



The Shrewsbury and  
Telford Hospital  
NHS Trust

Paper 3



# Safest and Kindest

## Annual Report and Annual Accounts 2017/18



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 2017/18.

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:

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Princess Royal Hospital, Grainger Drive, Apley  
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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

**The Shrewsbury and Telford Hospital NHS Trust (SaTH) is currently on a journey to realise its Vision of providing its patients with the safest and kindest care possible. The last 12 months have been challenging – just as it has for the NHS as a whole - yet progress is being made at SaTH.**

I joined the Trust at a very important milestone on that journey. This really is an exciting time for me to be part of the organisation because of the resources that have been provided to us to make a real change to the services that we offer to the people of Shropshire, Telford & Wrekin and mid Wales. Reconfiguring hospital services for the benefit of our patients and our workforce is now, after many years, moving forward. I hope that my previous experience as a Chair of two NHS trusts will allow me to add something to the team.

It is going to be hard work, there is no doubt about that. It is one thing to have an idea and another to deliver it. It will need us all to be flexible and to work together to re-design services to maximise the advantage of the significant capital that we have been given.

It is already clear to me that the staff within the Trust have been performing to an amazing level given the restrictions both in terms of facilities and staffing levels. I would like to thank them for all of these fantastic efforts. I would also like to assure them that the Board is very clear that capital will not, by itself, solve all of our problems; and we are going to create a robust plan to develop our services. This is already in hand.

Having been through a particularly difficult winter, like most NHS Trusts across the UK, everybody is committed to making the improvements necessary to significantly improve the working environment, and the service that we deliver to the public, in time for the increase in demand we can expect next winter.

In my short time here, it is obvious that the Trust relies heavily on the magnificent support from the volunteer community and I would also like to thank them for their on-going commitment. They offer help and support to so many different areas within the organisation, and that makes everybody's life a little bit easier.

I would like to say thank you to my predecessor, Professor Peter Latchford OBE, who contributed so much to the organisation; and also to Non-Executive Director Paul Cronin for his service to SaTH. I would also like to thank our patients and their families whose feedback is so important to helping us on our journey. And I'd like to take this opportunity to welcome Nigel Lee, who joined the Trust as Chief Operating Officer in February.

It really is going to be an exciting 2018/2019 with lots of changes ahead of us; yet at the end of it we are going to be able to deliver something new and exciting.

I very much look forward to working with everyone as we move forward on this next, crucial step of our journey.



*SaTH's Vision is to provide the safest and kindest care in the NHS*



*SaTH receives magnificent support from their voluntary community*

*Ben Reid OBE, Cha*

## I.1a Chief Executive's Overview: Reflecting on 2017/18

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**The debate about the future of our hospitals has been making headlines for a long time. In March 2018 we secured the largest single capital announcement the NHS has made in 10 years and the most significant for our county in 70 years. The confirmation of £312 million will allow us to redevelop and transform our two hospitals and the care we can offer through our services.**

The announcement means we can go out to speak with the public to explore how these plans will affect them and their families. The plans have been drawn up by our Doctors, GPs and Nurses to provide the best possible healthcare not only for this generation, but for generations to come.

We believe the plans for a single emergency site and a separate planned care site, supported by 24-hour-a-day Urgent Care Centres at both of our hospitals, will not only improve outcomes for our patients, but will also improve conditions for our staff and help us to recruit the best new staff to support the incredible work our teams are already doing in what we all know are difficult conditions.

We have also been focused on establishing our improvement method to support continuous learning and become an outstanding organisation. Since starting our partnership with the Virginia Mason Institute in Seattle we have trained over 2,620 staff and we are now over 700 staff in co-production every week. The Transforming Care Production System (TCPS) work has saved over 3,770 miles a year of clinical staff walking, which equates to approximately 944 hours of time released back for patient care each year, alongside 57,000 safer patient journeys.

We currently have seven Value Streams under way, releasing our people to identify and implement the changes necessary to improve care. These are looking at the areas of highest risk facing the Trust (including A&E, recruitment, etc) and the improvements I hear at the regular Report Outs and Huddles never ceases to impress me and assure me that we are on course to become a 'Good', and in time, 'Outstanding' organisation. Our 'Lean for Leaders' are really changing the face of SaTH and more will graduate each year.

The Care Quality Commission (CQC) published their report on us in August 2017 and while we remain 'Requires Improvement' it recognises improvement in almost 65% of the Trust to a 'Good' rating. There were many excellent comments in the CQC report that make me extremely positive about the future. Improvement was particularly noticeable in Medical Care, Surgery and End of Life Care. We were also rated 'Good' for caring and one of the key findings of the report was that patients consistently told inspectors how staff cared for them with compassion and kindness.

It is of huge importance that we celebrate the excellent work that takes place across our Trust every day by staff, volunteers and charities and we did this through our second Values in Practice Awards (VIP). The



*Chief Executive Simon Wright presents an award at the VIP Awards*

event saw 11 awards presented to staff and volunteers for their achievements during the year. We celebrated with nearly 300 of our staff their fabulous achievements.

We also hosted our second Charity Fun Day in the summer and it was attended by lots of our staff and patients. Big plans have been put in place for the 2018 Charity Fun Day and VIP Awards as both will form part of our celebrations to mark the 70th anniversary of the NHS.

All of this has happened against the backdrop of one of the busiest winters I can recall the NHS experiencing, which saw many of our staff battle the snow and ice to make their way to work as the worst of the weather hit.

We have delivered the majority of our cancer waiting time targets and received the Health Service Journal National Patient Safety Award for Cancer and, in September 2017, our diagnostic target with over 99%. We also achieved the 92% Referral to Treatment (RTT) target for the first time in over a year. Tackling this issue was one of our top priorities and we continue to hit both milestones as we enter 2018/19 which is great for our patients and marks a fantastic achievement for our staff.

Further good news was the re-opening of our Ophthalmology department to new referrals. The new department, co-designed with our patients and staff, has seen a genuine transformation in care and staffing levels with almost all of our consultant vacancies now filled for the first time in 12 years.



A new Eye Department opened at RSH.

Our Maternity Services remain an area of focus and in June 2017 our internal review, which looked at the quality and safety of the service, was published as part of our commitment to continuous learning and improvement. We wanted to have independent assurance of the quality and safety of care processes, culture and ways of working to help us be the very best we can be for the families we support and care for.

This report will, in conjunction with the review by the Royal Colleges and the report from NHS Improvement, which we expect to be published later in the year, will ensure we have a full picture of our Maternity service and allow us to plan for the future ensuring we do this in the full knowledge of any past failings and those needing improvement and those doing very well.

Our Midwife-Led Units have also remained high on the public agenda this year. In the summer of 2017 full inpatient maternity services at Midwife-Led Units in Bridgnorth, Ludlow and Oswestry were suspended for six months before re-opening in January. The safety of women and babies using our maternity service continues to be our number one priority and, as with all areas of our hospitals, we have contingency plans in place, which have activated, to ensure our midwives are being deployed appropriately to maintain choice as much as possible while ensuring the services we provide are safe.

Finally, throughout this year I have taken great pleasure in catching up with many of our staff for a chat each month with 'Breakfast with the Boss'. It gives us the chance to share how it feels where we work and also the opportunity to get to know each other better. And we don't always talk shop; it is also a lovely opportunity to learn more about one another, each other's interests outside of work and to share a bit about our family lives. By going back to shop floor and working alongside our people, walking across our hospitals when I'm out on the Genba and simply saying hello as we pass on the corridors all helps me to get a sense of how our people are feeling. It is absolutely crucial that every one of our 6,000 people feel able to speak up and be heard.

The next 12 months will see lots of exciting new developments emerging and some old issues finally fixed for good.

