

<b>Reporting to:</b>	<b>Trust Board – May 2017</b>
<b>Title</b>	Annual Report 2016-17
<b>Sponsoring Director</b>	Julia Clarke
<b>Author(s)</b>	John Kirk
<b>Previously considered by</b>	N/A
<b>Executive Summary</b>	<p>The Annual Report 2016/17 provides an overview of the year. It provides an overview of performance, a look ahead and facts and figures about the organisation.</p> <p>The final draft of the Annual Report is attached for approval. It is also being shared with Audit Committee this month.</p> <p>Please note that the draft does not include the appendices, which are being submitted for approval separately.</p>
<b>Strategic Priorities</b> 1. Quality and Safety  2a) Healthcare Standards: Operational Performance Standards  2b) Healthcare Standards: Service Reconfiguration  3. People and Innovation  4. Community and Partnership 5. Financial Strength: Sustainable Future	<p><input type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience through our Quality Improvement Strategy</p> <p><input type="checkbox"/> To develop a transition plan, with supporting mitigation actions and contingency plans, that ensures the safety and short term sustainability of challenged clinical services. 2014/15</p> <p><input type="checkbox"/> To address the existing capacity shortfall and process issues to consistently deliver national healthcare standards. 2014/15</p> <p><input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions. 2015/16</p> <p><input type="checkbox"/> Complete and embed the successful reconfiguration of Women and Children's services</p> <p><input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme</p> <p><input type="checkbox"/> Develop our leaders and promote staff engagement to make our organisation a great place to work through our People Strategy</p> <p><input type="checkbox"/> Develop a robust Investment Strategy to modernise our equipment and estate to support service transformation and increase productivity through the use of technology)</p> <p>✓ Embed a customer focussed approach and improve relationships with our GPs through our Stakeholder Engagement Strategy</p> <p><input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme</p>

<b>Board Assurance Framework (BAF) Risks</b>	<input type="checkbox"/> If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not implement our <b>falls</b> prevention strategy then patients may suffer serious injury <input type="checkbox"/> Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not have a clear <b>clinical service vision</b> then we may not deliver the best services to patients <input type="checkbox"/> If we do not get good levels of <b>staff engagement</b> to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in <b>liquidity</b> and the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
<b>Care Quality Commission (CQC) Domains</b>	<input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well led
<input checked="" type="checkbox"/> <b>Receive</b> <input type="checkbox"/> <b>Review</b> <input type="checkbox"/> <b>Note</b> <input checked="" type="checkbox"/> <b>Approve</b>	<b>Recommendation</b> To receive and approve the Annual Report 2016/17.



The Shrewsbury and  
Telford Hospital  
NHS Trust



# Safest and Kindest

## Annual Report and Annual Accounts 2016/17



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



LEADERSHIP  
ACADEMY



TRANSFORMING  
**CARE**  
INSTITUTE

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### 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 2016/17.

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](http://www.sath.nhs.uk) or by email to [communications@sath.nhs.uk](mailto: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 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](mailto:communications@sath.nhs.uk) to request other formats.

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

## **Part I. Performance Report**

**The first section of the Annual Report and Accounts provides an overview of our performance over the past 12 months. This is a brief summary of who we are, what we do and how we have performed against our objectives during the year. There is a more detailed analysis of our performance later in the report.**

## I.1 Welcome from the Chair

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**In recent years, The Shrewsbury and Telford Hospital NHS Trust's (SaTH) first responsibility has been simple: to bring itself up to an acceptable standard as an acute hospital Trust, giving a good level of care to the patients that it serves. For a number of years, the organisation had not been doing well despite the very good work of the people within it. The improvement journey has been challenging. Good and sustained progress is now being made. This report demonstrates what that means.**

We knew the journey would be a long one, and there is still much more to do. We want better than an acceptable standard. We want SaTH to be exemplary; the safest and kindest in the country. The past year has seen the team tackling the big issues that have been undermining hospital safety and kindness for years: stretched services resulting in long waiting times, poor service configuration resulting in fragility (e.g. emergency services, midwifery services) and an insufficiently open and transparent culture. Facing up to and addressing these challenges has been painful. The Trust's team have shown real and sustained courage in taking on this task. It would be easier to continue to patch over the cracks than to be transparent about the issues and make the changes that need to happen. But the team, the almost 6,000 people that make the hospitals function - our neighbours, our sisters, our uncles, our friends - have demonstrated over and over again their commitment to patients. This has often been despite, rather than because of, the organisational context. The work is now on to make the organisation deliver the same patient priority.

Nationally, there has been increased media scrutiny of the NHS. The same pattern has played out locally, though in our area we are lucky to have media organisations that make a real effort to tell the whole story whilst holding SaTH to account. This is right, and to be expected, when the organisation is getting in amongst these major issues. I expect to see more of this as the team continue to work their way through the long-standing blocks that have held the acute service back.

This hospital trust is one part of a collection of organisations within the local NHS family that make up the health service for the population of Telford & Wrekin, Shropshire and mid Wales. In my view those organisations should collectively have one, over-riding, purpose: to help the people who live here to be the healthiest they can be. And, given that we live in this blessed part of the world and in one of the wealthiest economies in the world, being the healthiest we can be surely means being at least as healthy, overall, as anywhere else. Only if we set our sights on this ambition will we do what should be done. So, while SaTH progresses to an acceptable, then to exemplary standard, it must also contribute to this overarching "healthiest half million" ambition. We have seen SaTH's team increasingly working with partner organisations to break down artificial barriers to patient service - at operational and strategic levels. More of this is to be expected.

They say that charity begins at home. One of the next steps on our healthiest half million journey will be to find ways of improving staff well-being. Who better to be ambassadors for health than the one in a hundred of our local population that works in the hospitals? All of us who live in the area expect a lot of SaTH staff, especially over winter, and when difficult issues are raised in the media. Our staff are a resilient bunch but we need to look after them in return.

I want to thank all of the SaTH team. This includes staff of all varieties and partner organisation staff, as well as a wide range of volunteers, the two Friends charities, and the Lingen Davies Cancer Fund. It also includes patients, many of whom go out of their way to give feedback (positive and critical) to help our journey. The team has worked extremely hard to manage continuous improvements in services, whilst coping with ever higher levels of demand, and whilst taking on the bigger transformation challenge.



I would like to express my gratitude to Sarah Bloomfield, Director of Nursing and Quality, who left us this year and who contributed so much to the journey we have been on; also to Simon Walford, Robin Hooper and Donna Leeding for their extraordinary service to SaTH as Non-Executive Directors. I'd also like to welcome Paul Cronin, David Lee, Chris Weiner and Terry Mingay to the board as Non-Executives; and Colin Ovington, who served as interim Director of Nursing and Quality, and Deirdre Fowler who joins us in May 2017 as the permanent Director of Nursing, Midwifery and Quality. Strong and effective people joining a good team: the journey will continue apace.

*Peter Latchford, Chair*



## I.1a Chief Executive's Overview: Reflecting on 2016/17

**We achieved so much during the past 12 months as we began our journey to provide the safest and kindest care in the NHS. The year was my first full one as Chief Executive at the Trust and saw us launch our Organisational Strategy.**

The document set out how we will build on our achievements to deliver a transformation in our own organisation. At the very peak of our Organisational Strategy are the patients and their families. We have half-a-million opportunities every year to make a difference and our Vision is to provide each and every patient, and the two million family members who walk through our doors with them, the safest and kindest care in the NHS.

Our partnership with the Virginia Mason Institute in Seattle, which was launched in 2015 with the aim of turning our organisation into the safest in the NHS, took huge strides forward as we launched our Transforming Care Institute (TCI). All of our innovation and change work is now housed in the TCI, which is the base for the team leading the roll out of our Value Streams, lean technologies, Rapid Process Improvement Workshops and Report Outs. Since starting, we have trained over 1,300 staff and have over 320 active in co-production, with over 3,000 miles of staff walking saved to spend with patients. Our Lean for Leaders programme has 35 graduates this year with the next 60 coming on board in 2017.

It is of huge importance that we celebrate the fantastic work that takes place across our Trust every day by staff, volunteers and charities and we did this through our first VIP (Values In Practice) awards with over 250 of our people. The event saw nine awards presented to staff and volunteers for their achievements during the year, whilst 100 staff received long service awards. It was a fabulous night and will become an annual event. We're also celebrating staff with a monthly VIP Award, which is just a small way of saying thank you and an opportunity to celebrate our amazing staff.

We also hosted our first Family Fun Day which was attended by lots of our staff and patients and saw us launch an appeal to benefit patients living with dementia. Our second fun day is already being planned for 2017.

All of this has happened against the backdrop of one of the busiest winters I can recall the NHS experiencing: increasing demand and complexity, systemic changes with the arrival of the Sustainability and Transformation Plan (STP) and hospital service design through sustainable services clinical workshops. Against this backdrop we achieved the CHKS Top 40 Hospitals award for the fourth year in a row, a 9% reduction in mortality rates, commendations for our apprenticeship programme and our Leadership Conference, and we launched our own Leadership Academy.



*Launching the Organisational Strategy*



*At our first annual VIP (Values In Practice) Awards in September. The awards will be held again in September 2017. We have also launched a monthly VIP Award. For full details and to nominate staff visit our website at [vipawards.org.uk](http://vipawards.org.uk)*

The Care Quality Commission (CQC) visited in December and as I write this we are awaiting their formal report. You will have also seen or heard a lot about our Maternity Services during the year. In April 2016 an independent maternity review was published focusing on the death of a baby in 2009 (the family have asked that we don't use the baby's name, so we have respected their wish).

This was commissioned by the Trust after the Chair and CEO met with the baby's parents. It focused on the care and treatment provided to the baby and her mother as well as the subsequent handling of concerns and the governance around the management of the incident itself. In February 2017 the Secretary of State requested an independent review into the robustness and effectiveness of investigations the Trust carried out into the deaths of a number of babies.

At the time of writing, the findings of the review are not known. I want to assure you that we are learning from these incidents. We are committed to being candid and open about any incident. We have also commissioned a number of independent external reviews, including one by the Royal College of Obstetricians and Gynaecologists which will take place in June/July 2017 to help us make sure our services are safe and that we have implemented any learning from these very sad deaths.

We have made great progress to improve our culture and our staff feel more able to report problems when they see them so that we can make improvements.

In terms of our clinical outcomes over the past 12 months, we have performed well in key areas such as hitting all of our cancer waiting time targets and reducing the number of infections such as *Clostridium difficile* (C.diff). However, it has been a challenging year and our patients have experienced growing waits for treatment. We regret this and have proposed to our communities ways we can fix this situation. This will require a lot of investment into the county and a great deal of change and reconfiguration of our services.

Community leaders and stakeholders are continuing to consider these proposals, but while they think and reflect the pressures on our hospitals, staff and patients grow.

The fragility of A&E and some of our other services came to the fore during the year but these issues are not new and, in fact, have been causing concern for the best part of a decade in some cases. The need to resolve the challenges these services face are the driving force behind our plans to reconfigure hospital services and to work more closely with our GPs.



This is particularly important in End of Life care where we have ensured over 1,700 staff are trained, opened Swan Rooms to support the families with a quiet space to grieve and our second conference with Roy Lilley joining the Trust alongside over 250 people to help embed learning.

We are taking decisive action, together with our partners, to remove risks and to introduce permanent and sustainable solutions to keep services here for future generations. We have set out a clear future that will bring state-of-the-art services into our county, protect those already here and encourage health professionals to want to come here to work and live.

*Simon Wright, Chief Executive*



## I.1b About the Trust

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**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 PRH 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, RSH 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 almost 6,000 staff, and hundreds of staff and students from other organisations also work in our hospitals. In 2016/17 our actual staff employed (headcount) increased by 129 to 5,903. When taking into account those employed on part-time contracts, the full time equivalent (fte) number increased by 105 to 5,026. Our substantive workforce at 31 March 2017 included approximately:

- 567 fte doctors and dentists (11%), an increase of 16 fte compared with 2016;
- 1,418 fte nursing and midwifery staff (28%), a decrease of 12 fte;
- 641 fte scientific, technical and therapies staff (13%), a decrease of 1 fte;
- 1,387 fte other clinical staff (28%), an increase of 50 fte;
- 1,013 fte non-clinical staff (20%), an increase of 52 fte.

