence of radical change in the wider health and social care system, place unmanageable demand on already strained hospital resources. The geography of rural areas also brings particular challenges around providing effective services. Travel times to acute hospitals, a scattered and disproportionately elderly population and limited public transport makes the provision of a comprehensive range and increased scale of community-based health services especially important. Developing alternative models of care is vital if the local health economy is to respond to our challenges.

Achievable and sustainable solutions to the Trust's challenges in workforce, performance and finance require transformational change; within the organisation and across the whole health and social care system. This change will be delivered through three integrated formal programmes:

- **Transforming Care** – the Trust's partnership with the Virginia Mason Institute;
- **Sustainability and Transformation** – the health system's overarching strategic plan;
- **Sustainable Services** – This programme fits into the local health system's NHS Future Fit programme for acute, community and primary care services, which is led by the Clinical Commissioning Groups.

These three workstreams will have a greater impact if the Trust and its partners can also deliver a new way of working; where integration and care delivery around the needs of patients are prioritised alongside the need for workforce and financial sustainability. This cultural change is under way within the Trust, but will take time and commitment to progress. A key driver of the cultural change is the Transforming Care Programme. As one of five Trusts in England selected to work in partnership with the Virginia Mason Institute in 2015, the Trust has embarked on its journey of continual improvement. With patients at the centre of all value-streams and with a "zero-tolerance" approach to avoidable wastes and defects, the Trust is well placed to see improvement during 2016/17 and beyond. We have already shown the great potential for improvement through the success of the first workstream in our respiratory service.

For 2016/17 local health economies were tasked by NHS England, through the shared planning guidance, to produce a local health and care Sustainability and Transformation Plan (STP) covering October 2016 to March 2021. The Trust's Chief Executive Simon Wright is the Chair of the STP Partnership Board. Programme management and structures are in place for the delivery of the STP and work is progressing. The Trust is an active member of the STP process and has senior representation at both the Partnership Board and Operational Group. In addition, the Trust is leading two of the five key pieces of work that fall within the STP, namely the Deficit Reduction Plan and the Sustainable Services Programme. The Trust is delivering its Sustainable Services Programme as part of the local health economy's Future Fit Programme, also incorporating the local health economy's Community Fit programme, Primary Care Strategies and plans for Rural Urgent Care Services.

Sustainable Services Programme

The Sustainable Services Programme is the Trust's vehicle to develop a new clinical model for acute hospital services in Shropshire. Acute hospital services provided by SaTH are of a good standard, recognised in the Care Quality Commission report published in 2015. Most services have developed over many years, with clinicians, managers and staff trying to keep pace with changes in demand, improvements in medicine and technology and increased expectations of the populations served. Nevertheless it is recognised that the current hospital configuration is not sustainable due to healthcare and workforce issues such as:

- Changing healthcare needs of the population, both now and in the future;
- Nationally required quality standards and standards that individuals and organisations aspire to deliver;
- A need for improved productivity and a reduction in inefficiencies (in line with the Carter Review and the Trust's work with the Virginia Mason Institute);
- On-going developments in medicine and technology;
- Workforce changes in terms of skills, availability and training.

In addition the Trust faces a number of estates issues including a level of backlog maintenance and poor quality existing facilities. In order to meet these challenges the Trust has developed the Strategic Outline Case for the Sustainable Service Programme. The Strategic Outline Case reviews a number of options to meet these challenges, describes the shortlisted options and assesses the affordability and sustainability of these options over time. The Strategic Outline Case was approved by the Trust Board at the March 2016 meeting and we are now working with our community and primary care partners to move the programme forward and develop the Outline Business Case ahead of formal public consultation later in the year.

Annual Planning

The challenge within 2016/17 is two-fold. First, a need to "get the basics right" – delivering high quality care to meet national performance targets within the financial and workforce resources available. Second, planning and progressing plans and strategies for long-term sustainability within the Trust, and as a key partner and stakeholder in the local health and social care system. In order to get the basics right a new approach to business planning was established in 2016. Each of the Trust's four Care Groups has been supported to critically examine their core business in terms of quality, performance, workforce and finance and to identify answers to the question "what is the problem you are trying to solve?" This has resulted in detailed discussions and work within each Care Group that has included demand and capacity planning to meet national standards; workforce planning to respond to current and future challenges; quality and service improvement; and cost improvement, efficiencies and financial balance. This new approach to planning includes monthly review by a risk reporting structure for discussion with Care Group Directors and Clinical Leads and at the Trust's Sustainability Committee. To support this process and the integration of the annual planning process with the long-term sustainability of the Trust, a new Transformation Team has been established; combining the Trust's Future Team (who support the Sustainable Services Programme) and the Business Development Team (who provide support to the Care Groups on Business Planning, GP Engagement and Marketing).

I.1d Key Performance Indicators (KPIs)

Domain	Indicator	Description	Data Source	Thresholds	Performance in Year Ended 31 March 2016
Access (including A&E and 18 weeks Referral to Treatment [RTT])*	Four-hour maximum wait in A&E from arrival to admission, transfer or discharge	The number of patients spending four hours or less in all types of A&E department/The total number of patients attending all types of A&E department	Weekly SitReps	Performing: 95% Underperforming: 94%	85.55%
	12 hour trolley waits	The number of patients waiting in A&E departments for longer than 12 hours after a decision to admit	Weekly SitReps	Performing: 0 Underperforming: >0	0
	1 hour ambulance handovers	Ambulance handovers not completed within 60 minutes	Weekly SitReps	Performing: 0 Underperforming: >0	268
	30 minute ambulance handovers	Ambulance handovers not completed within 30 minutes	Weekly SitReps	Performing: 0 Underperforming: >0	852
	RTT – admitted – 90% in 18 weeks	Total number of completed admitted pathways where the patient waited 18 weeks or less vs. Total number of completed admitted pathways in quarter	Monthly RTT returns via UNIFY	Performing: 90% Underperforming: 85%	70.46%
	RTT – non-admitted – 95% in 18 weeks	Total number of completed non-admitted pathways where the patient waited 18 weeks or less vs. Total number of completed admitted pathways in quarter		Performing: 95% Underperforming: 90%	93.34%
	RTT - incomplete pathways	Total number of patients on incomplete pathways less than 18 weeks vs. total number on incomplete pathways		Performing: 92%	91.44%
	RTT – greater than 52 weeks	Total number of patients waiting longer than 52 weeks from referral to treatment		Performing: 0	1
	% of patients waiting over 6 weeks for a diagnostic test	To measure waits and monitor activity for 15 key diagnostic tests		Performing: <=1%	0.56%
	28 day readmission	Number of patients cancelled on day of surgery not readmitted within 28 days	Quarterly return via UNIFY	Performing: 0	3
	Multiple cancellations of urgent operations	Number of urgent operations cancelled more than once	Monthly return via UNIFY	Performing: 0	0
Cancer Waiting Times	2 week GP referral to 1st Outpatient	Please see cancer waiting times guidance for definition of these performance standards	Cancer Waiting Times Database	Performing: 93% Underperforming: 88%	94.93%
	2 week GP referral to 1st outpatient – breast symptoms			Performing: 93% Underperforming: 88%	95.1%
	31 day diagnosis to treatment for all cancers			Performing: 96% Underperforming: 91%	98.17%

Cancer Waiting Times (continued)	31 day second or subsequent treatment – drug	Please see cancer waiting times guidance for definition of these performance standards	Cancer Waiting Times Database	Performing: 98% Underperforming: 93%	100%
	31 day second or subsequent treatment – surgery			Performing: 94% Underperforming: 89%	94.98%
	31 day second or subsequent treatment – radiotherapy			Performing: 94% Underperforming: 89%	98.58%
	62 days urgent GP referral to treatment of all cancers			Performing: 85% Underperforming: 80%	85.47%
	62 day referral to treatment from screening			Performing: 90% Underperforming: 85%	95.55%
	62 day referral to treatment from hospital specialist			Performing: 85% Underperforming: 80%	88.68%
Quality of Care	Publication of formulary	Publication of formulary		Performing: Yes	Yes
	VTE Risk Assessment	Number of adult inpatient admissions reported as having a VTE risk assessment on admission	UNIFY Mandatory returns	Performing: 95% Underperforming: 90%	95.33%
	Valid NHS number submitted in acute datasets	Number of spells or attendances without valid number/Total number		Performing: 99%	99.79%
	Valid NHS number submitted in A&E datasets	Number of attendances without valid number/Total number		Performing: 95%	98.73%
	Duty of Candour	Number of breaches of duty of candour		Performing: 0	0
	Breaches of same sex accommodation	The number of breaches	Collection via UNIFY	Performing: 0	0
Infection Prevention and Control	MRSA	Actual number of MRSA vs. planned trajectory for MRSA	HPA Returns	Performing: No MRSA bacteraemias	1
	C.Diff	Actual number of C.diff vs planned trajectory for C.diff		No more than 25 C.diff	30
Workforce	Sickness absence	Number of days sickness absence vs. available workforce	SaTH returns	Performing: 3.99%	4.16%
	Appraisal	Number of eligible staff receiving appraisal in current performing vs. total eligible staff		Performing: 80% (stretch target 100%)	86%
	Statutory and Mandatory Training	Number of staff up-to-date with Statutory and Mandatory Training		Performing 80%	79%

*From 1 October 2015, a single measure of RTT performance was introduced. The incomplete standard identifies patients waiting to start treatment and since this was introduced the Trust achieved the target for four months out of six.

I.2 Performance Analysis

I.2a Director of Nursing and Quality's Report

As Director of Nursing and Quality I have Board-level responsibility for patient safety and patient experience in the Trust, including complaints, safeguarding and infection prevention and control. My role also includes Board-level leadership and support for the nursing, midwifery and allied health professionals workforce across the Trust.

The past 12 months has seen a number of areas of improvement which are bringing benefits to our patients. We have seen no avoidable Grade 4 Pressure Ulcers during the year, and we were also below our target for avoidable Grade 3 Pressure Ulcers. This is important, because pressure ulcers can result in complications which can delay or threaten a patient's recovery. We have also reduced the number of falls resulting in serious harm—those which lead to fractured hips—by around a third, which is really positive. The Trust also continues to perform well in infection prevention and control; for example we had just one recorded cases of MRSA bacteraemia, which came at the beginning of the year.