*Simon Wright, Chief Executive*

## I.1b About the Trust

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

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

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

Together the hospitals have just over 700 beds and assessment and 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 2017/18 our actual staff employed (headcount) increased by 28 to 5,931. When taking into account those employed on part-time contracts, the full time equivalent (fte) number increased by 21 to 5,047. Our substantive workforce at 31 March 2018 included approximately:



- 523 fte doctors and dentists (10%), a decrease of 44 fte compared with 2016/17;
- 1,429 fte nursing and midwifery staff (28%), an increase of 11 fte;
- 644 fte scientific, technical and therapies staff (13%), an increase of 2 fte;
- 1,391 fte other clinical staff (28%), an increase of 4 fte;
- 1,060 fte non-clinical staff (21%), an increase of 47 fte.

In addition to this, the available workforce at year end included 1,199 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 approximately 900 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 £359 million in 2017/18 we saw:

- 52,302 elective and daycase spells
- 50,982 non-elective inpatient spells
- 7,044 maternity and transfer admissions
- 411,714 outpatient attendances
- 111,332 accident and emergency attendances

More details about our activity is provided on page 9 and further information about our financial performance is included in Section I.2d.

## Our Organisational Strategy



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

## Our Board and Leadership

Strategy and oversight is provided by our Trust Board, with a majority of Non-Executive members, including a Non-Executive Chairman, appointed from local communities and networks by 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, Midwifery 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 which have since become embedded:



## 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)

## 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 2018/19. 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.

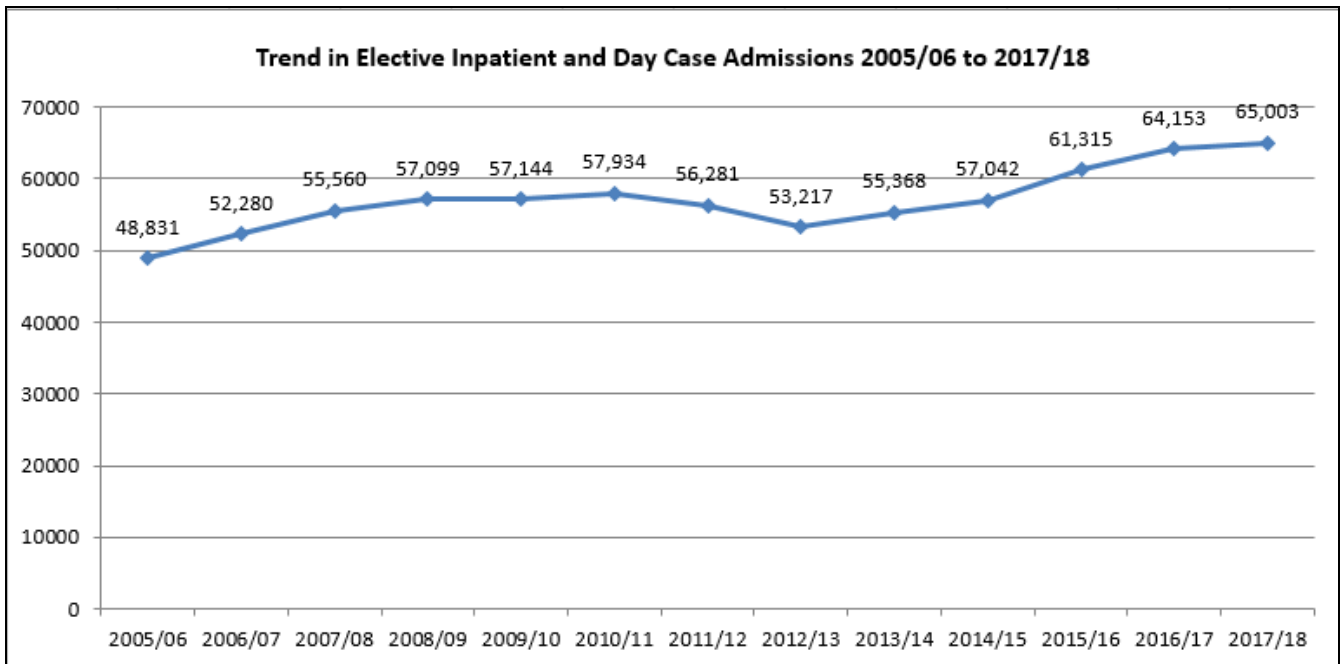




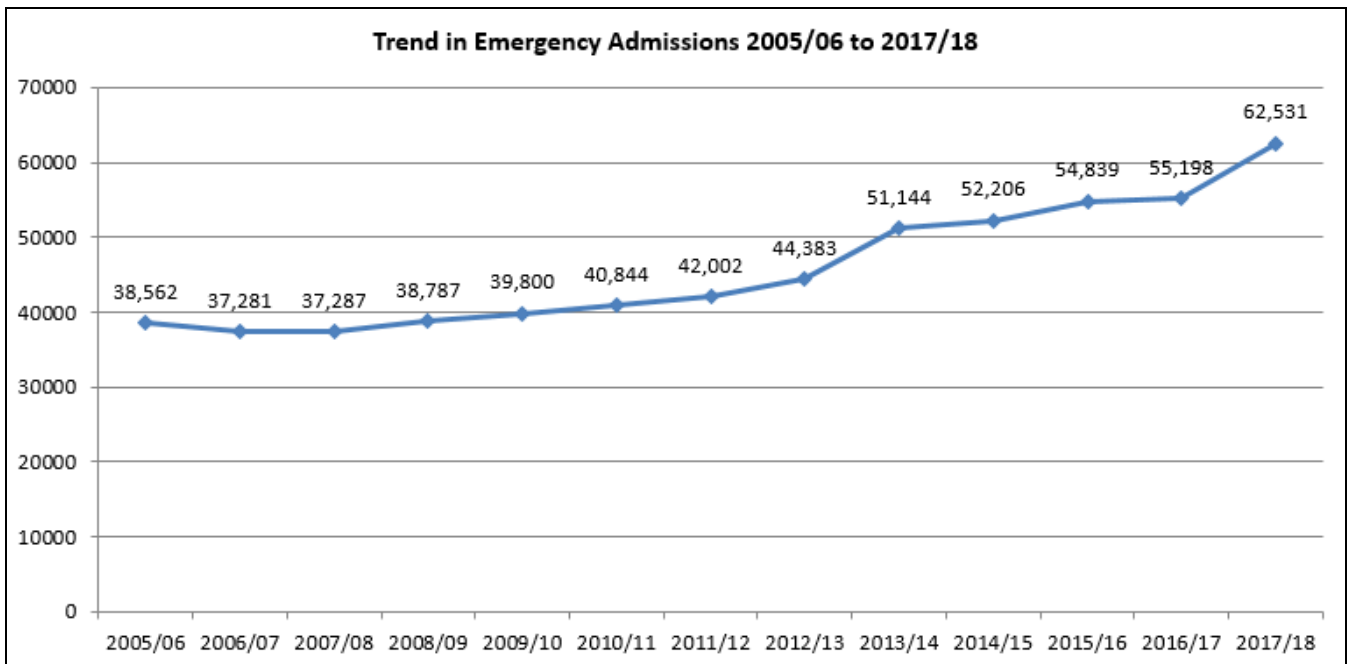
Summary of Service Activity by specialty in the year ended 31 March 2018