In addition to this, the available workforce at year end included 1,027 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 67% of expenditure, a slight increase on the previous year.

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 hospitals, and the Lingen Davies Cancer Fund).

## Our Finances and Activity

With a turnover in the region of £350.2 million in 2016/17 we saw:

- 64,153 elective and daycase spells;
- 55,198 non-elective inpatient spells;
- 6,497 maternity admissions;
- 411,657 consultant-led outpatient appointments; and
- 119,906 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.

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](http://www.sath.nhs.uk)

## Our Organisational Strategy



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

## 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 NHS Improvement will confirm to the Trust arrangements for accessing cash financing for organisations that have submitted a deficit plan for 2017/18. 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.
- Robust arrangements are in place for the delivery of cost improvement plans through Executive Director meetings.

## 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 NHS Improvement 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.

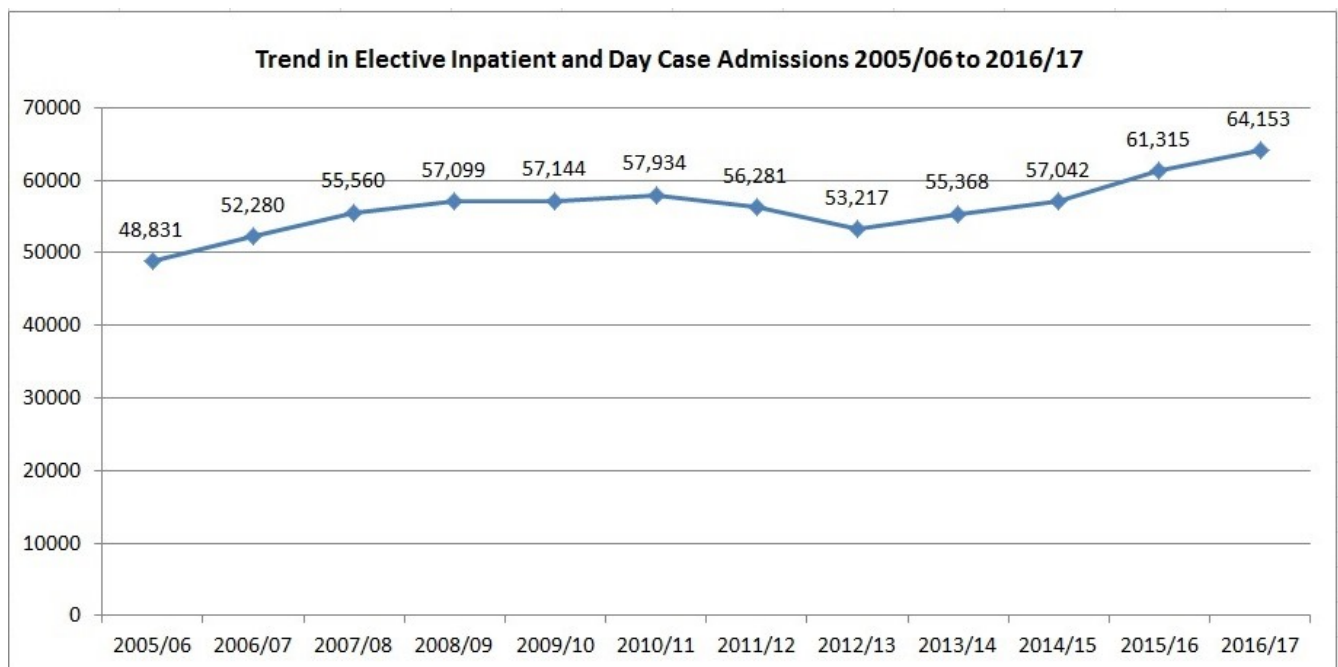
## Our Values

Underpinning our strategy is our framework of Values, developed with staff and patients during 2013/14 and

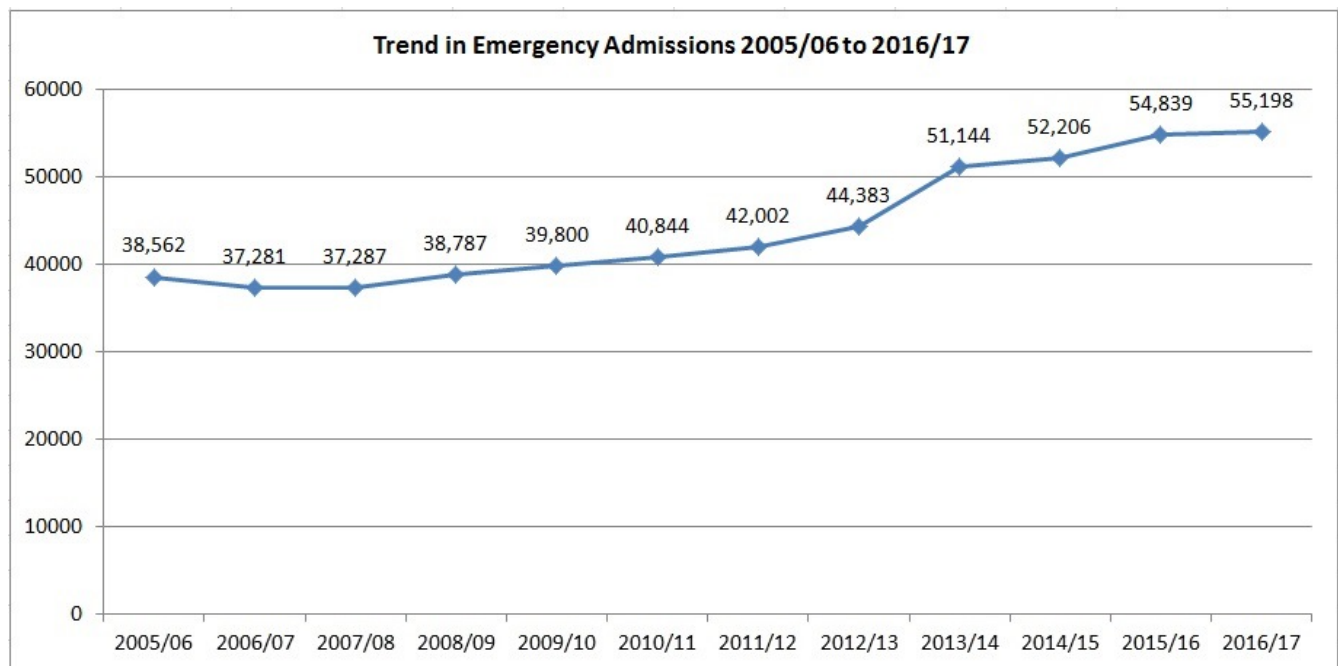
## Summary of Service Activity by specialty in the year ended 31 March 2017

Centre	Speciality	Inpatient/Daycase			Outpatient		
		2014/15	2015/16	2016/17	2014/15	2015/16	2016/17
Diagnostics	<i>Chemical Pathology</i>	-	-	1	587	615	646
	<i>A&amp;E Outpatient &amp; Spells</i>	1,089	1,000	951	3,486	3,856	3,629
Head & Neck	<i>Audiological Medicine</i>	-	2	1	1,706	1,390	666
	<i>ENT – Adult</i>	2,888	2,613	2,398	21,347	22,627	22,040
	<i>ENT - Child</i>	-	-	-	34	-	-
	<i>Maxillofacial Surgery</i>	852	542	613	732	333	94
	<i>Oral Surgery</i>	1,144	1,135	690	11,783	11,233	10,472
	<i>Orthodontics</i>	-	-	-	7,116	6,583	7,451
	<i>Ophthalmology – Adult</i>	3,554	3,396	2,973	41,343	46,129	48,496
	<i>Ophthalmology – Child</i>	54	130	41	6,488	8,073	7,962
	<i>Ophthalmology - Medical</i>	3	4	-	1	4	1
	<i>Restorative Dentistry</i>	-	-	-	595	663	583
Medicine	<i>Cardiology</i>	2,572	2,695	2,884	23,198	23,083	22,299
	<i>Cardiothoracic Surgery</i>	-	1	-	1,159	1,330	1,236
	<i>Dermatology - Adult</i>	3	7	16	16,733	17,215	16,645
	<i>Dermatology – Child</i>	1	1	4	208	258	253
	<i>Diabetic Medicine</i>	17	3	6	5,211	6,281	6,805
	<i>Endocrinology</i>	131	270	121	2,276	2,540	2,885
	<i>General Medicine inc Stroke</i>	22,965	22,961	23,145	8,605	6,769	4,626
	<i>Geriatric Medicine</i>	127	150	156	3,443	3,590	5,075
	<i>Nephrology</i>	177	422	296	5,181	5,871	6,902
	<i>Neurology</i>	361	281	332	8,067	8,310	8,464
	<i>Rehabilitation</i>	42	40	71	-	-	-
	<i>Respiratory Medicine</i>	790	1,960	2,936	9,434	10,848	11,565
	<i>Respiratory Physiology</i>	-	-	1	179	192	203
Musculoskeletal	<i>Pain Management</i>	731	543	620	1,781	1,045	1,027
	<i>Rheumatology</i>	-	-	-	101	15	4
	<i>Trauma and Orthopaedics</i>	6,549	6,222	6,079	53,028	53,550	50,007
Surgery, Oncology & Haematology	<i>Breast Surgery</i>	903	931	698	15,041	17,219	15,805
	<i>Colorectal Surgery</i>	793	1,016	923	7,835	11,412	12,538
	<i>Gastroenterology</i>	16,126	17,978	19,096	8,211	8,942	10,447
	<i>General Surgery</i>	6,664	6,579	7,988	1,583	926	929
	<i>Hepatology/Hepatobiliary</i>	7	12	7	1,371	2,923	2,311
	<i>Neurosurgery</i>	1,777	-	-	180	196	144
	<i>Plastic Surgery</i>	1	-	-	14	3	2
	<i>Upper GI Surgery</i>	3	1,136	1,170	4,386	6,288	6,469
	<i>Urology</i>	4,912	5,293	6,022	16,029	19,482	19,353
	<i>Vascular Surgery</i>	835	1,971	928	5,613	6,904	6,306
	<i>Clinical Haematology</i>	6,081	6,658	7,726	9,968	12,293	13,648
	<i>Clinical Oncology</i>	9,916	11,299	11,611	14,907	17,355	18,936
	<i>Medical Oncology</i>	558	663	703	1,451	995	688
Anaesthetics	<i>Anaesthetics</i>	1	1	1	222	459	559
Women and Children	<i>Gynaecology</i>	3,920	4,154	4,363	18,837	19,956	20,121
	<i>Gynae Oncology</i>	4	4	8	5,845	6,188	6,505
	<i>Obstetrics / Maternity</i>	6,185	5,660	6,621	823	10,800	12,988
	<i>Neonatology</i>	486	3,064	4,594	232	825	958
	<i>Paediatrics</i>	12,242	9,308	9,054	14,213	21,460	22,133
	<i>Psychotherapy</i>	-	-	-	112	79	40
Total		115,505	120,105	125,848	360,706	407,108	410,916