We had some very positive results during the year in the NHS Friends and Family Test, with scores on or above the national average. The results showed 95% of Inpatients, 92% of A&E users and 95% of Outpatients saying they would recommend our hospitals. There were also very good results for our Maternity Services. Reassuringly, the vast majority of staff would recommend the care at the Trust and most would recommend it as a good place to work, although the figure is not as high as we would like. The Care Quality Commission (CQC) Patient Survey showed improvement for the second year running.

Our "buddy partnership" with St George's Hospital in London, to improve the experience of cancer patients, has proved very successful. The partnership was launched following the National Cancer Patient Experience Survey in 2014 and allows each of us to share areas of good practice and innovation, leading to service improvements which, in turn, enhance the cancer patient experience.

Learning and understanding has been an important focus of this year, no more so than in the publication of the independent review into the death of Kate Stanton-Davies in 2009, hours after being born at Ludlow Midwife Led Unit. The review highlighted a number of areas where we need to make improvements. The care provided for Kate and her mother Rhiannon failed to meet the high standards we set for every one of our patients. We fully accept the recommendations of this report and are committed to taking the action required because we can clearly see how this will improve patient care. We have already made a number of improvements, both to the standards and safety of maternity care, and to the way we handle complaints, concerns and incidents, but recognise we have more work to do.

During the year, we received the prestigious international Baby Friendly Award from Unicef (the United Nation's Children's Fund). The award means pregnant women and new mums are receiving more help and advice than ever before about feeding their newborn babies.

Efforts to reduce our reliance on agency staff were high on the agenda over the last 12 months and our proactive drive on recruitment continues. There have been some notable successes including more than 20 Staff Nurses joining us from the Philippines with more than 20 more due to join us by the end of May. A second visit to the Philippines, which took place at the end of the year, resulted in more than 70 conditional offers being made.

Sarah Bloomfield, Director of Nursing and Quality

Progress Against Operational Objectives 2015/16

I was the lead director for the following operational objectives during the year:

2015/16 Strategic Priority	2015/16 Operational Objective	Annual Review of Progress
Reduce harm, deliver **best clinical outcomes** and **improve patient experience**.	Implement actions and recommendations within the Care Quality Commission (CQC) Action Plan.	• Following our CQC visit in 2014,the Trust is continuing implementation and delivery of the resultant Action Plan and a regular progress report is made to the Trust Development Authority • Risks to delivery have been identified and steps have been taken to address these risks. • All Care Groups discuss, monitor and report on progress against the action plan monthly and the action plan is overseen by the Quality & Safety Committee. • Overall progress is in line with the plan with the exception of a small number of actions which are mainly due to resource limitations. • However, innovative resolutions to these actions are being progressed.
	Reduce the number of healthcare associated infections.	• The Trust's challenging target for Clostridium difficile (C.diff) in 2015/16 was to have not more than 25 trust-apportioned cases (occurring later than the third day of admission). The end of year performance figure is 30 cases • The key themes for those C.diff infections occurring in our care included delays in sending samples; lack of compliance with antibiotic policy (overuse of Meropenem & Tazocin); and delay in isolation. The Trust has however, seen an improvement over the year. The Trust is also below the national average for large acute trusts in the number of C.diff cases per 100,000 bed days. • The end of year position for the Trust for acquired MRSA Bacteraemia is one case in 2015/16; compared to two cases in 2014/15. • MRSA new cases (Not Bacteraemia) - 31 cases compared to 42 in 2014/15. • MRSA Emergency screening has shown a slight decline in quarter 4 in our Acute Medical Unit (AMU)/Clinical Decisions Unit (CDU) areas; an indication of the high throughput and demand within these clinical areas. However, on average the Trust reported over 95% compliance in year. • MRSA Elective screening has been over 95% on average for the last 12 months. • The Trust position for Vancomycin-Resistant Enterococcus (VRE) shows that 116 cases were reported compared to 103 in 2014/15. Increased incidence has occurred on surgical wards with evidence of environmental contamination however most patients did not show any signs of clinical infection. • The Trust's performance for Hand Hygiene compliance through High Impact Intervention (HII) audits has shown 95% or above for the last 12 months.
	Implement effective systems to engage and involve patients, relatives and carers as equal partners in care.	• The Trust has drafted its new Patient Experience Strategy and this is ready to be signed off. • Seven listening events have been held across Shropshire and Powys. A report on the key findings and feedback will be presented in quarter 2 of 2016/17. • The newly appointed Dementia Clinical Nurse Specialist (CNS) will be developing an action plan in response to the Dementia Carers Survey. The Trust has recently appointed four Dementia Support workers. Once in post they will support the Dementia CNS in taking forward improvements in dementia care. • The Patient Experience Apprentices have started in post and are collecting data. The final results for 2015/16 are yet to be finalised but early indications are that the Trust is meeting national targets.
	Improve care of the dying through implementation of best practice.	• We have implemented the Swan Scheme represented by the Swan symbol for end of life and bereavement care. • The End of Life Care Facilitator has delivered training to over 1,100 clinical staff on the End of Life Plan and Swan Scheme. • We have implemented a bereavement feedback survey for bereaved relatives learning from the relatives' experience and feedback to improve the care and support we deliver • We have improved mortuary facilities at the Royal Shrewsbury Hospital (RSH) with a new Swan Bereavement Suite and made continued improvements at the Princess Royal Hospital (PRH). • We have recruited more End of Life Care Champions to ensure every Ward/Department has a Champion. • We have continued to audit the use of the end of life plan and care after death to ensure we maintain high standards of care.
	Develop robust plans to recruit to establishment to ensure safe staffing levels.	• There continues to be a proactive drive on recruitment. Twice monthly recruitment events for nursing staff have been successful. 23 Filipino nurses have arrived in the Trust and are being supported to complete their clinical assessments (OSCE tests) and obtain Nursing and Midwifery Council (NMC) registration. • There are a further 22 nurse still in the Philippines with anticipated start dates during April and May. • A second visit took place recently resulting in 76 conditional offers being made.
	Develop and implement robust processes to support nursing and midwifery revalidation (by Dec 15).	• The revalidation project is on plan. The first wave of staff due to renew their registrations in April have submitted their revalidation declarations. • Systems and processes are in place to continue to monitor and support staff and managers.

Performance Against Key Targets 2015/16

The main Key Performance Indicators that I report to our Trust Board meetings in public during the year through our Summary Performance Report:

Domain	Indicator	Description	Data Source	Thresholds	Performance in Year Ended 31st March 2016
Infection Prevention and Control	MRSA	Actual number of MRSA vs. planned trajectory for MRSA	HPA Returns	Performing: No MRSA bacteraemias	1
	C.Diff	Actual number of C.diff vs planned trajectory for C.diff		No more than 25 C.diff	30
Quality of Care	Duty of Candour	Number of breaches of duty of candour		Performing: 0	0
	Breaches of same sex accommodation	The number of breaches	Collection via UNIFY	Performing: 0	0

More detailed performance measures are included in the Quality and Safety section of our Integrated Performance report presented to each ordinary meeting of the Trust Board, with further review and assurance through the Trust Board's Quality and Safety Committee and Clinical Governance Executive. Further information about quality performance can be found in our Quality Account 2015/16 which is included at Appendix 1 to this Annual Report.

I.2b Medical Director's Report

As Medical Director I have Board-level responsibility for clinical outcomes, performance and effectiveness across the Trust as well as leadership of the medical and clinical science workforce. My portfolio includes research, development & innovation; medical education & training, and; I am the Trust's Caldicott Guardian responsible for safeguarding patient information.

The doctors at SaTH had a particularly important year in the Trust's development, during which we have seen significant improvements in the way we provide care for our patients, with preparations for further developments in the future. The Trust was recognised for its good performance, particularly for quality and safety of care, when it received, for the third year in a row, a CHKS Top 40 award. This recognises the high standards of care provided by all clinicians and is an achievement to be celebrated. Specific examples include the achievement of Best Practice criteria for patients with fractured neck of femur and implementation of an electronic alert mechanism for patients with acute kidney impairment. Further prioritised work includes improving care for patients with Sepsis.

The biggest challenge facing the clinical workforce is a shortage of Doctors and Nurses, so considerable effort has been made to improve recruitment. It is encouraging to see that SaTH has attracted many high quality colleagues who undoubtedly will contribute to the safe care of our patients. However, in certain specialities shortages of qualified staff remain a significant challenge and in others recruitment is only just keeping pace with retirements. Further efforts will be needed to ensure that the safe staffing of SaTH can be maintained.

The Trust has seen continued improvement in quality of care with a reduction in mortality being maintained year-on-year and systems for learning from deaths, particularly avoidable deaths, being strengthened during this year. It is particularly important that all clinicians learn clinical lessons from avoidable factors and ensure that appropriate changes are made to prevent problems from recurring.

Doctors have continued to demonstrate high quality of care with consistent clinical performance and improvements in the delivery of audit and governance. SaTH has continued to build on its reputation as a preferred teaching site for students from Keele University and doctors from the West Midlands Deanery. The Trust has clearly signalled its intention to become a University Teaching Hospital and has started the process for this form of recognition. Part of the requirement for this will be confirmation of a strong involvement in research; it is encouraging, therefore, to note that research continues to expand and the Trust, for the second year in a row, has been included in the Top 100 Trusts in the UK.

The doctors at SaTH have improved their performance in appraisal, with achievement now being among the best in the UK. This translates through to revalidation, as appraisal is a core component of that national confirmation of a doctor's fitness to practice. Our doctors are continuing to work towards the development of a better future for the treatment and care of patients as part of NHS Future Fit, and the Trust's partnership with the Virginia Mason Institute in Seattle.

It is widely recognised that the challenges to the NHS as a whole also are being experienced by our Trust and require changes to the way that we collectively provide care for our population. During this year, our doctors helped to further develop the NHS Future Fit clinical model and will be building on this to plan for the best future health care system that can be delivered.