Centre	Speciality	Inpatient/Daycase			Outpatient		
		2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Diagnostics	<i>Chemical Pathology</i>	-	1	1	615	645	592
	<i>A&amp;E Outpatient &amp; Spells</i>	1,000	951	894	3,856	3,629	3,397
Head & Neck	<i>Audiological Medicine</i>	2	1	1	1,390	666	1,010
	<i>ENT – Adult</i>	2,613	2,398	2,281	22,627	22,036	20,410
	<i>ENT - Child</i>	-	-	-	-	-	-
	<i>Maxillofacial Surgery</i>	542	613	726	333	94	71
	<i>Oral Surgery</i>	1,135	690	703	11,233	10,472	10,265
	<i>Orthodontics</i>	-	-	-	6,583	7,451	8,010
	<i>Ophthalmology – Adult</i>	3,396	2,973	3,798	46,129	48,490	45,875
	<i>Ophthalmology – Child</i>	130	41	10	8,073	7,960	8,199
	<i>Ophthalmology - Medical</i>	4	-	3	4	1	2
	<i>Restorative Dentistry</i>	-	-	-	663	583	565
Medicine	<i>Cardiology</i>	2,695	2,884	3,083	23,083	22,299	23,127
	<i>Cardiothoracic Surgery</i>	1	-	-	1,330	1,236	1,215
	<i>Dermatology - Adult</i>	7	16	5	17,215	16,763	16,905
	<i>Dermatology – Child</i>	1	4	-	258	253	248
	<i>Diabetic Medicine</i>	3	6	3	6,281	6,808	6,105
	<i>Endocrinology</i>	270	121	106	2,540	2,882	3,136
	<i>General Medicine inc Stroke</i>	22,961	23,145	23,995	6,769	4,613	3,700
	<i>Geriatric Medicine</i>	150	156	254	3,590	5,076	4,926
	<i>Nephrology</i>	422	296	356	5,871	6,915	6,118
	<i>Neurology</i>	281	332	324	8,310	8,490	6,623
	<i>Rehabilitation</i>	40	71	60	-	-	-
	<i>Respiratory Medicine</i>	1,960	2,936	3,044	10,848	11,558	11,554
<i>Respiratory Physiology</i>	-	1	-	192	203	244	
Musculoskeletal	<i>Pain Management</i>	543	620	538	1,045	1,027	759
	<i>Rheumatology</i>	-	-	-	15	4	-
	<i>Trauma and Orthopaedics</i>	6,222	6,079	5,826	53,550	50,006	46,940
Surgery, Oncology & Haematology	<i>Breast Surgery</i>	931	698	731	17,219	15,879	15,319
	<i>Colorectal Surgery</i>	1,016	923	1,000	11,412	12,559	12,773
	<i>Gastroenterology</i>	17,978	19,096	19,307	8,942	10,446	10,016
	<i>General Surgery</i>	6,579	7,988	7,157	926	924	666
	<i>Hepatology/Hepatobiliary</i>	12	7	5	2,923	2,312	2,482
	<i>Neurosurgery</i>	-	-	-	196	144	0
	<i>Plastic Surgery</i>	-	-	-	3	2	1
	<i>Upper GI Surgery</i>	1,136	1,170	1,044	6,288	6,475	6,407
	<i>Urology</i>	5,293	6,022	6,131	19,482	19,352	19,056
	<i>Vascular Surgery</i>	1,971	928	1,729	6,904	6,304	6,790
	<i>Clinical Haematology</i>	6,658	7,726	8,153	12,293	13,653	14,941
	<i>Clinical Oncology</i>	11,299	11,611	11,468	17,355	18,921	19,942
<i>Medical Oncology</i>	663	703	1,042	995	686	1,747	
Anaesthetics	<i>Anaesthetics</i>	1	1	3	459	559	536
Women and Children	<i>Gynaecology</i>	4,154	4,363	4,236	19,956	20,110	18,175
	<i>Gynae Oncology</i>	4	8	7	6,188	6,505	6,362
	<i>Obstetrics / Maternity</i>	5,660	6,621	6,250	10,800	12,988	11,446
	<i>Neonatology</i>	3,064	4,594	4,464	825	958	1,039
	<i>Paediatrics</i>	9,308	9,054	8,661	21,460	22,273	20,799
	<i>Psychotherapy</i>	-	-	-	79	40	30
	<b>Total</b>	<b>120,105</b>	<b>125,848</b>	<b>127,399</b>	<b>407,108</b>	<b>411,250</b>	<b>398,523</b>

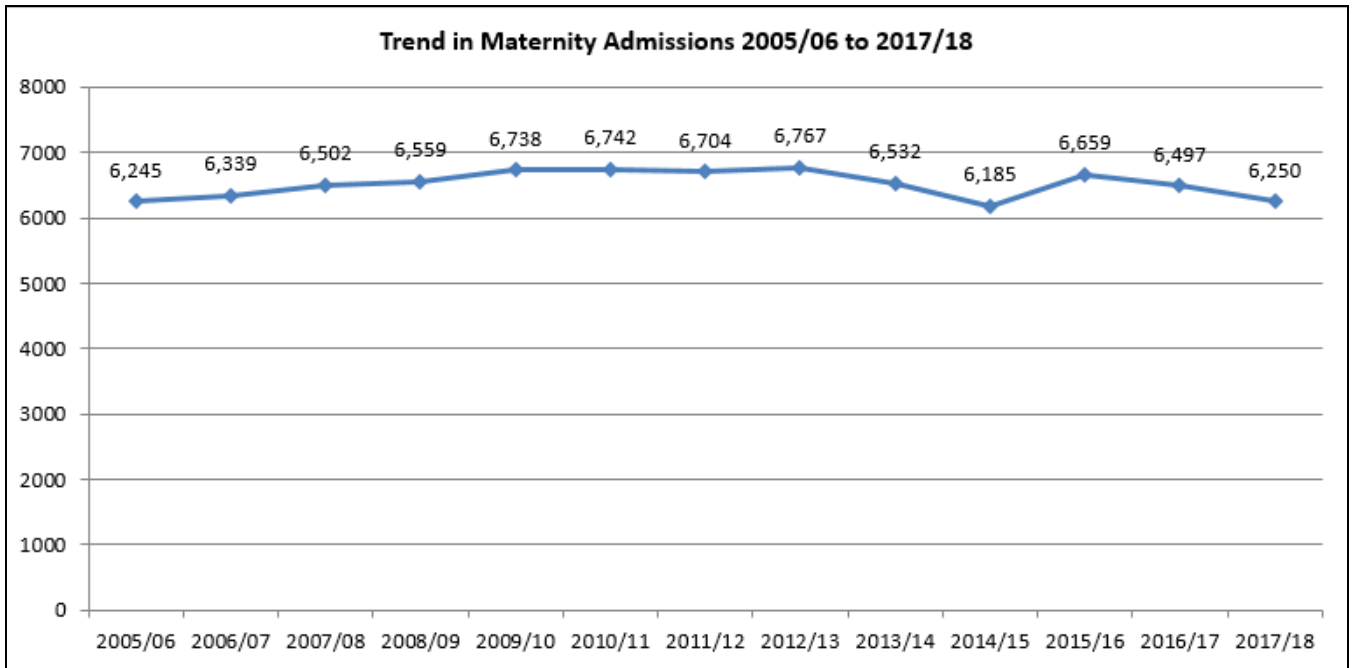
The following graphs show trends in activity from 2005/06-2017/18:



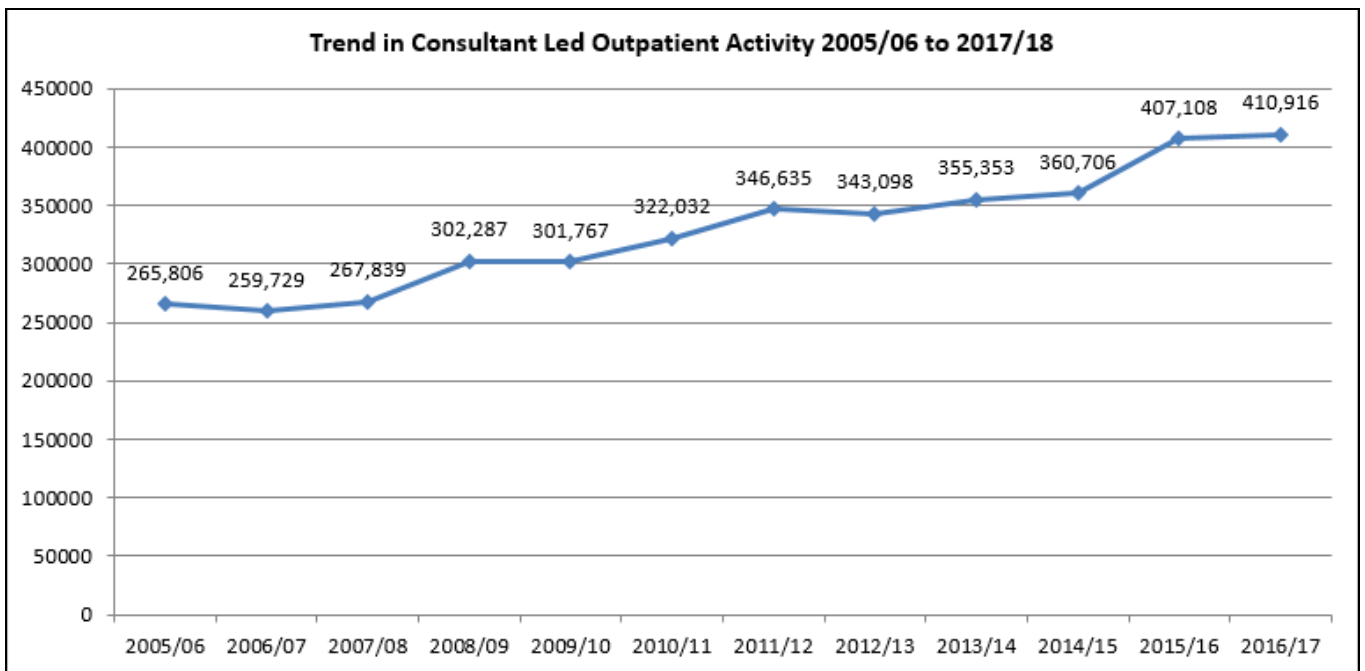
Above: Elective and Day Case activity showed a 1.32% increase this year, compared with a 4.62% increase in the previous year.



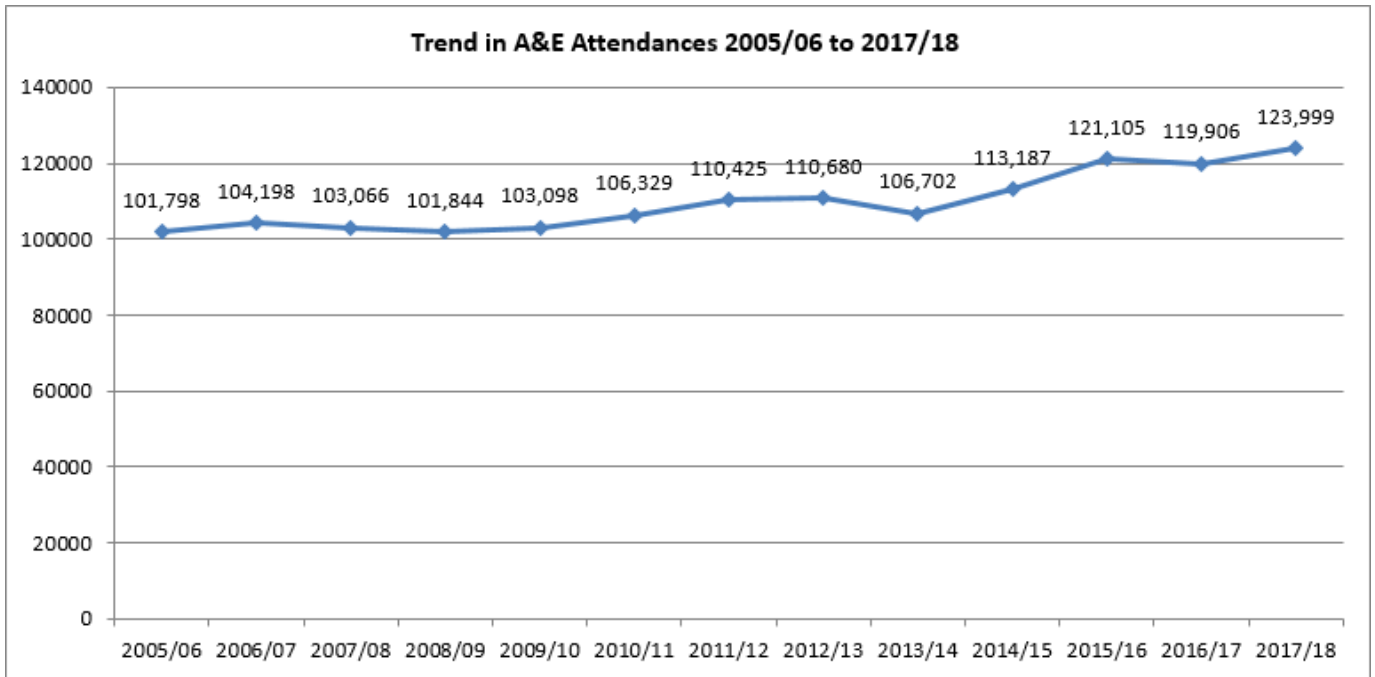
Above: There has been a consistent rise in emergency admissions from 38,562 in 2005/06 to 62,531 in 2017/18. They have increased by 13.28% from 2016/17 to 2017/18.



Above: Maternity admissions have decreased by 3.80% over 2017/18. This followed a decrease of 2.43% over 2016/17.



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 0.93% year-on-year increase from 2016/17 to 2017/18.



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. After a slight fall between 2015/16 and 2016/17, 2017/18 saw attendances at their highest level to date at nearly 124,000, a rise of 3.41% on the previous year. 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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**Nationwide, the NHS is becoming progressively strained with increasing financial pressures and operating with a workforce that is either unavailable or overstretched. As a result organisations have to optimise the best use of resources to service the population's increasing healthcare requirements.**

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

Regardless of the challenges, the safe delivery of care for patients and their families is the single most important priority for SaTH moving in to 2018/19; with the overall goal of providing the safest and kindest care 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 2018/19.

The coordinating 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 systems 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. To be the safest and kindest is an ambition identified by staff and patients alike and is central to the programmes above and all aspects of the Trust's organisational strategy.

For 2018/19 the Trust will deploy parts 2 & 3 of the Operational Plan where appropriate, aimed at building on successes achieved within 2017/18. The Operational Plan provides a mechanism by which services can develop once they are in a position where they have a solid foundation on which to build, essentially focusing on getting the basics right.

Part of delivering a solid foundation is to deliver key Operational Objectives such further development of the Urgent Care Service, progression of the out-of-hospital service and identification of service opportunities within Scheduled care. These will enable the organisation to deliver its Trust Ambitions to:

1. Improve our patient care processes to create empty beds to stop additional patients being placed on wards
2. Reduce our reliance on temporary staffing through a 25% improvement in our vacancy rate
3. Become more efficient in our performance through reducing waste in our processes and embedding our Transforming Care Methodology

The Operational Plan for 2018/19 fits within the strategic direction of the Sustainable Services programme.

Following the Treasury's commitment to support a £312 million investment in our hospitals we move to a position of Public Consultation in the summer of 2018. A programme of internal engagement with all staff groups is well under way to further develop the business case and help shape the future provision of acute services within Shropshire.

Whilst the STP and its component parts, including the Trust's Sustainable Services Programme move steadily forward, frontline staff will continue work on understanding their service issues with the support and expertise of the Transforming Care Institute. Now in its third year, we continue to methodically apply the VMI tools of removing waste and non-value added activities and by standardising processes and systems in Trust departments and in the design of new clinical services and facilities as part of SSP.