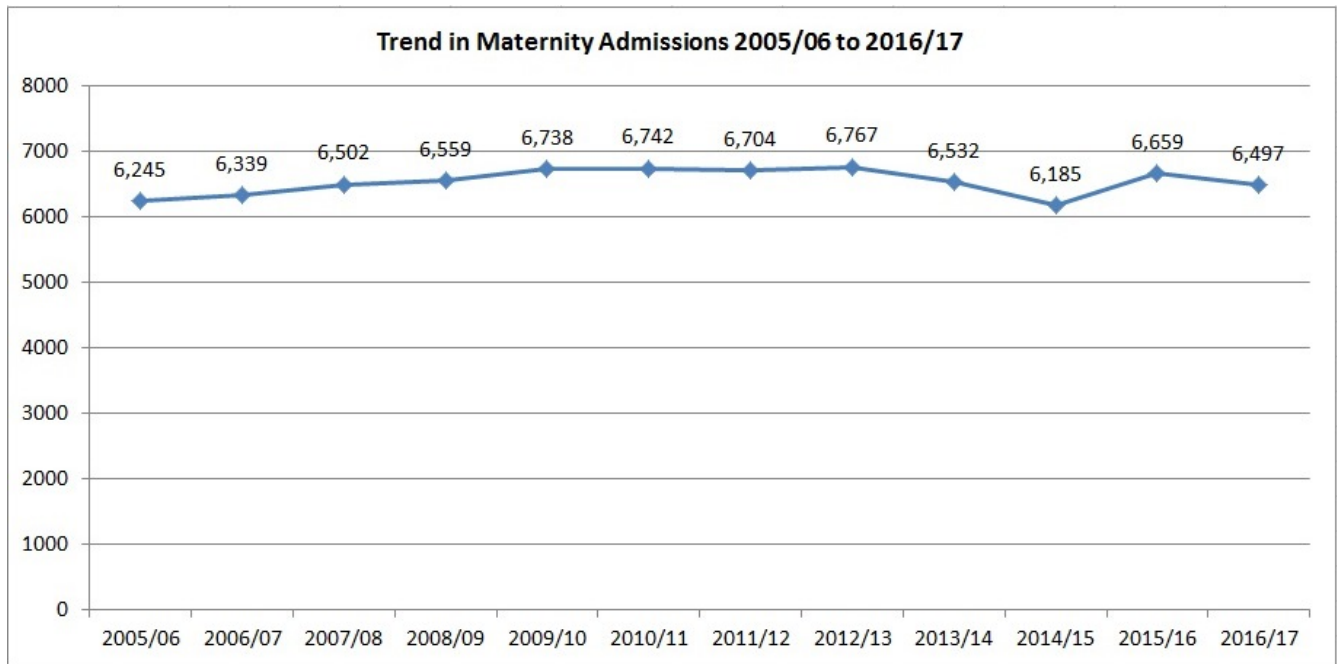
The following graphs show trends in activity from 2005/06-2016/17:



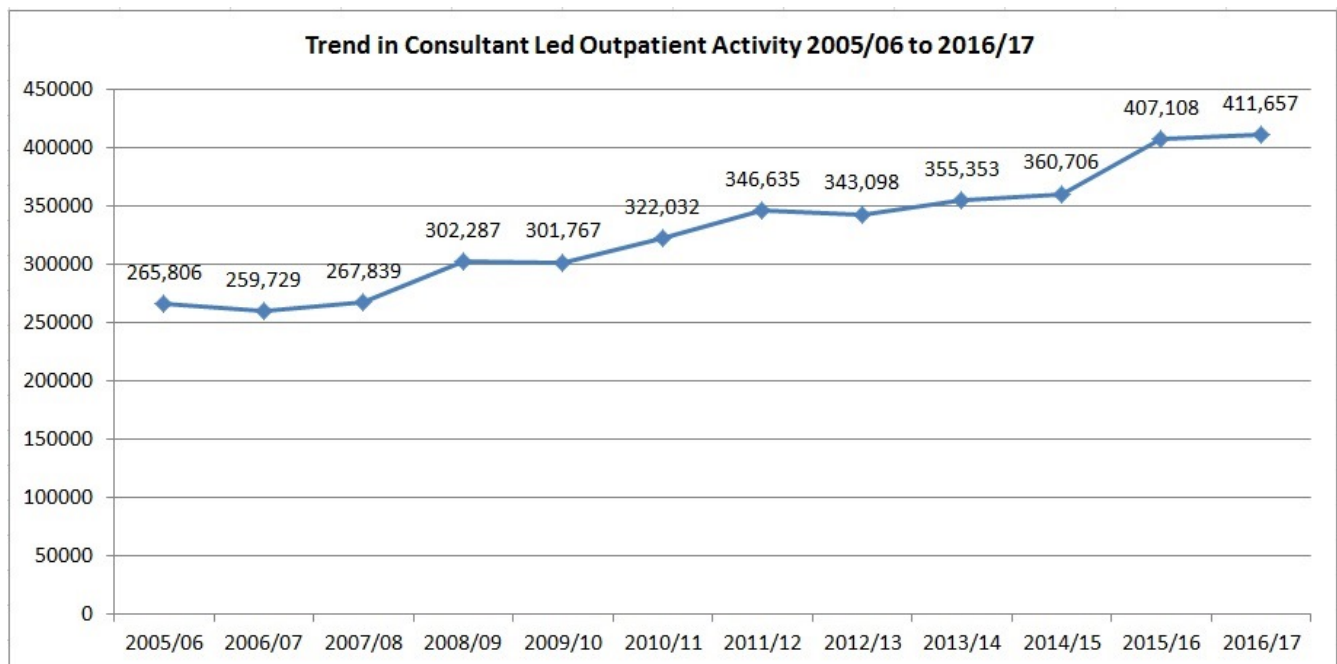
*Above: Elective and Day Case activity showed a 4.62% increase this year, compared with a 7.49% increase in the previous year.*



*Above: There has been a consistent rise in emergency admissions from 38,562 in 2005/06 to 55,198 in 2016/17. They have increased by 0.65% from 2015/16 to 2016/17.*

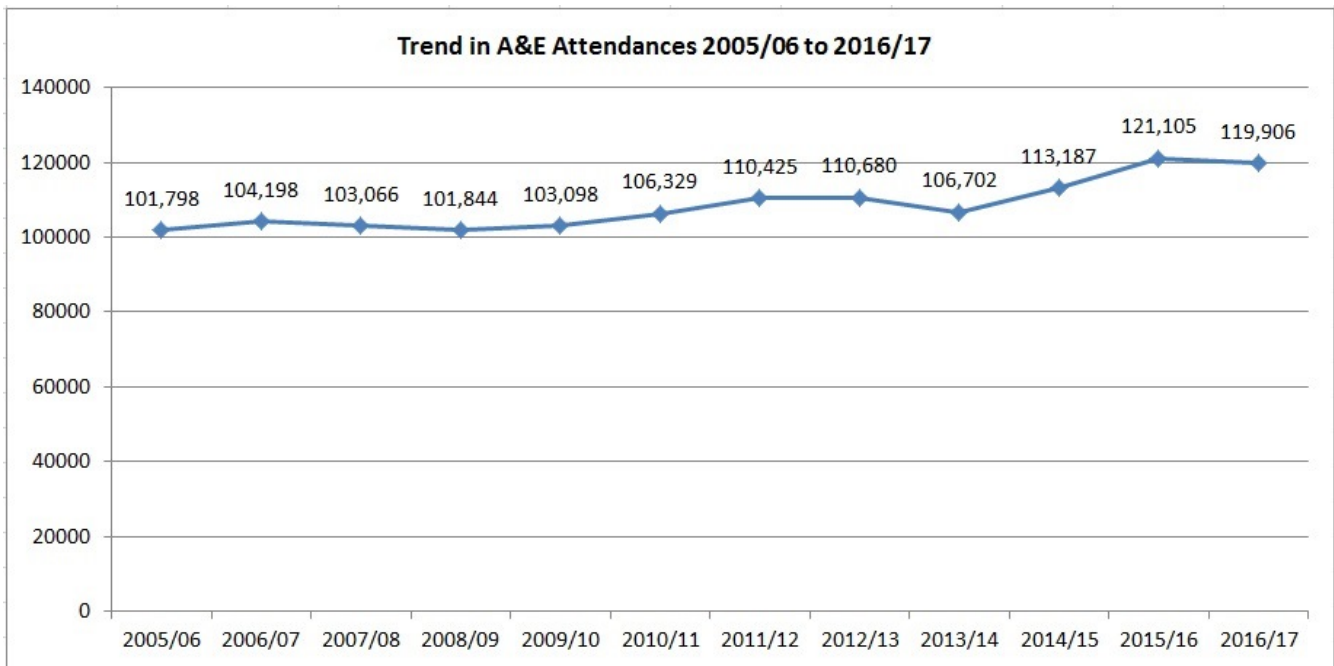


Above: Maternity episodes have decreased by 2.43% over 2016/17. This followed an increase of 7.66% over 2015/16.



Above: Apart from a small dip in 2012/13, there has been a general upward trend in consultant-led outpatient activity since 2006/07, including a 1.11% year-on-year increase from 2015/16 to 2016/17.





Above: 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 increased over 2014/15 and 2015/16 to their highest ever levels. However, between 2015/16 and 2016/17 the attendance numbers fell by 0.99%. 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

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**Across England, the NHS is facing ever increasing demand for its services. Within the context of growing financial pressures and a workforce that is either unavailable or overstretched, this means that organisations, and the health systems they form, are coming together to address their shared and inter-dependent issues. The national programme of Sustainability and Transformation Planning (STP) is now well under way and is vital to the long-term delivery of safe, high quality and sustainable patient care.**

NHS services in the county of Shropshire face these very same challenges; and for the Trust most of this is not new. The additional and long-term difficulties from the duplicate delivery of many services means that care and treatment continues to be provided by a workforce that is performing against unsustainable rotas within environments that are equally challenged in terms of the facilities and space needed to deliver modern healthcare.

Even so, the Trust remains steadfast in its commitment to the safe delivery of care for patients and their families and ensuring that this care is the safest and kindest in the NHS. In order for the Trust to progress with achievable and sustainable change that delivers real improvements for patients and the public, the three integrated formal programmes of work described in last year's Operational Plan remain in place for 2017/18.

The co-ordinating mechanisms for addressing the challenges in quality, workforce, performance and finance within the organisation and across the whole health system are:

- Transforming Care Institute – the Trust's partnership with the Virginia Mason Institute (VMI)
- Sustainability and Transformation Plan (STP) – the health system's overarching strategic plan
- Sustainable Services Programme – the Trust's plan for the delivery of a single emergency site and a single planned care site

These three overarching programmes will drive and steer the changes required to deliver consistent high quality and appropriate care to patients and their families.

For 2017/18 the Trust will continue to strive to 'get the basics right'. This means patients receiving the very best and timely care possible within the financial and workforce resources available. This will mean a rebalance of the bed base between Scheduled and Unscheduled Care; out of hospital service development so that patients no longer needing acute hospital care are supported at home or in a more appropriate setting; and the protection of scheduled care capacity so that patients' operations are not cancelled because a bed is not available. It also means looking closely at the activities and services the Trust delivers and matching these to the capacity of the workforce. The work started in 2016/17 to further understand 'what business are we in' will carry on this coming year. At the same time, staff at all levels will carry on developing ideas that can also make a huge difference to patients and their families.

As well as managing the 'here and now' and the shorter-term, plans and strategies for long-term sustainability will move further forward. Building on the involvement and engagement activities from last year, clinicians within the Trust await the opportunity to more formally share their clinical model within the Sustainable Services Programme and actively listen to what people think and feel about the proposals during the Commissioner-led public consultation during 2017. The work on the Outline Business Case will be finalised this year as work shifts to the delivery of the final Full Business Case, following the outcome of public consultation.

Whilst the above work takes place, frontline staff will continue work on understanding their service issues with the support and expertise of the Transforming Care Institute. By methodically applying the VMI tools of removing waste and non-value-added activities and by standardising processes and systems, the care and service patients receive will continually improve. This will continue to be achieved in small incremental steps that can be sustained over days, months and years. 2017/18 will therefore see the further coming together of large scale, longer-term change proposals with improvements and developments that make an immediate difference today. For the Trust to be the safest and kindest in the NHS, both strategies will need to progress side-by-side.