Dr Edwin Borman, Medical Director

Progress Against Operational Objectives 2015/16

I was lead director for the following Operational Objectives during the year:

2015/16 Strategic Priority	2015/16 Operational Objectives	Annual Review of Progress
Reduce harm, deliver **best clinical outcomes** and **improve patient experience**.	Achieve greater implementation of the mortality review system with demonstrable outcomes achieved from learning from avoidable deaths.	Mortality • A well-established Trust Mortality Group meets bi-monthly to review the four parameters of Crude Mortality, Hospital Standardised Mortality Ratio (HSMR), Risk Adjusted Mortality Index (RAMI) and In-Hospital Summary Hospital-level Mortality Index (SHMI). SaTH has maintained its position in comparison to our peers with lower than expected mortality. • Standardised Mortality reports are shared at the Mortality Group Meeting, Clinical Governance Executive, the Commissioning Quality Review Meeting (CQRM), Shropshire Liaison Group and Trust Board. • A schedule of mortality reviews are decided on a quarterly basis and reported back to the Mortality Group. Areas for learning are identified and cascaded to the Specialty Governance and Trust wide in the cases of AKI and sepsis.
	To focus on improving the clinical outcome of patients with Fractured Neck of Femur, sepsis and acute kidney disease, and achieving all elements identified within the Best Practice Tariff.	Fractured Neck of Femur • We have seen an improved position in relation to the delivery of best practice standards. Following allocation of Orthogeriatic Consultant time in October, we have been able to deliver the full range of standards for the first time at PRH. • The challenge to meet Best Practice Criteria for both sites is the time to surgery, that being within 36 hours. This is particularly a challenge at PRH where there is no dedicated weekend list. In order to address this, additional anaesthetic and theatre staff are being recruited. Acute Kidney Disease (AKI) • AKI has remained as a focus for the Trust and has shown SaTH to have delivered successfully against the national Commissioning for Quality and Innovation (CQUIN). • Training programmes throughout SaTH have shown an improvement in awareness and treatment of AKI. It has also shown an increase in coded events of AKI. Clear guidance has been provided and improvements have been demonstrable from the appointment of an AKI nurse specialist. Work is ongoing to make lasting improvements in this area. Sepsis • Sepsis is now one of the Virginia Mason Work Streams and is being led by Dr Edwin Borman, Medical Director. • A Trust-wide training programme was implemented in March 2016 with a launch of Sepsis Awareness on 14th March. The event was attended by 110 staff. • There is ongoing work with the Virginia Mason work stream and an improved position against the CQUIN.
	Ongoing medical revalidation embedded within medical areas.	Appraisal • The appraisal delivery for doctors was 96.6% with Speciality and Associate Speciality Doctors at 96.3% and Consultants at 96.73%. • Regular monthly reports are sent to the Clinical Directors and Care Group Medical Directors on all staff in their specialty areas. • Exception reports for staff due and overdue are sent to the Care Group Medical Directors and Human Resources (HR) Business Partners on a monthly basis to discuss at the Care Group Monthly Board Meetings. Revalidation • Robust processes for identifying doctors coming up for revalidation are in place with clear guidance being provided for new staff in the Trust. Clear information is provided on the Medical Director's Information Pages on Appraisal and Revalidation. • Ongoing monitoring of revalidation requirements and communication to each individual doctor has ensured a standard approach to revalidation with the majority of doctors meeting the set requirements and successfully revalidating. • Support is being provided to all doctors who need to have their revalidation deferred. • In 2015/16 there were 119 revalidation recommendations and 21 revalidation deferrals.

Performance Against Key Targets 2015/16

Here are the main Key Performance Indicators that I present to meetings of the Trust Board:

Domain	Indicator	Description	Data Source	Thresholds	Performance in Year Ended 31st March 2016
Quality of Care	Publication of formulary	Publication of formulary		Performing: Yes	Yes
	VTE Risk Assessment	Number of adult inpatient admissions reported as having a VTE risk assessment on admission	UNIFY Mandatory returns	Performing: 95% Underperforming: 90%	95.33%
	Valid NHS number submitted in acute datasets	Number of spells or attendances without valid number/Total number		Performing: 99%	99.79%
	Valid NHS number submitted in A&E datasets	Number of attendances without valid number/Total number		Performing: 95%	98.73%

More detailed performance measures are included in the Quality and Safety section of our Integrated Performance report presented to each ordinary meeting of the Trust Board, with further review and assurance through the Trust Board's Quality and Safety Committee and Clinical Governance Executive. Further information about quality performance can be found in our Quality Account 2015/16 which is included at Appendix 1 to this Annual Report.

I.2c Chief Operating Officer's Report

As Chief Operating Officer I have Board-level responsibility for service delivery across the Trust, leading our Clinical Care Groups which provide hospital and wider services for around half a million people across Shropshire, Telford & Wrekin and mid Wales. I also have executive responsibility for major incident and emergency planning.

Demand on our hospitals over the last 12 months has continued to rise, requiring us to continue to find ways to deliver our services within the same resources and become even more efficient whilst not compromising patient care. We have, once again, emerged from a difficult winter, which each year seems to extend further into spring. Our Winter Plan was implemented in November last year and, in general terms, it helped us cope better than in the previous year. We generated £1 million from our own funds in order to provide 44 more medical beds over the winter period. However, that increased demand on our services meant that the plan was not as effective as we wanted it to be, leading to more patients than ever before waiting longer than the four-hour standard, a pattern seen across the country. Despite this pressure we did not have any patients who breached the 12-hour trolley wait standard.

In January 2016 eight additional cubicles were opened at the Princess Royal Hospital in Telford at a cost of £500,000. As part of our internal improvement plan work began on improving patient flow by reducing the average time it takes to process patient medication by 50%. During the year we introduced an enhanced ambulatory emergency care model on both sites, supported by GPs at the Princess Royal site. The aim of this was to reduce the number of patients needing an emergency admission by providing a medical day case-type service. We are planning to develop this further in 2016/17 to include a 72-hour frailty service.

I was also very proud to be the Executive Sponsor for the first of our Value Streams as part of our work supported by the Virginia Mason Institute in Seattle, using their production system methodology to look at ways to improve Respiratory Discharge. We chose this pathway because 40% of all our emergency admissions to the Trust have a respiratory disease and are admitted via an Acute Medical Unit (AMU) or the Emergency Department (ED). Our work showed that even small changes can have big impacts, both to patient care and staff workload. We also learned that we can improve patient care by working together and asking those who know best how to improve it. This work will continue over the next year and I am excited to see how this will further positively impact on patient care.

In the run-up to winter, the NHS Emergency Care Improvement Programme (ECIP) was invited to carry out a review of the whole local health economy to help identify areas to improve patient flow. This is a great example of partners from across the health economy working well on a whole-system recovery plan. This is never easy because of the complexity of the Urgent Care System, but it is important work and will carry on into this year. One area which needs more attention in the forthcoming year is the number of handover delays experienced by our West Midlands Ambulance Service colleagues. These significantly increased in the last quarter of 2015/16. The Emergency Care Improvement Programme (ECIP) team are supporting us with a plan to improve these in 2016/17.

Even in a time of such great demand, we as a Trust have again performed strongly on three of the four national targets, which is a tremendous effort. We have performed particularly well in delivering cancer targets achieving, on a number of months, all nine, which puts us in the top three centres across the Midlands and East region.

Debbie Kadum, Chief Operating Officer

Progress Against Operational Objectives 2015/16

I was lead director for the following operational objectives during the year:

2015/16 Strategic Priority	2015/16 Operational Objectives	Annual Review of Progress
Address the existing **capacity shortfall and process issues** to consistently deliver national healthcare standards.	Address the current capacity shortfalls through a number of joint initiatives including: achieving the agreed Fit To Transfer (FTT) numbers, changes to ward configurations and increasing the level of ambulatory emergency care.	• Initiatives designed to improve flow and capacity by shortening the discharge process time for To Take Outs (TTOs), increasingly robust recording of Electronic Discharge Document (EDD) and increased capacity through the Drive for Discharge have begun to be implemented. • Further aligned improvements are being progressed through the Transforming Care programme, support by the Virginia Mason Institute, in the Respiratory Value Stream. • The SAFER (a patient care bundle) initiative is being rolled out in two wards at the Princess Royal Hospital and two wards at the Royal Shrewsbury Hospital (RSH) in 2016/17. • Medically Fit to Transfer bed days lost have increased throughout 2015/16, emergency demand has increased and bed occupancy, acuity and Length of Stay have increased. The Discharge to Assess model is being progressed by the local health economy in 2016/17. • Sustained site pressures leading to high escalation has limited the positive effect of the initiatives outlined above. Medically Fit to Transfer numbers have regularly stayed between 90 and 120 patients during the final months of 2015/16, beyond the plan for a maximum of 45 patients • Enhanced ambulatory models of care introduced at both sites. Limited impact over the winter due to the beds being allocated to inpatients due to increased demand. • A more robust winter plan was in place with an additional 44 medical beds but was outstripped by higher than planned for demand.
Develop a **clinical strategy** that ensures the safety and short-term sustainability of our clinical services pending the outcome of the Future Fit Programme.	Roll out and embed the Discharge to Assess model and embrace new models of care with independent providers.	• The Discharge to Assess model led by the Clinical Commissioning Groups (CCGs) remains in place. However, it is currently of insufficient capacity to deliver the level of benefits planned.
	Identify and implement a plan to protect elective activity from emergency pressures.	• The Scheduled Care Group Winter Plan was implemented successfully from October 2015 to April 2016. A mobile day surgery unit was operational on the Princess Royal Hospital site from November 2015 until April 2016 and the elective orthopaedic bed base was reduced and relocated to the Princess Royal Hospital day surgery unit. This freed up Ward 11 to become a supported discharge ward. • On the Royal Shrewsbury site the Ward 21 urology bed base was reduced and relocated to the Royal Shrewsbury Hospital day surgery unit. Ward 21 functioned as a 16-bed supported discharge ward. • On both sites up to 4th January very little elective activity was cancelled due to capacity constraints. However, the Day Surgery Unit at the Royal Shrewsbury Hospital was almost constantly full and the number of medical outliers within the remaining surgical bed base on both sites increased resulting in an increase in the number of elective cases being cancelled in quarter 4.
	Agree and implement the service model for the Women and Children's services remaining at Royal Shrewsbury Hospital.	• The interim arrangements for Women and Children's Services at RSH have all been implemented. The revised opening times for the RSH Children's Assessment Unit (CAU) were implemented in partnership with the CCG. • The long-term options for the Women and Children's Zones at RSH were included in the Sustainable Services Programme Strategic Outline Case which was approved by the board in March 2016.