2018/19 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 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 2018
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%	76.66%
	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	62
	1 hour ambulance handovers	Ambulance handovers not completed within 60 minutes	Weekly SitReps	Performing: 0 Underperforming: >0	1656
	30 minute ambulance handovers	Ambulance handovers not completed within 30 minutes	Weekly SitReps	Performing: 0 Underperforming: >0	8320
	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%	58.73%
	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%	95.00%
	RTT - incomplete pathways	Total number of patients on incomplete pathways less than 18 weeks vs. total number on incomplete pathways		Performing: 92%	91.31%
	RTT – greater than 52 weeks	Total number of patients waiting longer than 52 weeks from referral to treatment		Performing: 0	0
	% of patients waiting over 6 weeks for a diagnostic test	To measure waits and monitor activity for 15 key diagnostic tests		Performing: <=1%	0.39%
	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	565	
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%	93.84%
	2 week GP referral to 1st outpatient – breast symptoms			Performing: 93% Underperforming: 88%	93.51%
	31 day diagnosis to treatment for all cancers			Performing: 96% Underperforming: 91%	100%
	31 day second or subsequent treatment – drug			Performing: 98% Underperforming: 93%	100%
	31 day second or subsequent treatment – surgery			Performing: 94% Underperforming: 89%	100%
	31 day second or subsequent treatment – radiotherapy			Performing: 9 Underperforming: 89%	100%
	62 days urgent GP referral to treatment of all cancers			Performing: 85% Underperforming: 80%	84.58%
	62 day referral to treatment from screening			Performing: 90% Underperforming: 85%	92.85%
	62 day referral to treatment from hospital specialist			Performing: 85% Underperforming: 80%	92.75%
Infection Prevention and Control	MRSA	Actual number of MRSA vs. planned trajectory for MRSA	HPA Returns	Performing: No MRSA bacteraemias	0
	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%	95.5%
	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	4
Workforce	Sickness absence	Number of days sickness absence vs. available workforce	SaTH Returns	Performing: 3.99%	4.4%
	Appraisal	Number of eligible staff receiving appraisal in current performing vs. total eligible staff		Performing: 80% (Stretch target 100%)	86.52%
	Statutory and Mandatory Training	% compliant with statutory and mandatory training requirements		Performing 80%	71.31%

## **I.2 Performance Analysis**

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

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**The Director of Nursing, Midwifery and Quality has Board level responsibility for the Quality agenda, ie patient safety, patient experience and clinical effectiveness. This agenda is supported by the Medical Director. The role also includes Board-level professional leadership and support for the nursing, midwifery and allied healthcare workforce across the Trust.**

I was delighted to join SaTH in May 2017 and to have spent the past year working alongside people who are passionate about making improvements for our patients and their families and carers. We are united in our vision to provide the safest and kindest care possible for all of our patients – this has been at the very heart of all the work we have undertaken in the last 12 months. Key to that has been the development of our Quality Strategy for 2018-2021 called “Safest and Kindest Every Day”. This is a document that describes our journey so far to improve standards of care for patients. It will not focus on specific areas or services but will provide a view of our progress as a Trust against the three domains of quality – **safe** and **effective** services that provide as good an **experience** as possible for patients. We will be clear about the milestones that we need to achieve along the way towards our Vision – including achieving a “Good” or above rating from the CQC and excellent outcomes in the national audits and reports of our services. It will take a lot of commitment, but it’s about doing the right thing and will be everyone’s responsibility.

A few of the improvements that we have made include revising our Incident Management Policy – we are an organisation that is not afraid to report our mistakes so that lessons can be learned; we have introduced Human Factors training in our theatres following never events, and implementing external Effective Investigations training.

Essential to making our hospitals the best they can be is improving our patients’ journeys through them, and ensuring that they are discharged as soon as they are fit to leave. No-one wants to be in hospital longer than they need to be and any day spent in hospital without benefit is a day too many. It will also prevent patients waiting longer than they need to in our A&Es. As part of this way of thinking our teams have embraced a number of initiatives, including the national End PJ Paralysis campaign, as it is proven that getting patients dressed and moving helps aid a quicker recovery. We are also using learning from the Red2Green initiative, a simple, visual way to assist in the identification of non-value added time in a patient’s journey.

Over the past year we also made a decision to move away from using the most expensive agency nurses and instead increase our workforce and Bank. This ensures continuity of care for our patients and also saves money. Workforce remains a challenge as there is a national shortage of nurses and we are seeing some leave the Trust in their first year. This is something that we are addressing by being proactive in our recruitment through initiatives such as the Nurses’ ‘Golden Ticket’ as well as encouraging our staff to become leaders through our Rising Stars programme. We are also looking at new ways to support our registered staff by taking a multi-professional approach to patient care; and we have invested in developing Nursing Associates.

Full inpatient maternity services at Midwife-Led Units in Bridgnorth, Ludlow and Oswestry were suspended for six months in 2017 before re-opening on 1 January 2018. The safety of women and babies continues to be our number one maternity priority and that is why, since the re-opening in January, we have acted promptly on our escalation plans when required, which result in temporarily suspending services at one or more of our MLUs. We know this unfortunately causes uncertainty, but we will always work to maintain safety first.

Our internal review into Maternity Services was published in June 2017. This report, in conjunction with the Royal College’s review and a report from NHS Improvement, will ensure we have a full picture of our Maternity service and areas that need further improvement, as well as areas where we are doing well.

Following the launch of our Exemplar programme in 2016 we awarded our first Diamond Ward in February. Outstanding care, safety and kindness, leadership, cleanliness, exceeding targets and many other achievements, mean that the Postnatal Ward are the first to win the coveted Exemplar Ward Diamond status.



*Deirdre Fowler, Director of Nursing, Midwifery and Quality*



## Progress Against Operational Objectives 2017/18

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

2017/18 Operational Priorities	2017/18 Operational Objectives	Annual Review of Progress
<p><b>Patient and Family</b> Listening to, and working with, our patients and families to improve healthcare</p>	<p>Plan to address capacity deficiencies occurring at the weekend addressing insufficient discharges by June</p>	<ul style="list-style-type: none"> <li>• Ward 17 – elective orthopaedics – 25%</li> <li>• Coronary Care Unit (day case) – 75%. The process is now run by the nursing staff completely, using a CLD template however opportunity remains following procedures.</li> </ul>
	<p>Implement Red to Green and SAFER programme from April-June</p>	<ul style="list-style-type: none"> <li>• Patient journey facilitators continue to receive positive feedback from patients/relatives and ward teams. This team, primarily concentrating on nine wards, is also supporting other wards as capacity allows. SAFER principles and Red2Green toolkit re-launched, along with monthly roadshows to help embed the concept with fortnightly corporate induction presentations. During February/March the team and ward areas took part in RPIW around FFA at PRH and CLD at RSH. FFA completion is highlighted as an internal process block which results in longer hospital stays which do not add value for patients. RPIW provided an opportunity for the team to try something different to help improve the process around completion of the forms. At RSH, we were able to try a new process for doctor referrals, which is another identified R2G block in the system</li> <li>• Analysis around R2G delays/blocks in the system continues. Further analysis required regarding top three blocks as well as patients who remain Red for subsequent days with the same reason. Changes made to tracker forms to give more visibility to key issues. Each of the nine wards has access to ward specific performance on KPIs associated with SAFER/Red2Green, displayed monthly on people link boards. Red2Green form will be replaced and information recorded on PSAG, giving greater visibility to actions required and enabling escalation of blocks in the system to team leader/department if response times aren't met within agreed tolerances.</li> <li>• Stranded patient review process in place across both sites and two care groups. Weekly discussion of super stranded (20days+) held and a mechanism for escalation in place with senior professionals both internally and externally to the Trust.</li> <li>• Metrics for reporting developed. Monitored weekly.</li> <li>• Daily check, chase, and challenge process is in place to help identify what needs to happen to each patient that day to add value to their stay. This process is providing a wealth of information in terms of key themes of obstacles within the patient journey that can be addressed at both a local level.</li> </ul>
<p><b>Healthiest Half Million</b> Working with our partners to promote 'Healthy Choices' for all our communities</p>	<p>Conclude LHE maternity review by July (CCG delayed)</p>	<ul style="list-style-type: none"> <li>• The local maternity system (LMS) programme board has completed the LMS transformation plan in partnership and co-production with stakeholders to ensure vision for maternity services is realistic and sustainable. Final plan submitted to the STP programme board on 25 October and NHSE on 31 October. One of the work streams involving a review of the MLUs is complete in draft and pending submission to the LMS programme board and CCG Boards. Implementations of recommendations are in synergy with the overall LMS plan during Q4 (17/18).</li> </ul>
	<p>Manage Midwifery staffing model as per review by July</p>	<ul style="list-style-type: none"> <li>• Midwifery staffing model forms part of LMS programme board and workforce is an identified workstream of the board. Birth Rate Plus (midwifery safer staffing assessment) in relation to the Trust has been published and presented to LMS Board in June 2017. LMS Board agreed Birth Rate Plus findings will form part of overall LHE transformation of maternity services. Findings will</li> </ul>