# I.1d Key Performance Indicators (KPIs)

Domain	Indicator	Description	Data Source	Thresholds	Performance in Year Ended 31 March 2017
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%	80.7%
	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	17
	1 hour ambulance handovers	Ambulance handovers not completed within 60 minutes	Weekly SitReps	Performing: 0 Underperforming: >0	1575
	30 minute ambulance handovers	Ambulance handovers not completed within 30 minutes	Weekly SitReps	Performing: 0 Underperforming: >0	8045
	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%	63.37%
	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%	91.32%
	RTT - incomplete pathways	Total number of patients on incomplete pathways less than 18 weeks vs. total number on incomplete pathways		Performing: 92%	92.58%
	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	Quarterly return via UNIFY	Performing: <=1%	1.68%
	28 day readmission	Number of patients not treated within 28 days of last minute elective cancellation		Performing: 0	4
Cancer Waiting Times	Multiple cancellations of urgent operations	Number of last minute elective operations cancelled for non-clinical reasons	Monthly return via UNIFY	Performing: 0	561
	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%	94.3%
	2 week GP referral to 1st outpatient – breast symptoms			Performing: 93% Underperforming: 88%	94.7%
	31 day diagnosis to treatment for all cancers			Performing: 96% Underperforming: 91%	99.2%
	31 day second or subsequent treatment – drug			Performing: 98% Underperforming: 93%	99.9%
	31 day second or subsequent treatment – surgery			Performing: 94% Underperforming: 89%	96.9%
	31 day second or subsequent treatment – radiotherapy			Performing: 94% Underperforming: 89%	98.9%
	62 days urgent GP referral to treatment of all cancers			Performing: 85% Underperforming: 80%	86.0%
	62 day referral to treatment from screening			Performing: 90% Underperforming: 85%	95.1%
	62 day referral to treatment from hospital specialist			Performing: 85% Underperforming: 80%	90.4%
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	18
Quality of Care	VTE Risk Assessment	Number of adult inpatient admissions reported as having a VTE risk assessment on admission	UNIFY Mandatory returns	Performing: 95% Underperforming: 90%	Trust performance for the whole year is 95.6%. This is the first year that SaTH has exceeded the 95% target for the whole year.
	Duty of Candour	Number of breaches of duty of candour	Datix	Performing: 0	0
	Breaches of same sex accommodation	The number of breaches	Collection via UNIFY	Performing: 0	8
Workforce	Sickness absence	Number of days sickness absence vs. available workforce	SaTH Returns	Performing: 3.99%	4.04%
	Appraisal	Number of eligible staff receiving appraisal in current performing vs. total eligible staff		Performing: 80% (Stretch target 100%)	86.17%
	Statutory and Mandatory Training	Number of spells or attendance with valid number/Total number		Performing 80%	76.72%

## **I.2 Performance Analysis**

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

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**The Director of Nursing and Quality has Board level responsibility for patient safety, the quality of care we deliver and the overall patient experience in our hospitals. The role also includes Board-level leadership and support for the nursing, midwifery and allied healthcare professionals workforce across the Trust.**

Efforts to reduce our reliance on agency staff were high on the agenda over the past 12 months and our proactive drive on recruitment continues. This year, the nursing and midwifery professional workforce has been my focus and, therefore, I was delighted to be invited to pilot the new national role of the Nurse Associate in partnership with Wolverhampton University; this role will expand our Nursing workforce with a new level of Registered Nurse. Eight Trainee Nurse Associates began their two year course with us in 2016 and we will recruit again for the next cohort in 2017. We will continue to recruit and train Nurses, Midwives and Healthcare professionals alongside our healthcare support staff to ensure we maintain a stable workforce and encourage staff from outside the county to join us.

The past 12 months has seen a number of areas of improvement which are bringing benefits to our patients. In September we launched the 'Exemplar Programme'. This is a Ward Accreditation Framework for all ward/units. The initiative does not work in isolation but seeks to work in synergy with all teams to deliver a vision for our patients, staff and service users across our Trust.

Trust, confidence and kindness are three of the most important words patients and carers will use about the staff who care for them. Our patients quite rightly expect kind, compassionate care, high standards of clinical expertise, in a clean, safe environment. The quality of care received by our patients must be of the highest importance to us. Being treated with kindness, with respect, dignity, and being listened to, are the themes that have fallen short nationally in care environments of late, and have not met expectations of patients and carers. The Exemplar Programme will ensure all care areas are providing patients with the highest quality of care and to ensure care is delivered consistently across our Trust. This programme has been put in place to measure our high quality service. We are looking forward to our first Exemplar Awards.

The Trust continues to perform well in Infection Prevention and Control; managing flu, MRSA and Clostridium difficile. We continue to see a reduction in the number of patient falls in hospital that resulted in serious harm to patients and we are pleased that we have reduced the number of pressure ulcers that have occurred in our care although we recognise that we need to continue to work hard to ensure that this improvement continues.

We continued to have very positive results during the year in the NHS Friends and Family Test, with scores on or above the national average. Our most recent results showed 97.7% of Inpatients, and 95.8% of A&E users saying they would recommend our hospitals. There were also very good results for our Maternity Services with 100% of respondents saying that they would recommend the unit where they had their babies.

The Trust is committed to participating in, and acting upon, the results of the National Cancer Patient Experience survey. The results of the 2015/2016 survey demonstrated that the actions taken to improve access to Clinical Nurse Specialists two years previously had made a positive impact. The Trust scored in keeping with the national average in all but four areas. In one of these areas as a Trust we were above the national average, however in three we fell below. Work has begun to address these areas of concern and also to improve in areas where we currently score well in order for us to excel further so that we are recognised above the national average when the survey is next conducted.

In December 2016 the Trust underwent an announced visit from the Care Quality Commission (CQC). We are awaiting the formal report.



During the year there has been continued heightened awareness in the communities we serve about our maternity services. On occasions we have had to suspend services at our Midwife-Led Units temporarily to maintain the safety on the Consultant-Led Unit at PRH by bringing staff from our Midwife-Led Units. We have maintained our efforts to ensure that we have midwives in all our centres, and will continue to do this. In the coming year we have an additional review of maternity commissioned by NHS Improvement on behalf of the Secretary of State for Health. This review will look back at incidents and baby deaths back to 2000 with the aim of ensuring that all the learning possible has been made. As a final level of assurance we have also commissioned the Royal College of Obstetrics and Gynaecology jointly with the Royal College of Midwives to review the services to ensure that there are no gaps in the quality or safety of care offered.

*Colin Ovington, Interim Director of Nursing and Quality*



## Progress Against Operational Objectives 2016/17

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

2016/17 Strategic Priorities	2016/17 Operational Objectives	Annual Review of Progress
<b>Quality and Safety</b> Reduce harm, deliver best clinical outcomes and improve patient experience	Improving patient experience and increasing patient involvement, building upon results and recommendations identified through the CQC assessments and surveys	<ul style="list-style-type: none"> <li>The Patient Experience Strategy was signed off in 2016/17</li> <li>The CQC visited the Trust in December 2016. Delivery of the actions arising from their feedback and recommendations commenced in 2016/17 and will continue into 2017/18</li> <li>The CQC action plan is monitored and reviewed utilising the Trust's Dashboard (a visual tool to monitor performance) and is reviewed at both Care Group and Trust-wide level</li> <li>The formal CQC report will be received in due course</li> <li>Clinically-led improvements for patients with dementia and at the end of life were progressed during the year. Dementia-friendly spaces and a dedicated café have been very successful. The end of life Swan Scheme has also had a significant impact on patients, their families and staff and is now used across the Trust</li> </ul>
	Further strengthening governance processes and embedding a culture of sharing to support learning from mistakes and adoption of best practice	<ul style="list-style-type: none"> <li>The importance of patient stories was again recognised in 2016/17 and at every opportunity they were shared through internal employee communication and at the start of Trust Board sessions</li> <li>Ongoing learning from both internal and external reviews, including the outcome of the Maternity Review into the death of a baby born at Ludlow Midwife-Led Unit in 2009, was incorporated into changes in Trust procedures during 2016/17</li> <li>The Trust actively promoted a fresh approach to 'Speaking in Confidence' with the appointment of two Values Guardians to help drive the Trust to make it a safer place</li> </ul>
	Achieving key quality indicators and maintaining performance such as the elimination of grade 4 pressure ulcers	<ul style="list-style-type: none"> <li>Achieving the high standards set in the Trust's quality targets has been monitored and reviewed within the Trust's Dashboard</li> <li>The Trust's challenging target for Clostridium difficile in 2016/17 was no more than 25 trust-appointed cases (post 72 hour). The Trust achieved target at 21 recorded cases and improved on 2015/16 cases by 9 (30 recorded)</li> </ul>
	Implementing the Exemplar Ward Programme	<ul style="list-style-type: none"> <li>A plan to further develop the Exemplar Ward Programme in 2016/17 progress was initially achieved however further roll-out was paused until 2017/18 to enable clinical areas to focus on CQC recommendation delivery and areas of concern</li> <li>The Exemplar Ward Programme was revisited in March 2017 and based on learnings from last year, the plan for 2017/18 has been developed with a strong communication campaign and a new internal wards system, 'Silver to Diamond' to monitor and reward areas and learn from areas of excellence</li> </ul>
	Address workforce challenges within specific teams and service areas	<ul style="list-style-type: none"> <li>Shortages in the number of Registered Nurses in the Trust continued throughout 2016/17 with a significant reliance on agency nurses albeit less than in 2015/16. Specific action plans were developed to limit agency usage where possible and specifically within Tier 5 Agencies</li> <li>Fragility within the medical workforce also continued throughout 2016/17. Reliance on locum and agency medical staff within a number of specialties (A&amp;E, General Medicine, Dermatology etc) remained at higher levels than planned. Work to address this continued fragility will continue into 2017/18</li> </ul>

## Performance Against Key Targets 2016/17

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

Domain	Indicator	Description	Data Source	Thresholds	Performance in Year Ended 31 March 2017
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	18
Quality of Care	Duty of Candour	Number of breaches of duty of candour	Datix	Performing: 0	0
	Breaches of same sex accommodation	The number of breaches	Collection via UNIFY	Performing: 0	8

More detailed performance measures are included in the Quality and Safety section of our Integrated Performance report presented to each Trust Board meeting, with further review and assurance through the Quality and Safety Committee and Clinical Governance Executive. Further information about quality performance can be found in our Quality Account 2016/17 which is included at Appendix 1 to this Annual Report.

## I.2b Medical Director's Report

**My primary responsibility as Medical Director is to support the medical staff at SaTH to provide care for our patients to the highest achievable quality and safety. This involves clinical outcomes and mortality as markers of quality of care; appraisal and revalidation as the means of quality assurance; and quality improvement through research and innovation.**

I am pleased to be able to report that over the last year we have seen many achievements in these areas.

In line with national developments we are implementing new ways of confirming the quality of care provided by our doctors by expanding the measurement of their clinical outcomes.

This allows doctors and the Trust to review their practice in comparison to other colleagues. This is similar, on an individual scale, to the Trust's work in mortality, where SaTH compares favourably with similar Trusts elsewhere around the country.

We have continued to see a sustained fall in mortality and improvements in our ability to learn from individual deaths so that we can learn from these how to prevent potentially avoidable factors from being repeated.

The doctors at SaTH recognise the importance of their responsibilities for assurance of their practice by the mechanisms of annual appraisal and five-yearly revalidation. SaTH's appraisal figure for doctors, at 97%, for this financial year, is amongst the best in the UK. In addition, all doctors who were due for revalidation in this year engaged in the system meaning that I did not have to submit any non-engagement recommendations.

We continue to see many developments in improving quality of care through education, research and innovation. All senior doctors are invited to attend my now regular, twice-yearly, continuing education programme and many doctors contribute to SaTH's research programme.

These are particularly important as SaTH has a good reputation for teaching undergraduate medical students from Keele University and is in the top 100 NHS organisations for research, strengthening our case to become recognised as a University Hospital.

Further developments include the introduction of a ground-breaking smartphone app for the follow-up and monitoring of oncology patients and our recruitment of patients to the national 100,000 Genome project.

In addition, working with nursing and other colleagues we have achieved major improvements in the diagnosis and treatment of patients with Sepsis, through the work that we have done by implementing improvement methodology learned from the Virginia Mason Institute.

These achievements are even more remarkable given that we continue to experience significant gaps in the numbers of doctors needed to staff all of our specialities. While we have been able to recruit in some specialities others, including our Emergency Departments and Acute Medicine, remain hard to fill.