Performance Against Key Targets 2015/16

Here are the main Key Performance Indicators that I report to the Trust Board and how we performed during the year:

Domain	Indicator	Description	Data Source	Thresholds	Performance in Year Ended 31st March 2016
Access (including A&E and 18 weeks Referral to Treatment [RTT])*	Four-hour maximum wait in A&E from arrival to admission, transfer or discharge	The number of patients spending four hours or less in all types of A&E department/The total number of patients attending all types of A&E department	Weekly SitReps	Performing: 95% Underperforming: 94%	85.55%
	12 hour trolley waits	The number of patients waiting in A&E departments for longer than 12 hours after a decision to admit	Weekly SitReps	Performing: 0 Underperforming: >0	0
	1 hour ambulance handovers	Ambulance handovers not completed within 60 minutes	Weekly SitReps	Performing: 0 Underperforming: >0	268
	30 minute ambulance handovers	Ambulance handovers not completed within 60 minutes	Weekly SitReps	Performing: 0 Underperforming: >0	852
	RTT – admitted – 90% in 18 weeks	Total number of completed admitted pathways where the patient waited 18 weeks or less vs. Total number of completed admitted pathways in quarter	Monthly RTT returns via UNIFY	Performing: 90% Underperforming: 85%	70.46%
	RTT – non-admitted – 95% in 18 weeks	Total number of completed non-admitted pathways where the patient waited 18 weeks or less vs. Total number of completed admitted pathways in quarter		Performing: 95% Underperforming: 90%	93.34%
	RTT - incomplete pathways	Total number of patients on incomplete pathways less than 18 weeks vs. total number on incomplete pathways		Performing: 92%	91.44%
	RTT – greater than 52 weeks	Total number of patients waiting longer than 52 weeks from referral to treatment		Performing: 0	1
	% of patients waiting over 6 weeks for a diagnostic test	To measure waits and monitor activity for 15 key diagnostic tests		Performing: <=1%	0.56%
	28 day readmission	Number of patients cancelled on day of surgery not readmitted within 28 days	Quarterly return via UNIFY	Performing: 0	3
	Multiple cancellations of urgent operations	Number of urgent operations cancelled more than once	Monthly return via UNIFY	Performing: 0	0
Cancer Waiting Times	2 week GP referral to 1st Outpatient	Please see cancer waiting times guidance for definition of these performance standards	Cancer Waiting Times Database	Performing: 93% Underperforming: 88%	94.93%
	2 week GP referral to 1st outpatient – breast symptoms			Performing: 93% Underperforming: 88%	95.1%
	31 day diagnosis to treatment for all cancers			Performing: 96% Underperforming: 91%	98.17%
	31 day second or subsequent treatment – drug			Performing: 98% Underperforming: 93%	100%
	31 day second or subsequent treatment – surgery			Performing: 94% Underperforming: 89%	94.98%
	31 day second or subsequent treatment – radiotherapy			Performing: 94% Underperforming: 89%	98.58%
	62 days urgent GP referral to treatment of all cancers			Performing: 85% Underperforming: 80%	85.47%
	62 day referral to treatment from screening			Performing: 90% Underperforming: 85%	95.55%
	62 day referral to treatment from hospital specialist			Performing: 85% Underperforming: 80%	88.68%

*From 1 October 2015, a single measure of RTT performance was introduced. The incomplete standard identifies patients waiting to start treatment and since this was introduced the Trust achieved the target for four months out of six.

More detailed performance measures are included in the Operational Performance section of our Integrated Performance Report presented to each ordinary meeting of the Trust Board, with further review and assurance through the Trust Board's Hospital Executive Committee and through our operational performance systems.

I.2d Finance Director's Report

As Finance Director I have Board-level responsibility for effective systems of financial management and control, and the development and management of our contracts and performance systems. I am also the lead director for our Estates, Facilities, Information and IT services.

The Trust is presently working towards the achievement of a medium-term financial strategy that once delivered will return the Trust to financial balance. Being in financial balance is crucial. It means that we can develop and introduce new services, seek out opportunities to improve the quality of the care we provide and proactively replace and improve the estate and equipment we use in the delivery of our services. Without significantly changing the way we presently operate services across our two hospital sites we will not return to financial balance and to make those changes possible we need major capital Investment.

Securing major Capital Investment is not easy. The case for the investment obviously has to be strong and the Trust needs to demonstrate it can accommodate the financial consequences of the investment (more of that later).

Demonstrating control over the Trust finances is crucial. It gives confidence to those who would support and authorise investment plans and is the track record relied upon ultimately by those who approve Capital Investment plans. So setting a financial plan and then delivering to it is key, and particularly so for our Trust because it will determine our future.

In the 2015/16 financial year having initially committed to delivering an in-year deficit of £17.2 million, the effect of worsening finances nationally meant that mid-year the expectation placed upon the Trust was revisited with the effect that the Trust was required to improve the financial position by £2 million and deliver a stretch financial Target deficit of £15.2 million. The Trust has responded admirably to this challenge, generating cost savings and productivity improvements in year amounting to £18.1 million. Accordingly, a deficit for the year of £14.649 million was recorded. This is now the fifth consecutive year that the Trust has achieved precisely what it said it would do. A great achievement.

The route to securing the Capital Investment is progressing at pace. Specifically, in March a Strategic Outline Case (SOC) was approved by the Trust Board and then referred onto the Department of Health and Treasury for approval. This SOC retains two hospital sites, establishes Urgent Care Centres on each hospital site, builds a new modern scalable emergency care centre and seeks to establish through consolidation a number of centres of excellence to serve the populations of Shropshire, Telford and Powys. Plans allow also for a long overdue comprehensive overhaul of ward, theatre and Critical Care areas supported by enhanced diagnostic and imaging capability. The estimated cost of this development programme is circa £250 million. Our calculations show that this programme is affordable to the Trust.

Accordingly, it is important that the achievements realised in the 2015/16 year are not diminished. It is clear that the economic environment in which healthcare is delivered will continue to be a challenge in the 2016/17 financial year. Our plans for the year, however, demonstrate that through the continuing commitment and imagination of our staff, the Trust can, with confidence, fully expect to respond successfully to the year ahead.

Neil Nisbet, Finance Director

Progress Against Operational Objectives 2015/16

I was the lead director for the following operational objectives during the year:

2015/16 Strategic Priority	2015/16 Operational Objective	Annual Review of Progress
Undertake a **review of all current services at specialty level** to inform future service and business decisions. (Previously Director of Business and Enterprise priority)	Develop robust marketing plans to promote services and support agreed future business developments.	• A revised approach to marketing is being established for 2016/17 to reflect the latest information and the position of the organisation.
	Board review operational and financial performance in all specialties through service line reviews	• A programme of Deep Dive reviews has been completed. These reviews considered performance across four domains, notably finance, quality, workforce and patient/customer.
	Develop and embed a market orientated business planning and development framework.	• The Trust enhanced its market management capability in year through the employment of dedicated business support officers and through the creation of market management information decision making support system.
Develop a sustainable long-term clinical services strategy for the Trust to **deliver our vision** of future healthcare services through our Future Fit Programme (Previously Director of Business and Enterprise priority)	Develop the short listed options and a Strategic Outline Case for future service models for acute services and out of hospital care.	• The Strategic Outline Case for sustainable acute services was approved by the Trust Board on 31 March 2015 and submitted to the Trust Development Authority and Commissioners for their support and approval
	Commence, and complete, public consultation on proposed clinical services models.	• Public consultation for the Future Fit programme is planned to commence in Winter 2016.
	Draft an Outline Business Case on preferred option for acute services.	• Following approval of the Strategic Outline Case the Outline Business Case is in development and is due to be finalised in Autumn 2016.
Support service transformation and increased productivity through **technology and continuous improvement strategies**.	Develop robust IT solutions to deliver the national 'paperless NHS' and patient access to medical information' requirements including e-prescribing and an integrated clinical portal.	• Wi-Fi coverage within the Trust has been expanded and iOS devices have been deployed, enabling staff to access information held about patients at the bedside from multiple systems. • The user base for the locally developed clinical portal system continues to increase and a prototype module displaying GP data has been developed. • Clinical Portal functionality has been expanded to incorporate: completed pre-operative assessments; integration with the emergency department electronic white board and the new VitalPAC patient observations system; clinical guidelines; improved links to clinical documentation and compatibility with mobile devices.
	Develop a robust technology strategy for Diagnostics.	• The Trust has established a single database describing the full range of diagnostic equipment in use across the Trust. • This database has been used to support a risk management assessment of all equipment. • The Trust Capital Programme has been scheduled to reflect the risk profile as contained within the database.
	Develop and embed a Continuous Improvement Strategy.	• The Trust is actively taking forward a Continuous Improvement Strategy through it's work with the Virginia Mason Partnership.
Embed a customer focussed approach and improve relationships through our stakeholder engagement Strategies	Manage GP relationships through a robust GP Engagement Strategy and focussed account management	• Regular interface with the local GP community is being managed through the existence of a dedicated account manager.
Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme	Secure support to manage short-term financial pressures pending review of Long Term Financial Model	• The Trust has maintained short term liquidity through the receipt of External Financial Support.
	Identify and deliver recurring cost improvement programmes	• The Trust initially identified £15.27m in Cost Improvement Programmes to be delivered in 2015/16. • The Trust has over-delivered on these programmes and has delivered £18.811m in Cost Improvement Programme savings for 2015/16.
	Engage with commissioners to secure a whole health economy sustainable financial solution (including Better Care Fund and Quality, Innovation, Productivity and Prevention [QIPP])	• The Trust has struggled to gain access to work associated with commissioners' plans relating to QIPP and Better Care Fund schemes. • The local health economy has now recognised a sizeable financial deficit that needs addressing. The Trust's Finance Director is the responsible lead for co-ordinating a system-wide solution. • A consolidated view of the financial challenge for the health system has been agreed by all health bodies within the Shropshire and Telford health economy, based upon work commissioned with PricewaterhouseCoopers.
	Develop a rolling equipment replacement programme.	• An equipment replacement programme has been developed reflecting the risk profile of equipment used in the Trust.
	Develop a robust investment strategy to modernise our estate	• The six facet estate condition surveys were completed in late 2015 by external property surveyors. • Analysis of the estates data has taken place and proposals have been submitted to the Board seeking capital funding in 2016/17 to address the "high risk" items. • Work is now underway to implement the works associated with the "high risk" items on a prioritised basis during the 2016/17 financial year. • Proposals to address the remaining Backlog Maintenance have been included within the Sustainable Services Programme which received Strategic Outline Case approval in March 2016.