The Shrewsbury and Telford Hospital NHS Trust Annual Report and Annual Accounts 2017/18

		also be presented to Trust Workforce Committee following completion of MLU review process. Implementation of recommendations in Birth Rate Plus will be in synergy with overall LMS plan during Q4 (17/18).									
<b>Safest and Kindest</b> Our patients and staff will tell us they feel safe and received kind care	Full roll-out the Exemplar Ward Programme by April	<ul style="list-style-type: none"> <li>Neonatal ward was assessed on 22 March 2018 and final outcome/report due by end of May 2018.</li> <li>PRH Critical care ward assessed on 26 April 2018 with final outcome/report due by end of May 2018.</li> <li>Mock Exemplar assessment on Gynaecology ward to help Ward Manager identify areas requiring improvement to meet exemplar standards, formal assessment scheduled for August 2018.</li> <li>Mock Exemplar assessment conducted on RSH Critical Care, formal assessment scheduled for June 2018</li> <li>Summary so far is set out below:-</li> </ul> <table border="1"> <tr> <td><b>Formal (4)</b></td> <td>16 (PRH) 21 PN (PRH) 23 Ne (PRH) Critical Care (PRH)</td> <td>Gold Award - Aug-18 Diamond Award - Feb-18 In progress - May-18 In progress – May-18</td> </tr> <tr> <td><b>Mock (7)</b></td> <td>22 AN (PRH) 24C/E (RSH) 21 PN (PRH) 23 Ne (PRH) Gynae (PRH) Critical Care (PRH) Critical Care (RSH)</td> <td>We complete a mock assessment on the ward 2-3 months prior to the formal assessment. This is a ‘fresh eyes’ approach and is useful to highlight any potential issues.</td> </tr> <tr> <td><b>Genba (37)</b></td> <td>25 completed 12 scheduled</td> <td>Each ward will receive 3-4 genba walks. This helps raise awareness around the program and offers support and guidance.</td> </tr> </table>	<b>Formal (4)</b>	16 (PRH) 21 PN (PRH) 23 Ne (PRH) Critical Care (PRH)	Gold Award - Aug-18 Diamond Award - Feb-18 In progress - May-18 In progress – May-18	<b>Mock (7)</b>	22 AN (PRH) 24C/E (RSH) 21 PN (PRH) 23 Ne (PRH) Gynae (PRH) Critical Care (PRH) Critical Care (RSH)	We complete a mock assessment on the ward 2-3 months prior to the formal assessment. This is a ‘fresh eyes’ approach and is useful to highlight any potential issues.	<b>Genba (37)</b>	25 completed 12 scheduled	Each ward will receive 3-4 genba walks. This helps raise awareness around the program and offers support and guidance.
	<b>Formal (4)</b>	16 (PRH) 21 PN (PRH) 23 Ne (PRH) Critical Care (PRH)	Gold Award - Aug-18 Diamond Award - Feb-18 In progress - May-18 In progress – May-18								
<b>Mock (7)</b>	22 AN (PRH) 24C/E (RSH) 21 PN (PRH) 23 Ne (PRH) Gynae (PRH) Critical Care (PRH) Critical Care (RSH)	We complete a mock assessment on the ward 2-3 months prior to the formal assessment. This is a ‘fresh eyes’ approach and is useful to highlight any potential issues.									
<b>Genba (37)</b>	25 completed 12 scheduled	Each ward will receive 3-4 genba walks. This helps raise awareness around the program and offers support and guidance.									
	Respond and build upon the results and recommendations identified through the CQC assessment in December 2016 from April	<ul style="list-style-type: none"> <li>CQC Safest and Kindest Quality improvement plan paper being submitted to Quality &amp; Safety committee.</li> <li>NHSI governance “Well Led” action plan reviewed and approved by Executives and to be presented to Quality &amp; Safety Committee in May and CGE.</li> <li>Good and beyond workshop planned for 25 June for SLT to review how we progress further with the Well Led and safe domains.</li> <li>Stakeholder meeting to be scheduled to facilitate on-going engagement for key people.</li> </ul>									

**Performance Against Key Targets 2017/18**

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 2018
Infection Prevention and Control	MRSA	Actual number of MRSA vs. planned trajectory for MRSA	HPA Returns	Performing: No MRSA bacteraemias	0
	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	4

More detailed performance measures are included in the Performance Report presented to the Trust Board. Further review and assurance is through the Trust’s Quality and Safety Committee and Clinical Governance Executive.

## 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 education, research and innovation, and by expanding our workforce.**

The Trust has continued its work on improvements from mortality and has been below peer comparators on all four national indicators. There has been on-going work ensuring that priority is given to learning from deaths with the development of focused case note reviews and the introduction of improvements, where necessary. We saw this with patients who have sustained a fractured neck of femur where, at the end of the review, additional theatre sessions were provided, patients were kept in theatre recovery for longer, a physiotherapist was made available at weekends and a single page guideline was developed for the management of hypotension.

The Trust proudly won a prestigious national Patient Safety Award in July 2017 for the development of an interactive app for cancer patients that helps patients to understand and monitor the side effects of chemotherapy treatment and the long-term follow up of prostate cancer. The app has provided great outcomes and a better experience for patients.

SaTH has achieved the performance target of 95% or above for the assessment of patients for their risk of VTE disease from December 2015 to March 2018, covering over two calendar years and two financial years, which bucked the national trend which saw a dip in performance at other Trusts when winter pressures became apparent.

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 Trust compliance appraisal figure for doctors, at 99%, 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 have seen a substantial increase in the number of Keele graduates choosing to work at SaTH this year which demonstrates the effort and dedication put in for and by our students. SaTH was recognised by three GMC survey green flags: for Emergency Medicine induction, experience and education supervision, and Medicine FY2 clinical supervision and innovative OSCE type induction for new foundation doctors. There has also been enhanced skill development for medical staff with partnerships with Army reservists. Leadership training for our FY1 and FY2 doctors in conjunction with 202 Field Hospital has been presented nationally at a Clinical Tutors' Foundation Sharing event.

SaTH again appears in the top 100 NHS organisations for research in terms of the number of patients recruited to clinical trials and the number of clinical trials open. Work is on-going to support more Chief Investigators within our organisation which will strengthen our case to become recognised as a University Hospital. This year saw the recruitment of the 100<sup>th</sup> patient to the national 100,000 Genome project.

There also has been a substantial commitment from the Trust in workforce expansion of clinical staff of £1.8 million additional investment over the next two years.

SaTH has an exciting future with the announcement of £312 million investment to reconfigure services that will enhance the future of our clinical services to make them sustainable for the people that we serve. The doctors at SaTH will be supporting these developments and, in particular the new care pathways needed to provide for our patients.