This has significant implications for the Trust's ability to implement fully the government's stated aim of more comprehensive seven day services.

Despite these staffing challenges, through the considerable hard work and the enthusiasm of our doctors, who are part of the clinical teams of SaTH, we continue to provide very good care for our patients.



*Edwin presents a Sepsis Valentine's Card to Sister Sharon Hollister from Ward 17 at PRH to promote awareness of sepsis.*



*Dr Edwin Borman, Medical Director*

## Progress Against Operational Objectives 2016/17

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

2016/17 Strategic Priorities	2016/17 Operational Objectives	Annual Review of Progress																							
<b>Quality and Safety</b> Reduce harm, deliver best clinical outcomes and improve patient experience	Monitor mortality through a robust review system and learn from avoidable deaths	<ul style="list-style-type: none"> <li>The Trust Mortality Group meets bi-monthly to review the parameters of Crude Mortality, Hospital Standardised Mortality Ratio (HSMR), Risk Adjusted Mortality Index (RAMI) and In-Hospital Summary Hospital-level Mortality Index (SHMI). The Trust's position as at February 2017 was:                             <ul style="list-style-type: none"> <li>Crude Mortality 1.21% vs Peer 1.48%</li> <li>HSMR 109 vs Peer 103</li> <li>RAMI 80 vs Peer 135</li> <li>In-patient SHMI 65 vs Peer 77</li> </ul> </li> </ul>																							
	To ensure medical revalidation and appraisal	<b>Appraisal:</b> <ul style="list-style-type: none"> <li>Appraisal delivery for doctors was:                             <ul style="list-style-type: none"> <li>98.58% for Consultants</li> <li>92.59% for SAS and Trust Doctors</li> <li>96.93% Trust overall for Senior Medical Staff</li> </ul> </li> <li>Monthly reports are sent to Clinical Directors and Care Group Medical Directors for all staff in their areas of responsibility</li> <li>Exception reporting for staff that are overdue is discussed at Care Group Board meetings</li> </ul> <b>Revalidation:</b> <ul style="list-style-type: none"> <li>Robust processes are in place to ensure Doctors are prepared for revalidation</li> <li>In 2016/17 there were 28 revalidations in total, 18 recommendations and 10 deferred</li> <li>Support was provided to all doctors who need to have their revalidation deferred</li> </ul>																							
	To improve clinical outcomes for patients with sepsis, fractured neck of femur and achieve all elements within the Best Practice Tariff	<b>Sepsis:</b> <ul style="list-style-type: none"> <li>Sepsis is one of the TCI Value Streams and huge improvements have been made in the recognition and treatment of patients with sepsis</li> <li>CQUIN position for 2016/17 – Sepsis CQUIN audits have been undertaken in full each quarter by lead Consultants. Unfortunately due to activity not being recorded correctly the CQUIN measures have not been met. A possible solution to this, of a lead sepsis nurse to improve recording and administration of sepsis antibiotics, is being pursued.</li> </ul> <b>Fractured Neck of Femur:</b> <ul style="list-style-type: none"> <li>The position for 2016/17 for Fractured Neck of Femur against Best Practice Criteria:                             <table border="1"> <thead> <tr> <th>Criteria</th><th>PRH</th><th>RSH</th></tr> </thead> <tbody> <tr> <td>Care Meets BPT</td><td>59.3%</td><td>62.5%</td></tr> <tr> <td>All NHFD Care meets BPT</td><td>63.4%</td><td>63.4%</td></tr> <tr> <td>Surgery &lt;36 hours</td><td>63.0%</td><td>66.7%</td></tr> <tr> <td>OG Assessment &lt;72 hours</td><td>88.9%</td><td>95.8%</td></tr> <tr> <td>Bone Assessment</td><td>96.3%</td><td>100.0%</td></tr> <tr> <td>Pre-op AMTS</td><td>100.0%</td><td>100.0%</td></tr> <tr> <td>Fall Assessment</td><td>100.0%</td><td>100.0%</td></tr> </tbody> </table> </li> <li>From 1 June 2017, following implementation of the new theatre timetable extra trauma operating capacity will be provided at both sites. This will result in access to a dedicated trauma list on both Saturdays and Sundays at the PRH and RSH site along with extended days on the PRH site</li> <li>Weekend therapy provision is being implemented to ensure we meet the new national BPT criteria</li> </ul>	Criteria	PRH	RSH	Care Meets BPT	59.3%	62.5%	All NHFD Care meets BPT	63.4%	63.4%	Surgery <36 hours	63.0%	66.7%	OG Assessment <72 hours	88.9%	95.8%	Bone Assessment	96.3%	100.0%	Pre-op AMTS	100.0%	100.0%	Fall Assessment	100.0%
Criteria	PRH	RSH																							
Care Meets BPT	59.3%	62.5%																							
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Bone Assessment	96.3%	100.0%																							
Pre-op AMTS	100.0%	100.0%																							
Fall Assessment	100.0%	100.0%																							

## Performance Against Key Targets 2016/17

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 31 March 2017
Quality of Care	VTE Risk Assessment	Number of adult inpatient admissions reported as having a VTE risk assessment on admission	UNIFY Mandatory returns	Performing: 95%	Trust performance for the whole year is 95.66%. This is the first year that SaTH has exceeded the 95% target for the whole year.

More detailed performance measures are included in the Quality and Safety section of our Integrated Performance report presented to each Trust Board meeting, with further review and assurance through the Quality and Safety Committee and Clinical Governance Executive. Further information about quality performance can be found in our Quality Account 2016/17 which is included at Appendix 1 to this Annual Report.

## I.2c Chief Operating Officer's Report

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**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.**

It's hard to remember a time when demand on our hospitals has been quite so great – or when there has been such an intense focus on the NHS. We have, once again, emerged from a difficult winter but still continue to see more and more people arriving in our hospitals through our Emergency Departments.

Addressing the challenges that come with greater attendances and greater admissions requires a whole-system approach. These solutions will be developed through the A&E Delivery Board and will focus primarily on areas such as Discharge to Assess (helping those who may need support to leave hospital earlier, by arranging a care package to support them at home), front door streaming, patients who are medically fit to transfer, Primary Care capacity, and ambulance hand-overs. We're also looking at alternative solutions to benefit our patients and reduce waiting lists. We've been incredibly well supported at PRH by Vanguard Healthcare Solutions and NHS England who, this year, have provided a mobile theatre to help with our Oral and Maxillofacial Surgery waiting lists.

Our initiatives to reduce waiting times for diagnostics also include investing heavily in new technologies. Our two existing Magnetic Resonance Imaging (MRI) scanners (one at PRH and one at RSH) are the oldest in the country but we're delighted to not only be replacing them, but to be adding a third as well. The first scanner to be replaced is that at PRH, followed by the one at RSH. Our new third scanner will be installed at RSH in the autumn. This is exciting news for the Trust and will mean we'll have some of the most advanced scanners in the country. The new scanner will increase our capacity and allow us to carry out over 35,000 scans a year. We're incredibly grateful to the League of Friends of the Royal Shrewsbury Hospital, which last year launched a £1 million appeal for the new scanner. Their support is invaluable.

Within the Trust, one of our main focuses is reducing the volume of patients admitted and discharged from our hospitals over the weekend. Increasing discharges at the weekend is a key component of the Trust's work on the national SAFER initiative. We have appointed a dedicated team to focus on the delivery of the SAFER Patient Flow Bundle, including the 'Red 2 Green' process to reduce non-value added time for patients and work to get them home sooner. By improving patient flow through our hospitals, the Trust's Emergency Departments will also flow more easily. Red 2 Green is a tool that we have been using since autumn 2016 to enable us to improve patient flow. A red day is when a patient receives little or no value-adding acute care; a green day is when a patient receives acute care that helps them towards discharge.

Our Cancer services continue to perform well, and I am delighted to report that we ended the year delivering against all nine of our cancer performance standards. This is a real testament to the commitment, dedication and care shown by the multidisciplinary teams who made this happen.

We have continued to do some great work as part of our transformation work in partnership with the Virginia Mason Institute in Seattle. In March we launched our fourth Value Stream in Ophthalmology Outpatients. This was the first time we had directly involved patients in our transformation work. Through taking a step back from the 'day job' our team was able to identify that a large number of cancelled Ophthalmology appointments were a result of patients not understanding the letter we sent them. The feedback was that the appointment letters were too wordy and didn't focus clearly enough on the important facts. At one time we had 40 different appointment letter templates all effectively saying the same thing,

but differently. We now have just one letter, which is clear and concise – much like you'd expect from a hotel when you confirm your booking. We estimate that these seemingly minor changes could save us more than £500,000 every year.

We have also continued to make excellent progress on Respiratory Discharge, which was our first ever Value Stream. Demand on the service and on our staff is high and therefore there is an urgent need to ensure the process for handover from an assessment area to a specialty ward is consistently timely and of a high quality. We recently embarked on our fifth Rapid Process Improvement Workshop (RPIW), which is focusing on improving the multi-disciplinary team board round that expedites the co-ordination of a patient's care and enables a timely and safe discharge.



*Debbie Kadum, Chief Operating Officer*

## Progress Against Operational Objectives 2016/17

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

2016/17 Strategic Priorities	2016/17 Operational Objectives	Annual Review of Progress
<b>Quality and Safety:</b> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards	Deliver key national operational standards including plans for winter resilience and unplanned changes in demand	<ul style="list-style-type: none"> <li>Challenges in the delivery of the A&amp;E four hour standard and the 18 week Referral to Treatment standard continued throughout 2016/17</li> <li>Despite achieving Cancer and Diagnostic standards during the year, issues of sustainability will continue into 2017/18 as demand increases and workforce issues remain</li> <li>Initiatives were progressed with partners across the health system to improve the flow of patients through both hospitals with the aim of improving patient experience and delivery of the four hour A&amp;E Standard</li> <li>The SAFER/Red2Green programme was prioritised with the establishment of a Taskforce and agreement for a dedicated team to work with Care Group teams at ward level to deliver</li> <li>Whilst unplanned activity remained broadly similar to 2015/16, the complexity of patients admitted during the year increased especially over the winter months resulting in ongoing reliance on escalation capacity</li> <li>An internal winter plan saw the reallocation of elective bed capacity to unplanned medical capacity. Escalation levels were at level 4 for large parts of the winter with escalation beds open at both sites between November and into April</li> <li>Ambulatory care was prioritised again in 2016/17 at both sites but the impact was minimal due to inpatient demand for beds</li> </ul>
<b>Quality and Safety:</b> Develop a clinical strategy that ensures the safety and short-term sustainability of our clinical services pending the outcome of the Future Fit Programme	Implement activity plans to deliver an improved performance for key operational standards	<ul style="list-style-type: none"> <li>A number of services were formally identified as Fragile Services in 2016/17. In addition to A&amp;E, these are: Neurology; Ophthalmology; Spinal; and Dermatology</li> <li>The work started in 2016/17 to address workforce and structural issues within these services will continue into 2017/18; including discussions with the Joint Health Overview and Scrutiny Committee, Clinical Commissioning Groups and stakeholders</li> <li>Plans to address the poor environment within Ophthalmology commenced during the year which includes refurbishment of the Copthorne Building at RSH. These will continue into 2017/18 with service changes approved by the Trust Board</li> <li>The Operational Business Planning process with the Care Groups established a plan for bed realignment between Scheduled and Unscheduled Care (for implementation during 2017) as well as plans to develop the concept of SaTH2Home for patients in hospital greater than 11 days who no longer require acute hospital care</li> </ul>

My performance information is continued on the next page, where you will find the Key Performance Indicators that I report to Trust Board.