I.2e Workforce Director's Report

As Workforce Director I am the lead director for staff engagement and experience, empowering and developing our workforce, and ensuring effective systems for workforce planning.

It has been well documented that the NHS has faced difficulties in recruitment in recent years, and this is something that we have also experienced at SaTH. However, we have made really positive steps in the past 12 months; launching our 'Belong to Something' recruitment campaign to help us to attract the workforce we require. This has seen us increase our presence at recruitment events and make more use of social media and other mediums to enhance our efforts to increase our workforce and showcase SaTH as a great place to work.

Our successful nurse recruitment has focused on the UK, Europe and the Philippines and saw us recruiting a number of staff during the year. This helps us to reduce our reliance on temporary and agency staff, which is the right thing to do for our patients and staff. We made conditional offers to more than 70 Staff Nurses from the Philippines during the year, with more than 20 joining us already, and others due to join us during 2016/17. In total, during 2015/16 we recruited 114 Whole Time Equivalent (WTE) Staff Nurses, 70 WTE Health Care Assistants (HCAs) and 15 Consultants. We've also introduced new advanced clinical practitioner roles to support our Emergency and Acute Medicine Departments, helping us provide the best care possible for our patients. These senior non-medical clinicians have already had a huge impact on the organisation and the benefits of this new role have been seen, with further plans to expand this into other specialities.

Over the past year we've also looked at new ways to support our existing staff – as well as our new recruits. A big focus has been on health and wellbeing, promoting a healthy lifestyle and championing early intervention. We've increased the number of classes we provide for our staff, encouraged active lifestyles, worked closely with catering colleagues for healthier food choices, launched a fast-track physiotherapy service for employees and run a 'Cycle to Work' scheme to give them a more tax efficient way to purchase a bicycle. Alongside this we have also continued to run our ever popular Health and Wellbeing Roadshows, where our staff can pick up information, advice and freebies to support their health and wellbeing. I'm also really pleased that there is now a cash machine on site at RSH as this is something that staff consistently fed back would be useful to them.

Our efforts to support the health and wellbeing of our staff, which has also included the launch of running and walking clubs, were rewarded during the year as we won the Energize 'Employer of the Year Award'. We were also highly commended in the Large Apprenticeship Employer of the Year award in the Health Education England - West Midlands Apprenticeship Recognition Awards for supporting the workforce of the future.

One area where we have not done so well is in the take-up for the flu vaccination amongst our staff with only 43.3% having it during the year. This is something we will be focusing on more over the next year as we aim to increase the uptake significantly when the vaccination is available again next winter.

It was great that during the year our NHS Staff Survey results showed improvement, particularly that more of us recommended the Trust as a place to receive care or work and that 97% of our staff know our Trust Values. But there is more to be done and I hope to see further improvements in the next survey.

I'm really pleased with the progress we made in recruitment and supporting our workforce over the past 12 months, and our aim is to continue this over the coming year and beyond.

Victoria Maher, Workforce Director

Progress Against Operational Objectives 2015/16

I was lead Director for the following Operational Objectives during the year:

2015/16 Strategic Priority	2015/16 Operational Objective	Annual Review of Progress
Reduce harm, deliver **best clinical outcomes** and **improve patient experience**.	Further progress plans to extend 7 day services working towards the delivery of key clinical standards.	• A SaTH 7-day Trust-wide working group has been formed with a schedule of meetings. Through the STP development there is health economy-wide working to enhance 7 day services and to determine health economy wide challenges. Through 2015/16 we have an enhanced service offer over seven days which includes Radiology and Pathology provision over 7 days, medicine management provision and extended clinic in Endoscopy over 6 days, and 7 day cover for acute medicine consultant cover.
Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work	Develop a Values-driven organisation	• In 2015/16 further cohorts have been trained in Values Based Conversations and Values, Behaviour and Attitude (VBA) interview training. We will continue to roll out VBA interviews across further staff groups. • Employee- led values-based appraisals have been embedded and values-based corporate induction programmes have commenced. • Bespoke sessions with staff groups have been facilitated to look at what our Values mean to them.
	Implement the Trust's Leadership Development Programme	• Cohorts 6-12 of the SaTH Leadership Development programme have been completed and cohorts 12-16 have been populated and are commencing April 2016. • The Chief Executive-sponsored Master Class series was launched in January 2016 with a workshop led by Sir Neil Mackay. • The Leadership Development programme for Bands 1-4 was designed in conjunction with the Facilities Department and is being piloted by them for all supervisors and team leaders from May 2016.
	Improve staff engagement across the Trust.	• The Staff Survey 2015 highlighted improved staff engagement scores across the Trust. • A Deep Dive was undertaken on the Staff Survey results at the March Workforce Committee and a work plan for 2015/16 was identified. The Trust Board received an update in March 2016. • A Local survey 'Our Voice' was undertaken within Corporate Services.
	Deliver 5 Year Workforce Plans for all services that support transformation and address recruitment issues within challenged specialities.	• Workforce Plans driven by Human Resources (HR) Business Partners and the Executive Team have been presented with detailed workforce profiles highlighting supply and demand risks and potential mitigations. These are being managed through the Workforce Committee. • The Sustainable Services Programme includes the workforce transformation required across the options. • The Local Education and Training Council are addressing health economy challenges, for example in operating department practitioners and Radiology.

Performance Against Key Targets 2015/16

Here are the main Key Performance Indicators that I present to the Trust Board:

Domain	Indicator	Description	Data Source	Thresholds	Performance in Year Ended 31st March 2016
Workforce	Sickness absence	Number of days sickness absence vs. available workforce	SaTH returns	Performing: 3.99%	4.16%
	Appraisal	Number of eligible staff receiving appraisal in current performing vs. total eligible staff		Performing: 80% (stretch target 100%)	86%
	Statutory and Mandatory Training	Number of spells or attendances with valid number/Total number		Performing 80%	79%

More detailed performance measures are included in the Workforce section of our Integrated Performance report presented to each ordinary meeting of the Trust Board, with further review and assurance through the Trust Board's Workforce Committee.

I.1f Director of Corporate Governance's Report

As Director of Corporate Governance I am responsible for ensuring effective systems of governance and risk management within the Trust, and I am also the Company Secretary. My wider responsibilities include legal services, security and health & safety. I am also the Lead Director for Community Engagement and social action through our members and volunteers.

Last year we were highly commended in five categories at the national NHS Sustainability Day Awards 2015 – Public Health, Procurement, Food, Water and Energy. We were also shortlisted finalists in the prestigious Health Service Journal (HSJ) Awards for our work around sustainability while also being named 'Employer of the Year' at the Energize Awards for our staff wellbeing agenda, particularly around active transport and green spaces.

A particular development this year has been made possible thanks to the kindness of Boningale Garden Creations, and the time and effort of our volunteers, to create a Garden of Tranquillity at the Princess Royal Hospital for patients, visitors and staff outside the Macmillan Unit. I am delighted with this new restful outdoor area which, like the Garden of Reflection before it, allows families to visit patients and spend time in a lovely outdoor environment providing a welcome and beautiful courtyard for conversation or quiet reflection. We are also creating a Wildlife Meadow outside Outpatients at the Royal Shrewsbury Hospital to encourage bio-diversity on our sites.

We now have more than 100 Sustainability Champions and have formed a partnership with the Wildlife Trust to further develop green hospital spaces for patients, visitors and staff. Our volunteers continue to play a vital role within our hospitals, working in a variety of departments alongside our staff, and our volunteering strategy is being used as a 'best practice' model by other NHS Trusts. We were recently contacted by Health Education England who would like to feature our work with young volunteers as a case study for the rest of the NHS. We now have more than 700 volunteers, plus almost 300 linked to the League of Friends. All of our new volunteers receive induction and training, including Dementia Awareness sessions as we are committed to providing a dementia-friendly environment on both our sites.

Security is an important element of a safe environment for staff and visitors and our Security Team have helped to once again drive down intentional violence against members of staff. We have also seen an improvement in the rate of clinical aggression. Our Security staff have undergone training, accredited by the British Institute of Learning Disabilities and the Institute of Conflict Management, from accredited NHS trainers from South Staffordshire and Shropshire NHS Foundation Trust, to de-escalate potentially challenging situations. Managing risk within any environment is an important undertaking. Reassuringly, for the fourth year in a row, we received 'substantial assurance' from Deloitte, the Trust Internal Auditors, when they carried out a review of our management of our organisational risk.

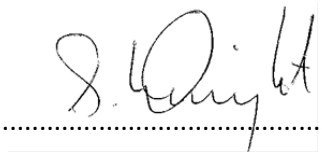
Reflecting on the year's achievements, I am delighted to report on the progress made within the Directorate delivering above and beyond on all our objectives. The most encouraging aspect is the real sense of community engagement and social action to achieve remarkable benefits for our patients.