*SaTH won a Patient Safety Award in 2017 for the development of an innovative Cancer App*

*Dr Edwin Borman, Medical Director*

## Progress Against Operational Objectives 2017/18

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

2017/18 Strategic Priorities	2017/18 Operational Objectives	Annual Review of Progress
<b>Safest and kindest</b> Our patients and staff will tell us they feel safe and received kind care	Address capacity consequences arising from growth in direct access and internal usage of CT & MRI by May	<ul style="list-style-type: none"> <li>Growth of internal usage is within normal range however GP direct access growth remains high. This is stimulated by new pathways which use imaging as a means of streamlining and encouraging early detection</li> <li>The third MRI scanner is now installed and went live on 16<sup>th</sup> April 2018</li> <li>Contracted an external provider to help manage capacity and maintain DM01</li> <li>DM01 has been sustained</li> <li>Successful appoints of a consultant Radiographer and a Consultant Radiologist</li> </ul>
	Achieve JAG accreditation by June	<ul style="list-style-type: none"> <li>Both PRH &amp; RSH Endoscopy Units have full JAG accreditation</li> </ul>
<b>Healthiest half million</b> Working with our partners to promote 'Healthy Choices' for all our communities	Full analysis of job plans to be put in place aligned to operational needs by September	<ul style="list-style-type: none"> <li>Allocate Job planning software purchased end of September 2017</li> <li>Key stakeholder meeting November 2017</li> <li>Secondment advertised into Project Lead role February 2018</li> <li>Secondee started in post May 2018</li> <li>Phase 1 underway including Women's and Children's, Surgical, Oncology and Haematology, Head and Neck and MSK</li> <li>Full analysis of job plans will be completed by the end of 2018/2019</li> </ul>
	Medical Director to conclude on Paediatric service model by July	<ul style="list-style-type: none"> <li>This work now forms part of the Trust's bid submission for a formal partnership with Shropshire Community Health Trust</li> <li>Further work will continue following the conclusion of the decision of the future of the Shropshire Community Health Trust as this will determine the nature and extent of potential integration of services</li> </ul>

## Performance Against Key Targets 2017/18

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 2018
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%	95.5%

More detailed performance measures are included in the 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 2017/18 which is included at Appendix 1 to this Annual Report.

## 1.2c Chief Operating Officer's Report

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

The NHS and the demands on its services and staff have dominated the news headlines after what has been a particularly gruelling winter. Our Emergency Departments, like others across the UK, have borne the brunt of the challenges that winter brought with it. Our operational teams have been under enormous pressure, and it has been widely reported that attendances at both our EDs have increased.

Our EDs do present an on-going challenge for SaTH, however, we have been working hard to address this. We have made changes to our infrastructure - opening a new Clinical Decisions Unit and creating a new Urgent Care Centre at PRH. We have also had a clear focus on improving patient journeys through our hospitals and getting them home where they want to be, most recently seen in our Easter 'Let's Crack It' campaign. We are seeing progress. We have also continued to do some great work as part of our transformation work in partnership with the Virginia Mason Institute in Seattle – and our sixth Value Stream will hone in on our EDs.

One thing is certain, the on-going dedication of our staff, particularly throughout the winter period, has been incredible; and that resonates in the many, many thank you letters that we have received from patients about the care that they have received over the last few months. I would like to wholeheartedly thank all our staff for their commitment, teamwork and support of each other. They are a credit to SaTH.

Service fragility is something that we are continuing to address, and we are working closely with the operational teams and system partners on all those services that are under the spotlight to improve them for our patients.

There is good news to report. After being closed for just over 12 months, our Ophthalmology department re-opened to new referrals in April, following a successful recruitment campaign. We have recruited a number of new staff to senior positions, including consultant ophthalmologists, and have reduced waiting lists. A clinician is also being trained in Adult Squint Surgery, which means that this service could also re-open to referrals later in the year. This is all now being delivered in a wonderful new facility in the Cophthorne Building at RSH.

Our performance for RTT (Referral To Treatment), Diagnostics and Cancer Treatment, we are pleased to report, continues to be consistently good; and is certainly better than many other Trusts across England. We are very proud that we are in the Top 10 for Cancer and RTT, and that performance is all thanks to our clinical teams.

I am also delighted to report that the Trust has gone from having the two oldest MRI scanners in England to now having the three most modern. One of our scanners was paid for thanks to the fantastic fundraising efforts of the League of Friends of the Royal Shrewsbury Hospital, who raised an astonishing £1 million. Two further scanners are also in operation – another at the RSH and a further one at the PRH – and these will be of great benefit to our patients in terms of reducing waiting times, and improving diagnoses and experience. Work continues towards the re-opening our Neurology department to new referrals – and we are working in partnership with other organisations in order to move forward with this.

The recent announcement of the capital for the reconfiguration of our hospital services will have a huge part to play in their delivery. I have joined SaTH at an exciting time, and I look forward to helping to shape the future of our services for the benefit of our patients and our staff so that we can provide the safest and kindest care possible.



MRI scanners in the country

*Nigel Lee, Chief Operating Officer*

**Progress Against Operational Objectives 2017/18**

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

2017/18 Strategic Priorities	2017/18 Operational Objectives	Annual Review of Progress
<b>Safest and Kindest</b> Our patients and staff will tell us they feel safe and received kind care	RTT to be recovered by individual specialties as per care group model	<ul style="list-style-type: none"> <li>Significant improvement in 18 week Referral to Treatment (RTT) performance in 17/18. SaTH delivered the 92% standard from September. In January 2018, there was a directive from the National Emergency Performance Programme (NEPP) team to cancel all routine outpatients and operations in January, which then significantly impacted on the Trust's ability to deliver the 92% standard at year end. However, the Trust will recover performance in Quarter 1 of 2018/19</li> </ul>
	RTT trajectory delivered as per care group model	<ul style="list-style-type: none"> <li>The overall RTT performance was achieved; however, neurology, ophthalmology and dermatology were services under the spotlight in 2017/18.</li> </ul>
<b>Patient and Family</b> Listening to and working with our patients and families to improve healthcare	Stream patients effectively, finalise the Urgent Care Centre at PRH and address the Urgent Care Centre deficiencies at RSH by June	<ul style="list-style-type: none"> <li>A new GP streaming service was introduced and co-located in the Emergency Department at PRH from October 2017, to stream suitable patients to be seen by GPs and Urgent Care Practitioners. This service sees circa 25 patients per day through this service. Also on the PRH site we opened a CDU co located within the ED.</li> </ul>
	Complete workforce review or PRH/RSH A&E department and address 6pm-12am capacity shortfall by June	<ul style="list-style-type: none"> <li>This work was undertaken and now there is a full workforce plan, which will be implemented over the next two years. There are still gaps in the consultant and middle grade rotas which are currently being covered through locums.</li> </ul>
	Realign Scheduled Care & Unscheduled Care beds from April - October	<ul style="list-style-type: none"> <li>The realignment of beds took place in October 2017, however we were unable to realise the full potential of alignment due to increase in emergency activity resulting in escalation capacity remaining open in summer months.</li> </ul>
	Secure Cancer delivery by addressing Dermatology consultant workforce by May	<ul style="list-style-type: none"> <li>Locum consultant sourced and in place. Capacity was also utilised at the Shropshire Skin Clinic.</li> </ul>
<b>Healthiest Half Million</b> Working with our partners to promote 'Healthy Choices' for all our communities	Review capacity requirements in respect of public health campaigns and NICE guidance by September	<ul style="list-style-type: none"> <li>Public health campaigns are factored in to our plans and additional capacity put in place to address demand. Demand and capacity models are reviewed on quarterly basis to reflect increases in referrals or further campaigns.</li> </ul>
<b>Safest and Kindest</b> Our patients and staff will tell us they feel safe and received kind care	Conclude review of demand and capacity impact arising from direct to test by May	<ul style="list-style-type: none"> <li>Radiology conducted the review, which concluded some capacity shortfall' Recruitment has been underway and continues.</li> </ul>
	Linked to bed realignment, agree and implement the new bed profile in relation to the new nursing structure from April – October	<ul style="list-style-type: none"> <li>The workforce requirement for the revised bed complement was confirmed. However, escalation capacity remained open in the summer months, and recruitment activity for nursing continues.</li> </ul>
	Conclude arrangements to transfer 70 patients per week to community provision from April - October	<ul style="list-style-type: none"> <li>SATH2Home is well established now across Telford and Shrewsbury and in 2017/18 discharged on average 22 patients to this service. We also worked with our Local Authority partners to increase the number of complex discharges and packages of care.</li> </ul>
	Develop and implement solutions to better align support service activity and workforce by October	<ul style="list-style-type: none"> <li>The Therapy service produced an electronic data capture mechanism for capacity and demand, linked to the clinical portal, and implemented in basic form in Sep 17. This has been further developed and is set for wider implementation during Q1 18/19</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 2017/18**