## Performance Against Key Targets 2016/17

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 31 March 2017
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%	80.7%
	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	17
	1 hour ambulance handovers	Ambulance handovers not completed within 60 minutes	Weekly SitReps	Performing: 0 Underperforming: >0	1575
	30 minute ambulance handovers	Ambulance handovers not completed within 30 minutes	Weekly SitReps	Performing: 0 Underperforming: >0	8045
	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%	63.37%
	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%	91.32%
	RTT - incomplete pathways	Total number of patients on incomplete pathways less than 18 weeks vs. total number on incomplete pathways		Performing: 92%	92.58%
	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%	1.68%
	28 day readmission	Number of patients not treated within 28 days of last minute elective cancellation	Quarterly return via UNIFY	Performing: 0	4
	Multiple cancellations of urgent operations	Number of last minute elective operations cancelled for non-clinical reasons	Monthly return via UNIFY	Performing: 0	561
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%	94.3%
	2 week GP referral to 1st outpatient – breast symptoms			Performing: 93% Underperforming: 88%	94.7%
	31 day diagnosis to treatment for all cancers			Performing: 96% Underperforming: 91%	99.2%
	31 day second or subsequent treatment – drug			Performing: 98% Underperforming: 93%	99.9%
	31 day second or subsequent treatment – surgery			Performing: 94% Underperforming: 89%	96.9%
	31 day second or subsequent treatment – radiotherapy			Performing: 94% Underperforming: 89%	98.9%
	62 days urgent GP referral to treatment of all cancers			Performing: 85% Underperforming: 80%	86.0%
	62 day referral to treatment from screening			Performing: 90% Underperforming: 85%	95.1%
	62 day referral to treatment from hospital specialist			Performing: 85% Underperforming: 80%	90.4%

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, Senior Leadership Team and through our operational performance systems.

## I.2d Finance Director's Report

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**As Finance Director I have Board-level responsibilities 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, Information and IT services.**

In order for the healthcare provided to the populations of Shrewsbury, Telford & Wrekin and mid Wales to develop and prosper it is necessary for there to exist a sustainable financial solution that enables healthcare to be delivered in a resilient and flexible manner. Any examination of resilience in the delivery of healthcare points to a requirement to find a solution to the immediate and medium-term issue of capacity difficulties arising from the unavailability of a skilled workforce. This is particularly true for the Trust.

Accordingly, in setting a financial strategy for the Trust, it has been necessary to consider opportunities that can enable the Trust to address its workforce challenges. To this end, the Trust's plans to reconfigure clinical services across the Trust's two hospital sites are a key component in responding to the workforce challenge. Doing so serves to reduce duplication and ensures that the correct levels of skilled staff are available to meet patient needs. Our analysis has revealed that by following this strategy the Trust can expect to improve recruitment and ultimately improve the level and range of care provided. The reconfiguration of services also makes sense financially. During 2016/17 the Trust spent £1.5 million-per-month employing agency staff as a consequence of on-going staffing shortages: an annual cost of £18 million. By consolidating our services the Trust reduces the need for agency staff and reduces spending by £8 million-per-year.

The plan to reconfigure clinical services across the two hospital sites requires substantial capital investment. In October 2016 the Trust completed an Outline Business Case, which described a new service model for hospital services. This service model establishes Accident and Urgent Care Centres on each of the two hospital sites, builds a new modern scalable emergency care centre and seeks to establish new centres of excellence in cancer care, ophthalmology and bariatric surgery. Plans also allow for a long overdue overhaul of ward, theatre and critical care areas supported by enhanced diagnostic and imaging capability. The estimated capital cost of this development programme is £310 million. Our calculations show that this programme is affordable to the Trust.

For such a sum to be made available to the Trust it is necessary to demonstrate that the Trust's medium-term financial strategy is capable of being delivered. The 2016/17 financial year represented the first year of the five-year medium-term plan. In setting the plan for the year the Trust was required to limit "in year" overspending to a control total deficit of £16.4 million. By doing so the Trust then received financial support from its regulator, NHS Improvement (NHSI), amounting to £10.5 million. This financial support was subject to the Trust achieving the financial control total and achieving access targets in respect of emergency care and planned care. The effect of receiving the financial support is to reduce the deficit for the year to £5.9 million.

It is pleasing to report that the Trust has successfully achieved the control total deficit of £16.4 million. This is now the sixth consecutive year that the Trust has achieved precisely the financial target given by its regulatory body, and is a level of financial performance matched by only a small minority of Trusts across the country. This is a considerable achievement.

Whilst the "in year" financial position of the Trust is important, more significant is the recurrent position of the Trust because this describes the underlying financial sustainability of the Trust. The Trust began the year with a recurrent deficit of £20.9 million and because of actions taken, will enter the 2017/18 financial year with a recurrent deficit of £17.9 million, an improvement of £2.3 million. Significantly the recurrent position also establishes a £2 million reserve to underpin the revenue consequences of the capital development described in the above. This level of recurrent financial improvement demonstrates that the Trust is not only taking actions to achieve short-term nationally defined targets but is also taking the steps to create a more certain long-term future. However, clearly there remains much that still needs to be achieved over the coming years. Given the Trust's track record there is every reason to believe that further improvement is possible. We need to continue these successes.



*Neil Nisbet, Finance Director*

## Progress Against Operational Objectives 2016/17

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

2016/17 Strategic Priorities	2016/17 Operational Objectives	Annual Review of Progress
<b>Quality and Safety</b> To undertake a review of all current services at specialty level to inform future service and business decisions	Deliver revised Operational Business Planning processes across the Trust	<ul style="list-style-type: none"> <li>The Trust's revised planning process was implemented for 2016/17</li> <li>Monthly monitoring of progress and performance against plans and trajectories was through the Trust's electronic Performance Dashboard</li> <li>The process for 2017/18 has been refined further with a detailed analysis of Care Group services undertaken during 2015/16</li> <li>Part One of the Operational Plan for 2017/18 was approved by Trust Board on 30 March 2017, with Parts Two and Three due for submission in June 2017</li> </ul>
<b>Quality and Safety</b> Develop a sustainable long-term clinical services strategy for the trust to deliver our vision of future healthcare services through the NHS Future Fit programme	Progress the delivery of the Sustainable Services Programme (SSP)	<ul style="list-style-type: none"> <li>Work continued on the refinement of the future clinical model during 2016/17 and the technical solutions required for the development of the Future Fit clinical model to deliver one Emergency Site and one Planned Care Site whilst maintaining two balanced, vibrant sustainable hospital sites</li> <li>The SSP Strategic Outline Case was approved by Trust Board and supported by both local Clinical Commissioning Groups</li> <li>Following an appraisal process the Future Fit Programme Board identified a preferred option for the future delivery of acute hospital care: Option C1 (the Emergency Site at RSH and the Planned Care Site at PRH)</li> <li>The draft Outline Business Case for the SSP was approved by the Trust Board on 1 December 2016</li> <li>Work continued through the year in partnership with patients, staff and the public on the service model, workforce needs and patient pathway development</li> </ul>
<b>Innovation</b> Support service transformation and increased productivity through technology and continuous improvement strategies	Progress provider efficiency opportunities identified within the Carter Review	<ul style="list-style-type: none"> <li>The Trust's Carter Steering Group meets monthly to progress schemes and initiatives identified within the Carter Review</li> <li>During 2016/17 this work included improvements in Pharmacy, Procurement and planning for improvement across Support Services</li> </ul>
	Information Technology	<ul style="list-style-type: none"> <li>The user base for the locally developed clinical portal system continued to increase in 2016/17</li> <li>Plans are in place to further increase usage of the portal to include Therapies in 2017/18</li> <li>The IT requirements to support the new clinical model were identified and formed part of the SSP Outline Business Case</li> </ul>
	Further develop a culture and model for continuous improvement	<ul style="list-style-type: none"> <li>The Trust continued its partnership with the Virginia Mason Institute in 2016/17 and the creation of the Trust's own Transforming Care Institute</li> <li>The Lean for Leaders Programme was established with 40 staff from across the Trust</li> <li>The Trust's clinical teams continued to form part of the wider Future Fit/STP improvements during 2016/17 – particularly around patient pathways for patients with long-term conditions</li> </ul>
<b>Financial Strength: Sustainable Future</b> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the NHS Future Fit Programme	Manage the financial position of the Trust	<ul style="list-style-type: none"> <li>The Trust's plan and control total to deliver a deficit pre-sustainability and transformation funding of £16.4 million was achieved in 2016/17</li> </ul>
	Develop a strategy to improve the Trust's estate	<ul style="list-style-type: none"> <li>The Trust revised its Estates Strategy in draft during 2016/17 as part of the SSP Outline Business Case</li> <li>Improvements to the Trust estate were made in key risk areas as part of the Trust's risk management processes</li> <li>A final Estates Strategy will be developed in 2017/18</li> </ul>
	Identify and deliver a recurring Cost Improvement Programme	<ul style="list-style-type: none"> <li>The Trust identified a Cost Improvement Programme of £13.031m for 2016/17</li> <li>The Trust delivered a Cost Improvement Programme of £10.911m in 2016/17</li> </ul>
	Deliver the Capital Planning programme	<ul style="list-style-type: none"> <li>The Trust adopted a risk-based approach in delivering its capital resource in 2016/17 to target areas of highest risk as identified in the Operational Risk Group</li> </ul>

## 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 a busy and exciting 12 months and having launched our Organisational Strategy in July 2016 it is obvious we are on an exciting journey to provide the safest and kindest care in the NHS. Our staff, patients and families helped us to shape the strategy and it is our Values that remain at its foundation, with our patients and their families at the very peak.

It has been no secret that our hospitals have been incredibly busy over the past 12 months but, despite this, our workforce have been fantastic and that is why we launched our VIP (Values In Practice) Awards, to celebrate the outstanding achievements and contributions of our staff who deliver such high quality care to patients. The awards will be an annual event to celebrate the fantastic work that takes place across our Trust by staff, volunteers and charities.

During the past 12 months we have continued to build upon the foundations put into place during 2015/16 to help address some of our recruitment challenges. This has included further developments in our 'Belong to Something' campaign by featuring apprentice, volunteer and temporary staffing webpages and continuing to target Medical Staff via social media. We are also continuing to attend recruitment events to promote SaTH and Shropshire as a great place to work and live. In total, during 2016/17 we recruited 61.04 Whole Time Equivalent (WTE) Staff Nurses, 92.73 WTE Health Care Assistants and 24.23 Consultants (including those appointed on a locum basis). We've also introduced Nursing Associate roles on a trial basis to support the nursing workforce and to help us provide the best possible care for our patients. If successful, this position will be rolled out further within the Trust over the next year.

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. Once again we have increased the number of classes we provide for our staff, encouraged active lifestyles and worked closely with catering colleagues for healthier food choices.

Making our organisation a great place to work remains a priority. We recognise that if we get the experience of our staff right, this has a significant impact on not only how they feel but how our patients feel about their experiences. During the past 12 months we've taken staff feedback on board and explored ways to provide more opportunities to raise concerns and ensure staff feel confident that they are listened to and action will be taken. Therefore, we've signed up to the national Freedom to Speak Up initiative and as part of the initiative we now have two Values Guardians, who are available for staff to speak to impartially for advice and support if they feel unable to approach their manager about any concern.

Another area where we have made significant improvements as a result of staff feedback is in the creation of the Copthorne Clinical Training Centre at the Royal Shrewsbury Hospital. Staff told us that training was often difficult to access due to the lack of a dedicated training space. We've also significantly improved the take-up for the flu vaccination over the past 12 months. On the back of only 43.3% of staff having the jab in 2015/16, we this year launched our Flu Busters campaign and I am delighted to report that 71% of all frontline healthcare workers had the vaccination this time around. We will aim to increase the uptake even further when the vaccination is available again next winter.

Our latest NHS Staff Survey results are, in terms of our overall performance, similar to last year, but improving. That means we still have work to do to create a better working environment. However, there are some real positives that highlight our continued journey of improvement. It's great that 99% of our staff know our Trust Values and, pleasingly, there has been a 9% increase in the number of staff seeing these Values put into practice in the workplace. I am also delighted to report that we are above the average nationally for staff accessing training and development.

I am really pleased with progress we made in recruitment and supporting our workforce over the past 12 months, and our aim is to continue this over the next 12 months, alongside a number of other exciting projects, such as making our hospital sites smoke-free by the end of 2017.