Julia Clarke, Director of Corporate Governance

Progress Against Operational Objectives 2015/16

I was the lead director for the following operational objective in 2015/16:

2015/16 Strategic Priority	2015/16 Operational Objective	Annual Review of Progress
Develop the principle of **'agency' in our community** to support a prevention agenda and improve the health and wellbeing of the population	Develop strong relationships and progress initiatives with volunteers.	• We currently have 727 Trust Volunteers within the organisation; this includes individuals on our young volunteer scheme; • Over the past 18 months we have seen a significant increase in the number of individuals applying to volunteer at the Trust and the demographics of our volunteer community is changing – we now have a larger number of under-65s volunteering at the Trust. • We have continued to develop the range of volunteer opportunities available in the Trust including Helping Hands volunteers who will assist the discharge process and reduce readmissions. • The Trust has several volunteer projects including a young volunteer scheme, corporate "making a difference days" and a staff volunteer scheme. • We have 288 individuals who volunteer for the League of Friends of the Royal Shrewsbury Hospital/Friends of the Princess Royal Hospital (PRH). Individuals who have volunteered for the Royal Voluntary Service at the Hospital have transferred their volunteer placements to the Trust. • We have continued to build links with organisations and businesses in the local area and our latest project to redevelop a courtyard at the PRH has been successfully completed. • The Boningdale Garden of Tranquillity at PRH was funded through donations of resources and time from local businesses including over £21,000 of materials and free design, labour and equipment. • We have begun working in partnership with the Shropshire Wildlife Trust who recently carried out a site survey at both hospital sites to look at ways we could improve the natural habitat.
	Continue to develop environmental and social sustainability through the Good Corporate Citizen programme.	• A self-assessment of the Trust was undertaken in June 2015 against the NHS Sustainable Development Unit's *Making You a Good Corporate Citizen* tool. The Trust scored 62%, an increase of 4% compared to the previous assessment in 2013. • In April the Trust was "highly commended" in an unprecedented five categories at the NHS Sustainable Development Unit annual Sustainability Awards – more than any other Trust. • In November the Trust was a finalist for the first time at the prestigious Health Service Journal Awards in the Improving Environmental and Social Sustainability category for our *Healthcare with a kind touch and a small footprint* programme, shortlisted from 1,600 entries. • The Trust has been shortlisted in the NHS Sustainability Awards in 2016 for the third year in a row.
	Develop a strategy around health related social change through our FT membership.	• The Trust has continued to develop its public membership as well as promoting opportunities for our staff and public members to become involved with the organisation. The Trust currently has 9,844 public members as well as 5,847 staff members. • We engage our members through our regular newsletter 'A healthier Future' which provides further opportunities for our public members to get involved, for example attending health lectures or 'Dementia Friends' information sessions; a number of which have been held at both hospital sites for volunteers, members of the public and staff. • Dementia is an Alzheimer's Society initiative that aims to give individual's a better understanding of dementia and the actions they can take to support dementia friendly communities. So far 412 people have attended one of our information sessions at the Trust. We are currently providing information sessions to non-clinical staff in the Trust.
Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies (previously Communications Director priority)	Develop a Stakeholder Engagement and Customer Relationship Strategy.	• Following our successful bid to join a five-year partnership with the Virginia Mason Institute (VMI) in Seattle, this work has re-focused on establishing the communications programme and infrastructure to support the accelerated transformation through this programme. • The Trust is part of a national communications forum to develop and deliver the national approach, which focuses on (a) Engaging Staff and Embedding the Culture (b) Creating a Common Partnership Approach (c) Enabling Engagement Across the Partnership (d) Establishing the National and Local Pulse and (e) Building Stakeholder Advocacy.



Signed.....

Simon Wright, Chief Executive

Date.....2 June 2016.....

Part II. Accountability Report

II.1 Corporate Governance Report
II.1a Director's Report

The Shrewsbury and Telford Hospital NHS Trust is an NHS Trust established in accordance with the National Health Service Act 2006 and related legislation. It is led by a Board of Directors responsible for all aspects of the Trust's performance including high standards of clinical and corporate governance. This section of the Annual Report provides information about the members of the Board and how the Trust is governed.

The members of the Trust Board at year end are outlined below, including a summary of their experience, registered interests and terms of office. During the year there were several changes with the Board. Peter Herring retired as Chief Executive in August 2015 and Non-Executive Director (NED) Dennis Jones left the Trust in October 2015. Simon Wright was appointed as Chief Executive from September 2015, Paul Cronin joined as Designate NED from November 2015 and Clive Deadman joined as a NED from February 2016.

Members of the Trust Board: Chair and Non-Executive Directors

Professor Peter Latchford OBE, Chair

Peter has been Chair, Chief Executive and troubleshooter for a variety of public service organisations, in health, housing, regeneration, community cohesion, enterprise, infrastructure, local authority, museums, skills, business support, and crime. He is Director of Black Radley Ltd which provides specialist consultancy services in enterprise development, governance and strategic planning. He is also Visiting Professor of Enterprise at Birmingham City University and Trustee of the LankellyChase Foundation. He was awarded an OBE for services to business and the community in the New Years Honours of 2012.

- Term: November 2013 to October 2017 (first term)
- Political activity: None
- Interests declared at year end: Director and Shareholder in Spark UK Ltd, Director of Black Radley Ltd, Director of Black Radley Culture Ltd, Director of Black Radley Systems Ltd, Director of Black Radley Insight Ltd, Director of Sophie Coker Ltd, Trustee of the LankellyChase Foundation, Visiting Professor at Birmingham City University, Fellow of Royal Society for Arts and Manufacturing (RSA)
- Declared interests expiring during the year: None

Mr Harmesh Darbhanga, Non-Executive Director

Harmesh graduated with an honours degree in Economics from the University of Wolverhampton. He has worked in a variety of senior roles in local government and has over 25 years experience in accountancy and audit having worked both in the public and private sector. He is currently a local government Finance Manager for Projects where his main responsibilities are for the Medium Term Financial Strategy, Financial Appraisals and providing analytical and accounting support on key projects. Harmesh has extensive board level experience having previously served as an Independent Board Member of Severnside Housing and more recently as Non-Executive Director and Locality Support Member at Shropshire County Primary Care Trust.

- Term: September 2013 to September 2017 (first term)
- Political activity: None
- Interests declared at year end: None
- Declared interests expiring during the year: None

Mr Paul Cronin, Non-Executive Director Designate

Paul has been the Chief Executive of Severn Hospice, a local charity that provides palliative and end-of-life care for adults in Shropshire, Telford and Wrekin, north Powys and Ceredigion, since 2003. Paul started his career in the NHS with Shropshire Health Authority 32 years ago and has held a variety of roles, including Chief Executive posts at the Cardiothoracic Centre - Liverpool NHS Trust, Wirral Health Authority and North Cheshire Hospitals. While with Severn Hospice, Paul has led the development of Compassionate Communities across Shropshire and is passionate about citizens and organisations working together in partnership to provide support to the most frail and vulnerable in our communities.

- Term: November 2015 to October 2017 (first term)
- Political activity: None
- Interests declared at year end: Chief Executive of Severn Hospice
- Declared interests expiring during the year: None

Mr Clive Deadman, Non-Executive Director

Clive, who lives in Cuddington in Cheshire, brings 30 years' experience from senior commercial, finance and business development roles. He studied Chemistry at Cambridge University and worked in Africa before spending eight years in the Venture Capital industry. Since joining the utility sector in 1992, Clive has held a range of executive director roles in electricity distribution, water and wastewater utilities. Clive holds a number of directorships in the housing and utilities sector. He is currently a Non-Executive Director for Metropolitan Housing Trust, one of the largest owners and operators of social housing in the UK, a position he has held since 2013. He is Non-Executive Director for Ombudsman Services (2011-present) where he chairs the Audit Committee. He is Director of 1905 Investments Ltd which provides strategic business & investment advice to board executives of utilities and technology suppliers to the global utility sector. He is also Chairman of the Investment Forum for the Energy Innovation Centre; the Forum helps investment partners across the electricity sector to invest in new technologies that enhance electricity network capability and infrastructure.

- Term: February 2016 to 31 January 2018 (first term)
- Political activity: None
- Interests declared at year end: Director of Consumer Ombudsman Services, Director of Metropolitan Housing Partnership, Chairman of Energy Innovation Centre, Council Member of Institute of Asset Management, Director of 1905 Investments Ltd., Lecturer at Cranfield University.
- Declared interests expiring during the year: None

Dr Robin Hooper, Non-Executive Director

Robin is a qualified solicitor and chartered secretary with over 30 years experience in the public sector, including over 20 years at Director or Chief Executive level in local authorities. This included eight years as Chief Executive of Shrewsbury and Atcham Borough Council. Dr Hooper is a fellow of the Institute of Chartered Secretaries and Administrators. He has a masters degree in European and employment law and a doctorate in business administration. He has worked as a Director of a national law firm and been part of a team

on turnaround assignments in the public sector as well as having successfully held Non-Executive Director roles within the private sector.

- Term: November 2012 to October 2016 (first term)
- Political activity: None
- Interests declared at year end: Director of Planning Group Limited, Chief Executive of Eden District Council, Director of Verity House Limited, Trustee of Shrewsbury Draper Limited, Director of Enterprise Prospects Limited, Director of Hooper Burrowes Legal, Director of Sports Booker Limited, Director of Oak Street Property Limited, Director of Hollyhead Estates Limited, Director of Hollyhead Estates Wrenbury Limited, Fellow of Royal Society for Arts and Manufacturing (RSA)
- Interests expiring during the year: Director of Global Enterprise Solutions Ltd, Director of Oak Street Wimblington Limited

Mrs Donna Leeding, Non-Executive Director

Donna has spent the last 24 years working in various divisions within BT where she has gained board-level experience of leading major change programmes in customer service, employee engagement and cost transformation. She has specialised in projects that span BT's divisions from rolling out broadband to all rural areas, to leading the strategy and implementation of BT's climate change strategy and recently focusing on driving and embedding LEAN principles in service delivery. In 2009 Donna was awarded the IVCA award for "Career in Industry" for her contribution to the innovative communications and engagement programmes for climate change and broadband. Donna also has extensive experience from a previous role as a Non-Executive Director for a national children's charity.

- Term: September 2013 to September 2017 (first term)
- Political activity: None
- Interests declared at year end: None
- Interests expiring during the year: None

Mr Brian Newman, Non-Executive Director

Brian is Chairman of Governors of Prestfelde School. He has over 30 years' experience at managing director level in a variety of international businesses, including, for eight years, as MD of GKN plc's global Wheels Division, which has headquarters in Telford. He also has considerable Trade Association board experience including as chairman of the board of the British Fluid Power Association. Brian, who is a Freeman of the Shrewsbury Drapers Company, is married with three adult sons.

- Term: April 2014 to March 2016 (first term). Brian has been reappointed for a second term until March 2020.
- Political activity: None
- Interests declared at year end: Director - Prestfelde School Limited, Director - Prestfelde School Enterprises Limited, Director - Beckbury Associates Limited, Director – The Woodard Corporation Limited, Director – Board of AIM Pressure Technologies PLC
- Interests expiring during the year: Director – Teknomek Limited, Director – Friars 577 Limited (Teknomek's holding company)

Dr Simon Walford, Non-Executive Director

Simon was a consultant physician in the NHS for over 20 years and the medical director at the Royal Wolverhampton Hospitals NHS Trust. He worked for several years as a senior medical advisor in the Department of Health focusing on transforming emergency care and was a clinical advisor to the Care Quality Commission. He left the NHS in 2007 to work in independent practice as a clinical management consultant. He holds a number of Non-

Executive roles in not-for-profit organisations.

- Term: October 2014 to September 2016 (second term)
- Political activity: None
- Interests declared at year end: Trustee of Wolverhampton Grammar School, Chairman of the Board of the University of Wolverhampton, In receipt of an NHS Pension
- Interests expiring during the year: Governor of University of Wolverhampton, Director of Wolverhampton Academies Trust

Members of the Trust Board: Chief Executive and Executive Directors

Mr Simon Wright, Chief Executive

Simon was appointed as director at Warrington and Halton Hospitals NHS Foundation Trust in June 2007. Simon started his management career with nine years in the independent health sector before joining The Walton Centre for Neurology and Neurosurgery NHS Trust in 1997. He joined Salford Royal Hospitals Trust in 2001 as general manager, later becoming associate director. He helped lead Warrington and Halton Hospitals from turnaround to strong performing NHS Foundation Trust with a track record of operational delivery during his time there. He took on the role of deputy chief executive in July 2013 alongside his chief operating officer role. Simon has a MSc from Lancaster University. He is married with one son and enjoys music, sport and reading.

- Appointed: September 2015
- Interests declared at year end: None
- Interests expiring during the year: None

Mrs Sarah Bloomfield, Director of Nursing and Quality

Sarah joined The Shrewsbury and Telford Hospital NHS Trust in November 2011, in the role of Deputy Chief Nurse. She became Acting Director of Nursing and Quality in September 2013, before being appointed to the substantive post in April 2014.

- Appointed: April 2014 (seconded as Acting Director of Nursing and Quality in September 2013 and appointed as substantive Director of Nursing and Quality in April 2014)
- Interests declared at year end: None
- Interests expiring during the year: None

Dr Edwin Borman, Medical Director

Edwin joined the Trust as Medical Director in April 2013. Prior to this, he was Clinical Director for Anaesthetic, Critical Care and Pain Services at University Hospitals of Coventry and Warwickshire NHS Trust. Throughout his career Edwin has taken a keen interest in the standards of medical practice, education, ethics, equality and diversity, representation and leadership. This has included chairing the British Medical Association's (BMA) Junior Doctors Committee and its International Committee, serving for over 20 years as a BMA Council member and for 14 years as a GMC Council member. Edwin has been a consultant anaesthetist since 1997 and also works in this clinical capacity providing care for our patients.

- Appointed April 2013
- Interests declared at year end: None
- Interests expiring during the year: Secretary General of the European Union of Medical Specialists

Debbie Kadum, Chief Operating Officer

After training as a nurse Debbie completed her orthopaedic nursing certificate and joined Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust in 1986. She held a series of nursing roles including seven years as a ward sister before moving into clinical and senior management roles. This included two years as clinical co-ordinator for the Midlands Centre for Spinal Injuries, a stint as Acting Executive Nurse and most recently over two years as Deputy Director of Operations. In 2005 Debbie moved to Chester as Divisional Manager for Diagnostic, Therapy and Pharmacy Services, later becoming Divisional Manager for Medicine before her appointment as Divisional Director for Urgent Care in 2010. Debbie joined SaTH as Chief Operating Officer in December 2012. Debbie has lived in Shropshire for over 26 years, and is married with two children.

- Appointed December 2012
- Interests declared at year end: None
- Interests expiring during the year: None

Mr Neil Nisbet, Finance Director

Neil joined the Trust in April 2011, having previously been a Finance Director for 12 years and most recently Director of Organisational Resources and Director of Finance at Wolverhampton City PCT.

- Appointed April 2011
- Interests declared at year end: None
- Interests expiring during the year: None

Declaration from Directors

Each Director confirms that as far as he/she is aware there is no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and has taken "all the steps that he or she ought to have taken" to make himself/herself aware of any such information and to establish that the auditors are aware of it.

Board Meetings

The Trust Board met 10 times during the year in addition to the Annual General Meeting in September. Meetings of the Trust Board are held in public. Board papers are published on the Trust website. Information about attendance at Trust Board meetings is included in the Annual Governance Statement at Appendix 3.

The Board received reports from the four committees chaired by the Non-Executive Directors: Audit Committee, Finance Committee (including Charitable Funds), Quality and Safety Committee, and Remuneration Committee. In addition the Trust Board received reports from the four committees chaired by executive directors – Hospital Executive Committee (chaired by the Chief Executive), Workforce Committee (chaired by the Workforce Director), Risk Committee (chaired by the Chief Executive) and the former Business Development and Enterprise Committee (chaired by the Director of Business and Enterprise) – and regular reports on finance, performance, quality and risk. These reports ensure that the Trust Board can reach informed and considered decisions and ensure the Trust meets its objectives.

Register of Interests

The Trust holds a register of interests of the members of the Trust Board. Directors are asked to declare any interests that are relevant or material on appointment and should a conflict arise during their term. The register of interests, which is updated and published annually, is maintained by the Board Secretary and available to the public via our website at www.sath.nhs.uk within the papers of the Trust Board meeting. A copy can be obtained from the Trust or viewed by appointment. The declarations of interests of the members of the Trust Board during the year are included above.

Audit Committee

The Audit Committee's chief function is to advise the Board on the adequacy and effectiveness of the Trust's systems of internal control and its arrangements for risk management, control and governance processes and securing economy, efficiency and effectiveness (value for money). The audit committee met regularly

throughout the year. Chaired by Non-Executive Director Dr Robin Hooper the committee comprises three Non-Executive Directors (including the committee chair). The other committee members during the year were Dr Simon Walford, Dennis Jones (until his term in office concluded) and Harmesh Darbhanga (after Dennis's term of office concluded). Other Non-Executive Directors are welcome to attend. Committee meetings are attended regularly by the internal and external auditors, Finance Director, Director of Corporate Governance and Head of Assurance. Other Executive Directors attend by invitation. The committee met on six occasions during the year. This included one special meeting to review the annual accounts.

Disclosure of Personal Data Related Incidents

The Trust takes its responsibilities for protecting patient information seriously, and we expect high standards of information governance from our staff.

There were no incidents relating to person identifiable information which were formally reported at the Trust in 2015/16.

II.1b Statement of Chief Executive's Reponsibilities

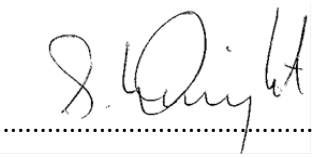
Statement of the Chief Executive's Responsibility as the Accountable Officer of the Trust:

The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of the NHS Trust Development Authority.

These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the Trust;
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.



Signed.....

Simon Wright, Chief Executive

Date.....2 June 2016.....

Annual Governance Statement

The Trust has produced a full Governance Statement which details the governance framework of the Trust, including the governance responsibilities of committees, how the Trust identifies and assesses risk, the principal risks to achieving the organisational objectives, and serious incidents occurring in the last year.

The statement details how the organisation ensures the effectiveness of its systems of internal control and any issues that have occurred during the year.

This statement can be found in full in Appendix 3: Financial Statement / Annual Accounts.

II.2 Remuneration and Staff Report
II.2a Remuneration Report

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. The information provided on pay multiples is subject to audit. The banded remuneration of the highest paid director in The Shrewsbury and Telford Hospital NHS Trust in the financial year 2015-16 was in the salary banding of £170,000 to £175,000 (2014-15, £175,000 to £180,000). This was 7.03 times (2014-15, 7.23 times) the median remuneration of the workforce, which was £24,555 (2014-15, £24,312). The ratio is lower in 2015-16 as the highest paid director in 2014-15 was the Chief Executive who left the Trust during 2015-16 but the highest paid director in 2015-16 was the Medical Director. In 2015-16, 16 (2014-15, 16) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £175,500 to £273,000 (2014-15, £176,600 to £268,400).

Total remuneration includes salary, non-consolidated performance-related pay (not applicable to any member of staff in 2015-16 or 2014-15), benefits in kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. The tables below set out the salary and pension entitlements of senior managers, namely the directors who were voting members of the Trust Board during the year. Remuneration figures represent actual remuneration rather than full-year effect.

Table 11.2a - 1: Salary entitlements of senior managers (members of the Trust Board). This information is subject to audit.

Salary entitlements of senior managers	2015-16						2014-15					
Name and Title	Salary (bands of £5,000) £000	Expense payments (taxable) total to nearest £100 £00	Performance pay and bonuses (bands of £5,000) £000	Long term performance pay and bonuses (bands of £5,000) £000	All pension-related benefits (bands of £2,500) £000	TOTAL (bands of £5,000) £000	Salary (bands of £5,000) £000	Expense payments (taxable) total to nearest £100 £00	Performance pay and bonuses (bands of £5,000) £000	Long term performance pay and bonuses (bands of £5,000) £000	All pension-related benefits (bands of £2,500) £000	TOTAL (bands of £5,000) £000
Professor Peter Latchford Chairman	30-35	-	-	-	-	30-35	30-35	-	-	-	-	30-35
Mr Peter Herring* Chief Executive (to 31.07.15)	80-85	-	-	-	-	80-85	175-180	-	-	-	-	175-180
Mr Simon Wright Chief Executive (from 28.09.15)	80-85	-	-	-	70-72.5	150-155	-	-	-	-	-	-
Voting Directors												
Mrs Deborah Kadum Chief Operating Officer	115-120	-	-	-	42.5-45	160-165	110-115	-	-	-	-	110-115
Dr E Borman Medical Director	170-175	-	-	-	-	170-175	170-175	-	-	-	-	170-175
Mrs Sarah Bloomfield Director of Nursing and Quality	110-115	-	-	-	-	110-115	105-110	-	-	-	0-2.5	110-115
Mr Neil Nisbet Finance Director	135-140	5	-	-	-	135-140	115-120	17	-	-	-	115-120
Non-Executive Directors												
Mr Paul Cronin Non Executive Director (from 01.11.15)	0-5	-	-	-	-	0-5	-	-	-	-	-	-
Mr Harmesh Darbhanga Non Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	-	5-10
Mr Clive Deadman Non Executive Director (from 01.02.16)	0-5	-	-	-	-	0-5	-	-	-	-	-	-
Mr Robin Hooper Non Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	-	5-10
Mr Dennis Jones Non Executive Director (to 31.10.15)	0-5	-	-	-	-	0-5	5-10	-	-	-	-	5-10
Mrs Donna Leeding Non Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	-	5-10
Mr Brian Newman Non Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	-	5-10
Dr Simon Walford Non Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	-	5-10
Band of Highest Paid Director's Remuneration (PYE)	170-175						175-180					
Median Total Remuneration	24,555						24,312					
Ratio	7.03						7.30					

** Peter Herring retired from the NHS Pension Scheme at the beginning of April 2014. **Sarah Bloomfield was Acting Chief Executive from 1.8.15-16.8.15 and Neil Nisbet was Acting Chief Executive from 17.8.15-27.9.15. From 1.4.15 Neil Nisbet became Deputy Chief Executive.*

Table 11.2a - 2: Pension entitlements of senior managers (members of the Trust Board. This information is subject to audit.