*Victoria presents a VIP Award to Laura Kavanagh, HR Business Partner.*

*Victoria Maher, Workforce Director*

## Progress Against Operational Objectives 2016/17

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

2016/17 Strategic Priorities	2016/17 Operational Objectives	Annual Review of Progress
<b>Quality and Safety</b> Reduce harm, deliver best clinical outcomes and improve patient experience	Improve recruitment and retention of staff, especially within challenged services	<ul style="list-style-type: none"> <li>The Trust's 'Belong to....' recruitment campaign for all staff groups was delivered with positive outcomes and increased applications</li> <li>Innovative employment offers were progressed to increase attraction to difficult to recruit to posts e.g. sabbaticals</li> <li>The Trust increased its presence at local/regional/national recruitment events and proactively marketed the SaTH offer at Higher Education institutions</li> <li>Revalidation for all registered nurses both substantive and bank was supported during 2016/17 and will continue</li> <li>Recruitment was one of the Value Streams within our Transforming Care work focusing on the process from when a vacancy arises and is approved, to when the successful candidate commences in post</li> </ul>
	Develop plans for 7-day working within the current workforce capacity	<ul style="list-style-type: none"> <li>Care Groups have shown some progress towards 7-day working for example within Acute Medicine and Therapies. Challenges of delivering this without additional resource, however, means this work will continue into 2017/18 and beyond</li> <li>The multi-disciplinary internal working group continued to co-ordinate and drive delivery with the use of new ways of working/new role developments to support progress during the year</li> </ul>
	Improve our unavailability rate and reduce the reliance on agency nurses	<ul style="list-style-type: none"> <li>A target of an unavailability rate of 24% and a fill rate of 95% was set for nursing during 2016/17. The overall unavailability average position for the year was 28%. Work to address the shortage of Registered Nurses, especially within Scheduled and Unscheduled Care forms a large part of the Operational Plan for 2017/18</li> <li>Detailed analysis was undertaken as part of the operational business planning process with Care Groups to align activity with nursing capacity. The outcome of this work was approved by Trust Board in March 2017 for implementation during quarters 1 and 2 in 2017/18</li> </ul>
	Achieve the nationally required agency cap	<ul style="list-style-type: none"> <li>A single centralised process to support authorisation and monitoring of agency bookings was successfully implemented</li> <li>Prospective rota management was supported across the Trust</li> <li>A working group was established to monitor and track agency staff usage. This group will continue to meet through 2017/18, reporting progress to the Workforce Committee</li> </ul>
	Increase the use of new roles: advanced practitioners; higher level generic roles; and apprenticeships	<ul style="list-style-type: none"> <li>The Trust has continued to develop new roles during the year, including Nurse Associates, Advanced Practitioners, and a number of apprenticeships</li> </ul>
<b>People</b> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work	Deliver the Trust's Leadership Development Programme	<ul style="list-style-type: none"> <li>Development of a Leadership Academy was progressed during the year with the objectives of increasing leadership capability and capacity at all levels within the Trust</li> </ul>
	Achieve key performance indicators for sickness; appraisals; and statutory and mandatory training	<ul style="list-style-type: none"> <li>All workforce KPIs were reported and discussed monthly at Workforce Committee with a summary submitted to Trust Board</li> <li>The acceleration of the recovery from the Training Pause at the end of 2016/17 is planned with the aim of achieving compliance by 31 December 2017 if attendance on courses was between 95 – 100%</li> </ul>
	Improve staff engagement	<ul style="list-style-type: none"> <li>The Staff Survey 2016 highlighted improved engagement scores across the Trust</li> <li>An update of the Trust's scores were shared at the Senior Leadership Team and Trust Board at the end of March 2017 and an action plan will be produced for implementation</li> <li>Results show that awareness of the Trust Values increased in 2016/17, although there remains work to be done to see whether people feel these Values are being 'lived'</li> </ul>

## Performance Against Key Targets 2016/17

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

Domain	Indicator	Description	Data Source	Thresholds	Performance in Year Ended 31 March 2017
Workforce	Sickness absence	Number of days sickness absence vs. available workforce	SaTH Returns	Performing: 3.99%	4.04%
	Appraisal	Number of eligible staff receiving appraisal in current performing vs. total eligible staff		Performing: 80% (Stretch target 100%)	86.17%
	Statutory and Mandatory Training	Number of spells or attendance with valid number/Total number		Performing 80%	76.72%

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

**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, facilities, communications and health & safety. I am also the Lead Director for Community Engagement and social action through our members and volunteers.**

Last year the Trust held its first ever Family Fun Day as part of plans to open our doors to the local community. At the end of the day, the community is whom we are here to serve and it was great to see so many members of the public, patients, staff and partner organisations on the day despite the rain! During our Family Fun Day, I was delighted that we launched a three-year Living Well With Dementia appeal which aims to raise money to make our ward and outpatient departments dementia-friendly for our patients.

The past 12 months have been an outstanding period for us from a sustainability point-of-view as we introduced new gardens, provided initiatives to help staff get to work in a sustainable way and were successful in national and regional awards. We now have more than 100 Sustainability Champions and continue to have a successful partnership with the Wildlife Trust to further develop green hospital spaces for patients, visitors and staff. We were also nominated in five categories in the prestigious national NHS Sustainability Awards.

A particular highlight of the year was the creation of an outdoor gym on the grassed area near the Transforming Care Institute at RSH thanks to us winning a £10,000 grant from Tesco's Bags of Help scheme. The gym was officially opened on NHS Sustainability Day, when we also planted more than 2,000 trees across both hospital sites with the help of the community. We plan to open a similar outdoor gym at PRH in the summer. During the past 12 months we have also come up with lots of initiatives to try to improve parking for patients and staff. We have introduced a lift-share scheme, built new cycle shelters, secured discounted bus fares with Arriva and highlighted our policy of offering 30-minutes free parking on site to allow patients to be dropped off without incurring charges.

I'd like to thank our volunteers for their contributions over the past 12 months. We now have more than 800 volunteers who provide excellent support for our staff throughout the Trust, plus almost 300 linked to the League of Friends. The Lingen Davies charity has also been extremely supportive and I was delighted when they achieved their fundraising target for a new Linear Accelerator, which will benefit our patients requiring treatment for cancer.

It has been another busy year for the Trust in terms of communications. There has been a major focus on our programme to reconfigure our hospitals and the team have also organised successful media days in A&E and Women and Children's, promoted the transformation work done in partnership with the Virginia Mason Institute (VMI) and have supported successful campaigns such as Flu Busters, Healthcare Science Week and World Cancer Day. Our new Web Development Team launched a new-look Trust website, which is a lot easier to use, and we will be doing the same for our intranet.

It has been a busy 12 months for our Facilities Department, too. Our Cleanliness Technicians and Catering Staff have been involved in the transformation work we are doing in partnership with VMI to improve the services we offer patients, while the Catering Team also secured five star hygiene ratings for our hospital kitchens and cafes. 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 with some of the best results in the NHS for taking action against offenders.

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.

**Julia Clarke, Director of Corporate Governance**



*Trust Chair Peter Latchford, Chief Executive Simon Wright, Dementia Clinical Nurse Specialist Karen Breese and former Shrewsbury Mayor Ioan Jones at the launch of the Living Well With Dementia appeal*



## Progress Against Operational Objectives 2016/17

I was the lead director for the following operational objective in 2016/17:

2016/17 Strategic Priority	2016/17 Operational Objective	Annual Review of Progress
<p><b>Community and Partnership</b></p> <p>Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and wellbeing of the population</p>	<p>Continue to develop environmental and social sustainability through the Good Corporate Citizen programme</p>	<ul style="list-style-type: none"> <li>A self-assessment of the Trust was undertaken in December 2016 against the NHS Sustainable Development Unit's <i>Making You a Good Corporate Citizen</i> tool. The Trust scored 65%, an increase of 3% compared to the previous assessment in 2015</li> <li>In April the Trust was "highly commended" in the 'Water' category at the NHS Sustainable Development Unit annual Sustainability Awards – more than any other Trust</li> <li>2017 saw the Trust move into the third year of its 5 year Sustainable Development Management Plan</li> <li>The Trust continues to develop valuable relationships with public and private sector partners in delivering our sustainability objectives</li> <li>The Trust has been shortlisted in five categories at the NHS Sustainability Awards in 2017 - for the fourth year in succession</li> </ul>
<p><b>Community and Partnership</b></p> <p>Embed a customer-focused approach and improve relationships through our stakeholder engagement strategies</p>	<p>Improving patient experience and involvement through engagement and opportunities with our communities and partners</p>	<ul style="list-style-type: none"> <li>The responsibility for Communications within the Trust transferred to the Director of Corporate Governance in 2016/17</li> <li>Engagement events with patients, staff, the public, partners and stakeholders took place throughout 2016/17 focusing on key internal priorities, for example Dementia, Ophthalmology and the Sustainable Services Programme</li> <li>Plans to increase the number of hospital volunteers were successfully implemented; Mealtime Buddies and Ward Helpers joined the existing volunteers areas of skill and support to patients and staff</li> <li>Working with volunteers and community organisations to create green spaces at PRH and RSH for the benefit of patients, staff and local communities</li> <li>Organising series of health lectures which have been attended by hundreds of members of the public</li> <li>Holding first Saturday 'Open Day' which was well-attended, despite the rain</li> </ul>

## **Part II. Accountability Report**

## II.1 Corporate Governance Report

### II.1a Director's Report

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**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. Sarah Bloomfield left the Trust as Director of Nursing and Quality and was replaced by Helen Jenkinson as Acting Director of Nursing and Quality in February 2017. Colin Ovington was appointed as Interim Director of Nursing and Quality in March 2017. A permanent Director of Nursing and Quality, Deirdre Fowler, joins the Trust in May 2017. Dr Robin Hooper, Mrs Donna Leeding and Dr Simon Walford left their posts as Non-Executive Directors during the year. Paul Cronin became a Non-Executive Director in August 2016 (having previously been a Designate Non-Executive Director). Dr Chris Weiner and Dr David Lee both joined as Non-Executive Directors in December 2016, and Mrs Terry Mingay also joined in the same month as a Designate Non-Executive Director.

#### **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 Lankelly Chase Foundation, Visiting Professor at Birmingham City University, Lecturer at Warwick 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**

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 & 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: August 2016 to August 2020 (first term)
- Political activity: None
- Interests declared at year end: Chief Executive of Severn Hospice, Trustee of Compassionate Communities UK
- Declared interests expiring during the year: None

**Mr Clive Deadman, Non-Executive Director**

Clive 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.



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

**Dr David Lee, Non-Executive Director**

David has been a GP for 29 years and has worked in medical leadership roles within both the NHS and the independent sector. He is currently the Medical Director of CSC, a multi-national corporation that provides information technology services and professional services. He combines this leadership role with work as a GP in Shropshire. David is a committed proponent of clinical leadership and the benefit of effective clinical leadership for patients using health services and for the organisations responsible for providing or commissioning them. In addition to his medical qualifications gained from Manchester University, David has an MBA from Leeds University and is currently training as an executive coach. Dr Lee and his family moved to Shropshire 12 years ago.



- Term: December 2016 to December 2018 (first term)
- Political activity: None
- Interests declared at year end: Medical Director of CSC (Computer Sciences Corporation), Sessional GP within Shropshire working principally at Alveley Medical Practice, Director of Massive Heart Consulting Ltd
- Declared interests expiring during the year: None

**Mrs Terry Mingay, Designate Non-Executive Director**

Terry started her career in the NHS as a general and subsequently a mental health nurse 38 years ago in London. She worked in London and in the West Midlands, holding a variety of posts including Nurse Director, Human Resources Director, Deputy Chief Executive and Managing Director of a Community Health NHS Provider. Upon retirement from salaried employment in 2011, Terry established herself as a freelance healthcare consultant with much of her work involved in clinical quality initiatives. Between 2011 and 2015 she spent a large proportion of time undertaking consultancy projects with both Shropshire and Telford and Wrekin Clinical Commissioning Groups, which gave her an insight and interest in the areas that SaTH serves. She is currently a Board member of a Social Housing Provider and a Trustee of a hospice in Staffordshire.