Pension entitlements of senior managers Name & Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2016 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2016 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2015	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2016
	£000	£000	£000	£000	£000	£000	£000
Mr Simon Wright Chief Executive (from 28 September 2015)	2.5-5	10-12.5	30-35	90-95	443	64	521
Dr Edwin Borman Medical Director	0-2.5	0-2.5	70-75	210-215	1,332	18	1,392
Mrs Deborah Kadum Chief Operating Officer	2.5-5	7.5-10	40-45	125-130	730	60	813
Mr Neil Nisbet Finance Director / Deputy Chief Executive	7.5-10	25-27.5	45-50	145-150	766	167	957
Mrs Sarah Bloomfield Director of Nursing and Quality	0-2.5	0-2.5	20-25	70-75	304	4	317

** Peter Herring retired from the NHS Pension Scheme at the beginning of April 2014.*

There are no employer contributions to stakeholder pension.

Remuneration for directors is set by the Trust's Remuneration Committee. Director salaries are reviewed at appointment then, annually, a benchmarking exercise is undertaken to ensure remuneration remains appropriate.

II.2. Remuneration and Staff Report
II.2b Staff Report

We employ more than 5,500 staff and hundreds of staff and students from other organisations also work in our hospitals.

This report provides details about the make-up of our workforce, which at the end of 2015/16 increased by 182 to 5,774. When taking into account those employed on part-time contracts, the full-time equivalent (FTE) number increased by 180 to 4,921. A more detailed breakdown can be found in the table below:

Table 11.2b – 1: Full-time equivalent (FTE) staff by group

Staff Group	FTE	Percentage
Doctors and dentists	551.08	11.2%
Nursing and midwifery staff	1430.23	29.1%
Scientific, technical and therapies staff	641.77	13.0%
Other clinical staff	1336.55	27.2%
Non-clinical staff	960.89	19.5%
Total	**4920.52**	

The following table provides details of the number of senior managers by Agenda for Change (AfC) pay band:

Table 11.2b – 2: Senior manager by Agenda for Change (AfC) pay band. Senior managers in this instance are classed as those who are not clinically-qualified and are either a member of the Executive Team or a member of staff who reports directly to a member of the Executive Team.

Senior Managers by AfC Band	Headcount	Percentage
Band 8a	1	4%
Band 8b	7	25%
Band 8c	11	39%
Band 8d	8	29%
Band 9	1	4%
Total	**28**	

The following table provides details of the composition of staff:

Table 11.2b – 3: Composition of all staff (full and part-time)

Gender	Headcount	Percentage
Female	4614	80%
Male	1165	20%
Grand Total	**5779**	

The following two tables show the composition of the Trust Board and senior staff:

Table 11.2b – 4: Composition of the Trust Directors

Role	Gender	Total
Chief Executive	Male	1
Director of Nursing and Quality	Female	1
Finance Director	Male	1
Medical Director	Male	1
Chief Operating Officer	Female	1
Director of Corporate Governance	Female	1
Workforce Director	Female	1
Grand Total	**(3 male and 4 female)**	**7**

Table 11.2b – 5: Composition of senior managers

Role	Gender	Total
Senior Manager	Female	21
	Male	7
Grand Total		28

The following table provides sickness absence data for the period from 1 April 2015-31 March 2016:

Table 11.2b – 6: Sickness absence

Sickness Absence Information	
Sickness Absence %	4.16%
% Over Target Sickness of 3.99%	0.17%
Total FTE Calendar Days Lost	73,528
Average FTE Calendar Days Lost Per Employee	15
Number of Ill Health Retirements	8
Number of Voluntary Resignations due to health	0

Equality and Diversity

We are proud to support the Equality and Diversity agenda and have an Equality and Diversity policy and a specific policy on employing people with disabilities. We renewed our commitments under the Positive about Disability – "Two Ticks" symbol through the Job Centre Plus programme, encouraging applications from people with disabilities through the guaranteed interview scheme and we also continued to support employees who have become disabled during their working career to continue working within the Trust, albeit in a different or adapted role through the internal alternative employment register.

We recognise the value that all our staff give to the care of our patients directly and indirectly, and this is reflected in the Trust employing a diverse workforce representative of the communities we serve as one of the largest employers in the Shropshire and Telford & Wrekin area.

The Equality and Diversity policy demonstrates the Trust's commitment to preventing discrimination and promoting equality and diversity for patients, visitors and staff. The Trust Values of Proud To Care, Make It Happen, We Value Respect and Together We Achieve to which our staff have signed up to, are strong indicators that we are committed to ensuring all who have contact with the Trust in whatever capacity, are treated fairly, equally and are free from harm.

We have continued to engage with local communities in projects such as the Prince's Trust, giving opportunities for work-ready young people interested in a variety of roles within the NHS to come and work with a variety of departments across the Trust. More recently we have expanded the apprenticeship schemes in many different job roles across the Trust.

The Trust is monitored on Equality and Diversity indicators and publishes an annual update to the Trust Board each year.

Diversity of Staff:

- 80% of the workforce is female and 20% male, 44.5% of the Trust Board is female and 55.5% male, of the executive directors on the Board 60% are female and 40% male, and of the Trust's senior managers 75% are female and 25% male;
- 11% of staff identify themselves as from an ethnic minority background (compared to a local population figure of approximately 2%);
- 20% of staff are aged between 16 and 30 with 28% of staff aged between 41-50;
- 2% of staff identify themselves as having a disability (however 24% do not declare whether they do or do not have a disability, as it is not compulsory to declare this information to an employer).

Staff policies applied during the financial year

For giving full and fair consideration to applications for employment by the company made by disabled persons, having regard to their particular aptitudes and abilities:

All the Trust's Human Resources (HR) policies are under review and we are now clustering policies to make them more user friendly. The Recruitment and Equality & Diversity policies are currently under review and are due for publication towards the end of 2016. An Equality Impact Assessment will be done for each cluster of policies to ensure they reflect best practice in industry standards and take into account the current legislative requirements in relation to people with disabilities.

For continuing the employment of, and for arranging appropriate training for, employees of the company who have become disabled persons during the period when they were employed by the company:

The Trust currently has a policy called HR40 Employing People with Disabilities, which reflects current practice in terms of the guaranteed interview scheme for newcomers to the Trust. For existing staff, the Trust runs an Alternative Employment Register for those who become unable to carry out their substantive contract so they can look at all the alternative posts that are available within the Trust, which match their skill set to enable them to carry on working within the Trust.

Otherwise for the training, career development and promotion of disabled persons employed by the company:

All staff, regardless of disability or not, have access to development, training and promotion opportunities through the Trust's Learning and Development Team and through the use of the nationally recognised NHS Jobs portal for advertising of jobs.

Expenditure on consultancy

The Trust's expenditure on consultancy for 2015/16 was £34,000 with Acumen Management Solutions Limited for consultancy work undertaken at the Shropshire Women and Children's Centre and Future Fit Programme Management until July 2015.

This is staff consultancy expenditure and will not match the 'Consultancy services' figure in Note 8 of the Annual Accounts in Appendix 3.

Off-payroll engagements

From 2012/13 HM Treasury has required public sector bodies to report arrangements whereby individuals are paid through their own companies (and so are responsible for their own tax and National Insurance [NI] arrangements, not being classed as employees). The requirement remained in place for 2013/14, as well as a more detailed disclosure on the length of time these engagements have been in place.

The Trust is required to disclose:

- All off-payroll engagements as of 31 March 2016, of more than £220 per day and lasting longer than six months (see *Table 11.2b – 8:* below).
- All new off-payroll engagements between 1 April 2015 and 31 March 2016, for more than £220 per day and lasting longer than six months (see *Table 11.2b – 9:* below).

The Trust has strengthened its controls in this area and does not have any cases where assurances have not been received or terminations have taken place as a result of assurances not being received.

All existing off-payroll engagements have been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

Table 11.2b – 8: All off-payroll engagements as of 31 March 2016, of more than £220 per day and lasting longer than six months

For all off-payroll engagements as of 31 March 2016, for more than £220 per day and that last longer than six months:	Number
Number of existing engagements as of 31 March 2016	0
Of which, the number that have existed:	
for less than one year at the time of reporting	-
for between one and two years at the time of reporting	-
for between 2 and 3 years at the time of reporting	-
for between 3 and 4 years at the time of reporting	-
for 4 or more years at the time of reporting	-

Table 11.2b – 9: All new off-payroll engagements between 1 April 2015 and 31 March 2016, for more than £220 per day and lasting longer than six months

For all new off-payroll engagements between 1 April 2015 and 31 March 2016, for more than £220 per day and that last for longer than six months	Number
Number of new engagements between 1 April 2014 and 31 March 2015	0
Number of new engagements which include contractual clauses giving the Shrewsbury and Telford Hospital NHS Trust the right to request assurance in relation to income tax and National Insurance obligations	-
Number for whom assurance has been requested	-
Of which:	-
assurance has been received	-
assurance has not been received	-
engagements terminated as a result of assurance not being received, or ended before assurance received.	-

Exit Packages and Severance Payments

No exit packages or severance payments were made during 2015-16. Ill health retirement costs are met by the NHS Pensions Scheme and are not considered within the Trust's Exit Packages and Severance Payments data.

Appendix 1

Quality Account 2015/16

Appendix 2

Annual Accounts (Financial Statements)

Appendix 3

Annual Governance Statement

The Shrewsbury and Telford Hospital NHS Trust

Princess Royal Hospital, Grainger Drive, Apley Castle, Telford TF1 6TF
Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury SY3 8XQ

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