- Term: December 2016 to December 2018 (first term)
- Political activity: None
- Interests declared at year end: Trustee of Katharine House Hospice, Board member of Walsall Housing Group
- Declared 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 2016 to March 2020 (second term).
- Political activity: None
- Interests declared at year end: Director - Beckbury Associates Limited, Director - The Woodard Corporation Ltd, Director - Pressure Technologies PLC
- Interests expiring during the year: None



### **Dr Chris Weiner, Non-Executive Director**

Chris is a Public Health specialist with extensive experience in the NHS and also local government. Over the years, he has worked in NHS organisations to improve health and well-being in both Telford and Shrewsbury. He moved to Shropshire 18 years ago and considers this to be very much home for himself and his family.

- Term: December 2016-December 2018 (first term)
- Political activity: None
- Interests declared at year end: Clinical Director at Wiltshire Health and Care



### **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
- Political activity: None
- Interests declared at year end: None
- Interests expiring during the year: None



#### **Mr Colin Ovington, Interim Director of Nursing and Quality**

Colin has spent 11 years of his career working at Board level in four nurse director posts in acute trusts. His career started in the North East, followed by training in Cumbria and Leeds, and jobs that took him to Derbyshire, Nottingham, London, Bedford, Stafford and Birmingham.

- Appointed: March 2017 as Interim Director of Nursing and Quality. Deirdre Fowler has been appointed as permanent Director of Nursing and Quality from May 2017.
- Political activity: None
- 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.

- 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 30 years, and is married with two children, and one grand-daughter.



- Appointed: December 2012
- Political activity: None
- 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
- Political activity: None
- 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 eight 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 five committees chaired by the Non-Executive Directors: Audit Committee, Sustainability Committee (including Charitable Funds), Quality and Safety Committee, Remuneration Committee, and Workforce Committee.

In addition the Trust Board received reports from the Senior Leadership Team (chaired by the Chief Executive). 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](http://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 from pages 28-32.

### **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 Harmesh Darbhanga, the committee comprises three Non-Executive Directors (including the committee chair). The other committee members during the year were Dr Robin Hooper and Dr Simon Walford (until their terms in office concluded) and Dr Chris Weiner and Clive Deadman (after Robin and Simon's terms 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 4 significant incidents relating to person identifiable information which were formally reported at the Trust in 2016/17.

## II.1b Statement of Chief Executive's Responsibilities

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

The Chief Executive of NHS Improvement 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 Improvement.

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.

### **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 banded remuneration of the highest paid director in The Shrewsbury and Telford Hospital NHS Trust in the financial year 2016-17 was in the salary banding of £170,000 to £175,000 (2015-16, £170,000 to £175,000). This was 6.99 times (2015-16, 7.03 times) the median remuneration of the workforce, which was £24,666 (2015-16, £24,555). In 2016-17, 25 (2015-16, 16) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £172,000 to £302,600 (2015-16, £175,500 to £273,000).

Total remuneration includes salary, non-consolidated performance-related pay (not applicable to any member of staff in 2016-17 or 2015-16), benefits in kind as well but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

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

Name and Title	2016-17						2015-16					
	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 Simon Wright Chief Executive	155-160	-	-	-	32.5-35	190-195	80-85	-	-	-	70-72.5	150-155
<b><u>Voting Directors</u></b>												
Mrs Deborah Kadum Chief Operating Officer	115-120	-	-	-	-	115-120	115-120	-	-	-	42.5-45	160-165
Dr E Borman Medical Director	170-175	-	-	-	-	170-175	170-175	-	-	-	-	170-175
Mrs Sarah Bloomfield Director of Nursing and Quality	105-110	-	-	-	-	105-110	110-115	-	-	-	-	110-115
Mr Neil Nisbet Finance Director	135-140	1,100	-	-	-	140-145	135-140	500	-	-	-	135-140
<b><u>Non-Executive Directors</u></b>												
Mr Paul Cronin Non Executive Director	5-10	-	-	-	-	0-5	0-5	-	-	-	-	0-5
Mr Harmesh Darbhanga Non Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	-	5-10
Mr Clive Deadman Non Executive Director	5-10	-	-	-	-	5-10	0-5	-	-	-	-	0-5
Mr Robin Hooper Non Executive Director (to 14.10.16)	0-5	-	-	-	-	0-5	5-10	-	-	-	-	5-10
Mr David Lee Non Executive Director (from 2.12.16)	0-5	-	-	-	-	0-5	0	-	-	-	-	0
Mrs Donna Leeding Non Executive Director (to 31.5.16)	0-5	-	-	-	-	0-5	5-10	-	-	-	-	5-10
Teresa Mingay Designate Non Executive Director (from 2.12.16)	0-5	-	-	-	-	0-5	0	-	-	-	-	0
Mr Brian Newman Non Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	-	5-10
Dr Simon Wallford Non Executive Director (to 30.9.16)	0-5	-	-	-	-	0-5	5-10	-	-	-	-	5-10
Christopher Weiner Non Executive Director (from 2.12.16)	0-5	-	-	-	-	0-5	0	-	-	-	-	0
Band of Highest Paid Director's Remuneration (PYE)	170-175						170-175					
Median Total Remuneration	24,666						24,555					
Ratio	6.99						7.03					

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

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 2017 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2017 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2016	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2017	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Mr Simon Wright</b> Chief Executive	2.5-5	5-7.5	30-35	100-105	532	79	611	
<b>Dr Edwin Borman</b> Medical Director	0-2.5	2.5-5	70-75	215-220	1,421	61	1,482	
<b>Mrs Deborah Kadum</b> Chief Operating Officer	0-2.5	0-2.5	40-45	130-135	830	37	867	
<b>Mr Neil Nisbet</b> Finance Director	0-2.5	0-2.5	50-55	150-155	977	44	1,021	
<b>Mrs Sarah Bloomfield</b> Director of Nursing and Quality	0	0	20-25	70-75	324	3	327	

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. Remuneration figures represent actual remuneration rather than full-year effect.



## II.2. Remuneration and Staff Report

### II.2b Staff Report

**We employ almost 6,000 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 2016/17 increased by 129 to 5,903. When taking into account those employed on part-time contracts, the full-time equivalent (FTE) number increased by 105 to 5,026. Expenditure on staff accounts for approximately 67% of overall Trust expenditure, a slight increase on the previous year. A more detailed breakdown of staff numbers 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	566.46	11.3%
Nursing and midwifery staff	1418.48	28.2%
Scientific, technical and therapies staff	641.46	12.8%
Other clinical staff	1386.63	27.6%
Non-clinical staff	1012.76	20.1%
<b>Total</b>	<b>5025.79</b>	

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	2.94%
Band 8b	7	20.59%
Band 8c	14	41.18%
Band 8d	10	29.41%
Band 9	1	2.94%
Personal Salary	1	2.94%
<b>Total</b>	<b>34</b>	

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	4724	80.03%
Male	1179	19.97%
<b>Grand Total</b>	<b>5903</b>	

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

*Table 11.2b – 4: Composition of the Trust Directors*

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

*Table 11.2b – 5: Composition of senior managers*

Role	Gender	Total
Senior Manager	Female	26
	Male	8
<b>Grand Total</b>		<b>34</b>

The following table provides sickness absence data for the period from 1 April 2016-31 March 2017:

*Table 11.2b – 6: Sickness absence*

Sickness Absence Information	
Sickness Absence %	4.04%
% Over Target Sickness of 3.99%	0.05%
Total FTE Calendar Days Lost	73,203
Average FTE Calendar Days Lost Per Employee	15
No. Ill Health Retirements	13
No. Voluntary Resignation - Health	13

## Equality and Diversity

We seek to integrate Equality and Diversity into all our service provision and staff management. To help us do this we have adopted the NHS Equality Delivery System (EDS2) and the NHS Workforce Race Equality Scheme (WRES) and we publish our results and objectives on our Trust website. We continually review our processes and activities and involve a range of stakeholders in our decision-making as well as continuing to work according to our Trust Values in all that we do.



Key activities in 2016-17 have included continuation of the Prince's Trust scheme for young people, the extension of our Values-Based Recruitment and selection programmes, increased workplace-based training opportunities (including apprenticeships, volunteering etc) and sustained engagement with community-based stakeholder groups across Shropshire, Telford & Wrekin and mid Wales.

We recognise that to make effective changes in Equality and Diversity, it must form a key element of our own performance framework. The Trust is monitored on Equality and Diversity indicators and publishes an annual update to the Trust Board each year.

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

Some Key Staff Diversity Data:

- 80.03% of the workforce is female and 19.97% male, 55.5% of the Trust Board is male and 44.5% female, of the executive directors on the Board 57.14% are female and 42.86% male, and of the Trust's senior managers 76.5% are female and 23.5% male; [in 2017-18 we are undertaking a review of pay in accordance with The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 and will publish the results].
- 12% of staff identify themselves as from an ethnic minority background (compared to a local population figure in Shropshire and Telford & Wrekin of around 6.7% according to the 2011 census);
- 20% of staff are aged between 16 and 30 with 26.53% of staff aged between 41-50;
- 2% of staff identify themselves as having a disability (however 21% 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:**

The Trust is committed to the full and fair consideration of applications for employment from disabled people. Its policy, HR40 Employing People with Disabilities, reflects current practice in terms of a guaranteed interview scheme for applicants with disabilities who meet the essential criteria of the role. The Trust is continuing to review and cluster all its Human Resources (HR) policies to make them more user-friendly and, in particular, revised Recruitment and Equality & Diversity policies will be published during 2017-18. Equality Impact Assessments are carried out 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. The Trust Board is committed to the Equality Delivery System (EDS2) as a means of monitoring and reporting on its progress in all protected characteristics.

**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:**

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. Additional supportive training is also identified on a case-by-case basis where appropriate.

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

All members of staff, regardless of disability or any protected characteristic, have access to development and training opportunities through the Trust's education programmes and this is monitored and reported annually to the Board. Access to promotion opportunities is available through the nationally recognised NHS Jobs portal for advertising of jobs.

### Expenditure on consultancy

The Trust's expenditure on consultancy for 2016/17 was £49,645 to Candalay Consulting Ltd (STP Consultant).

This is staff consultancy expenditure and will not match the 'Consultancy services' figure in Note 7 of the Annual Accounts in Appendix 3.

### Off-payroll engagements

Since 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 remains in place and public sector bodies are also required to provide 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 2017, of more than £220 per day and lasting longer than six months (see Table 11.2b – 7 below).
- All new off-payroll engagements between 1 April 2016 and 31 March 2017, for more than £220 per day and lasting longer than six months (see Table 11.2b – 8 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 – 7: All off-payroll engagements as of 31 March 2017, of more than £220 per day and lasting longer than six months*

For all off-payroll engagements as of 31 March 2017, for more than £220 per day and that last longer than six months:	Number
Number of existing engagements as of 31 March 2017	0
<i>Of which, the number that have existed:</i>	
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 – 8: All new off-payroll engagements between 1 April 2016 and 31 March 2017, for more than £220 per day and lasting longer than six months*

<b>For all new off-payroll engagements between 1 April 2016 and 31 March 2017, for more than £220 per day and that last for longer than six months</b>	<b>Number</b>
Number of new engagements between 1 April 2016 and 31 March 2017	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.	-

*Table 11.2b – 9: Off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1 April 2016 and 31 March 2017*

<b>Off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1 April 2016 and 31 March 2017</b>	<b>Number</b>
Number of off-payroll engagements of Board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total number of individuals on-payroll and off-payroll that have been deemed Board members, and/or, senior officials with significant financial responsibility, during the financial year. This figure should include both on-payroll and off-payroll engagements.	-

### **Exit Packages and Severance Payments**

No exit packages or severance payments were made during 2016-17. 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

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## *Quality Account 2016/17*

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## Appendix 2

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### *Annual Accounts (Financial Statements)*

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## Appendix 3

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### *Annual Governance Statement*

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Make It **Happen**  
We Value **Respect**  
Together We **Achieve**



LEADERSHIP  
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TRANSFORMING  
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## The Shrewsbury and Telford Hospital NHS Trust

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