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%	76.66%
	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	62
	1 hour ambulance handovers	Ambulance handovers not completed within 60 minutes	Weekly SitReps	Performing: 0 Underperforming: >0	1656
	30 minute ambulance handovers	Ambulance handovers not completed within 30 minutes	Weekly SitReps	Performing: 0 Underperforming: >0	8320
	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%	58.73%
	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%	95.00%
	RTT - incomplete pathways	Total number of patients on incomplete pathways less than 18 weeks vs. total number on incomplete pathways		Performing: 92%	91.31%
	RTT – greater than 52 weeks	Total number of patients waiting longer than 52 weeks from referral to treatment		Performing: 0	0
	% of patients waiting over 6 weeks for a diagnostic test	To measure waits and monitor activity for 15 key diagnostic tests		Performing: <=1%	0.39%
	28 day readmission	Number of patients not treated within 28 days of last minute elective cancellation	Quarterly return via UNIFY	Performing: 0	3
	Multiple cancellations of urgent operations	Number of last minute elective operations cancelled for non-clinical reasons	Monthly return via UNIFY	Performing: 0	565
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%	93.84%
	2 week GP referral to 1st outpatient – breast symptoms			Performing: 93% Underperforming: 88%	93.51%
	31 day diagnosis to treatment for all cancers			Performing: 96% Underperforming: 91%	100%
	31 day second or subsequent treatment – drug			Performing: 98% Underperforming: 93%	100%
	31 day second or subsequent treatment – surgery			Performing: 94% Underperforming: 89%	100%
	31 day second or subsequent treatment – radiotherapy			Performing: 94% Underperforming: 89%	100%
	62 days urgent GP referral to treatment of all cancers			Performing: 85% Underperforming: 80%	84.58%
	62 day referral to treatment from screening			Performing: 90% Underperforming: 85%	92.85%
	62 day referral to treatment from hospital specialist			Performing: 85% Underperforming: 80%	92.75%

More detailed performance measures are included in the 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

**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.**

The long-term health economy solution to the Trust's workforce fragility will continue to be progressed through 2018/19 and the completion of the outline business case and development of a full business case.

Following the Treasury's commitment to support SaTH and the NHS Future Fit scheme, public consultation - led by the CCGs - is due to commence in quarter one of 2018/19. The Trust will continue progressing with year two of its five-year Transformation Plan to deliver sustainable services across both hospital sites to improve recruitment and ultimately improve the level and range of care provided.

This service model establishes 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.



*(above) or RSH (below) could look.*



diagnostic equipment.

The 2017/18 financial year represented year two of its five year medium-term plan. In setting the plan for the year the Trust was required to achieve a control total deficit of £6million, subject to the receipt of Sustainability and Transformation Funding (STF) £9.3million.

The effect of workforce challenges has led to increased spending in respect of Agency staffing and an inability to secure the full level of cost improvement savings. This combined with reduced Income has resulted in the Trust recording an in the year deficit of £12.017 million.

Significantly, in failing to limit the in-year overspend to the level agreed with NHSI, the Trust has been unable to secure the full level of available STF money. The level of STF monies withdrawn has amounted to £5.383 million and as a consequence the Trust will end the year with a deficit of £17.400million.

In 2017/18 the Trust successfully delivered its capital programme of £11.8million, including £1.6million investment in A&E streaming at PRH and £1.5million investment in

In order to understand the Trust's financial sustainability, the Trust needs to identify any movements in its underlying financial position. The Trust had planned to carry forward a recurrent deficit of £12.5million into the 2018/19 financial year however, will be taking forward a deficit of £20.46million, a movement of £7.96million. The recurrent position establishes a £3million reserve to underpin the revenue consequences of the capital development described in the above.

Clearly there remains much that still needs to be achieved over the coming years and workforce will continue to be a challenge however, our plans demonstrate that through the continuing commitment and imagination of our staff, the Trust can, with confidence, fully expect to respond successfully to the year ahead.

*Neil Nisbet, Finance Director*





### Progress Against Operational Objectives 2017/18

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

2017/18 Operational Objectives	Annual Review of Progress
Capacity review to be completed by Meridian Consultancy by September	<ul style="list-style-type: none"> <li>Meridian have concluded their work with the Trust and implementation of the work undertaken is in the process of being embedded.</li> </ul>
Progress SSP from April	<ul style="list-style-type: none"> <li>Agreement has been given by NHSE to progress to public consultation.</li> <li>Consultation is expected to start end of May/early June for 14 weeks.</li> <li>Work has continued throughout the year in partnership with patients, staff and the public on the service model, workforce needs and patient pathway development.</li> <li>The draft Outline Business Case for the SSP is to be approved by the Trust Board in July 2018 with the final Outline Business Case for the SSP to be approved by the Trust Board in December 2018.</li> </ul>
Address specific high risk areas in line with Trusts Capital Programme from April	<ul style="list-style-type: none"> <li>Capital schemes to address specific high risk areas:                             <ul style="list-style-type: none"> <li>Ward Block Calorifiers – completed.</li> <li>Continuation of Fire Safety – Fire Compartmentation completed in accessible areas. Wards 21 to be closed to decant from Ward 22 to enable the start of fire works. Next risk-based phase of fire door upgrade works and fire alarms completed.</li> <li>Subway Duct - Phase 2 (Boiler House to Main Hospital) – Structural works and permanent surface completed.</li> <li>RSH Ward Block Lifts – All 3 lifts now upgraded and in use. Scheme completed.</li> </ul> </li> <li>Other agreed 2017/18 Capital Schemes: Ophthalmology Phase 1 and 2 completed. Phase 3 to be undertaken as part of 2018/19 Capital Programme.</li> </ul>
Complete schemes where there is pre committed spend from April	<ul style="list-style-type: none"> <li>Schemes completed. MRI Enabling work at PRH completed and machine in use; both scanners in situ at RSH – replacement scanner in use; additional machine operational 16th April 2018.</li> </ul>
Commence procurement exercise to create a Strategic Asset Partner for financing the Hospital reconfiguration business case from April	<ul style="list-style-type: none"> <li>The Trust has been given the approval to spend up to £312 million of capital. The vehicle to receive this is yet to be confirmed.</li> <li>The Trust is however amenable to other funding sources, including the Regional Health Infrastructure Company (RHIC).</li> </ul>
Review current PAS system and construct a business case by September	<ul style="list-style-type: none"> <li>Patient Administration System (PAS) contract extended until 2020 to give time to build investment case for an Electronic Patient Record (EPR)                             <ul style="list-style-type: none"> <li>The PAS is not standing still but is keeping pace with new developments in NHS information and will be taken to its latest release this quarter to include the new emergency care data set (ECDS).</li> </ul> </li> <li>Procurement and Resources Directorate are in contact with third parties for EPR options appraisal and investment case that will withstand Treasury scrutiny.</li> </ul>
Reduce the recurrent deficit to £15.4 million in 17/18 and £12.1 million by 18/19	<ul style="list-style-type: none"> <li>The Trust planned to carry forward a recurrent deficit of £12.5 million into the 2018/19 financial year however, will be taking forward a deficit of £20.5 million, a movement of £8.0 million. The effect of workforce challenges has led to increased spending in respect of Agency staffing and an inability to secure the full level of cost improvement savings.</li> </ul>
Deliver a control total deficit in the years 17/18 and 18/19 as set by NHSI of £6.063 million and £2.778 million retrospectively	<ul style="list-style-type: none"> <li>The Trust recorded an in year deficit of £12.017 million. Significantly, in failing to limit the in year overspend to the level agreed with NHSI, the Trust has been unable to secure the full level of available STF monies. The level of STF monies withdrawn amounted to £5.383 million and as a consequence the Trust will end the year with a deficit of £17.400 million.</li> </ul>
Deliver required CIP savings targets during 17/18	<ul style="list-style-type: none"> <li>Against the combined CIP and rectification plan of £10.003 million, £7.434 million was achieved at the end of the financial year.</li> <li>The shortfalls are against the original CIP schemes and are due to the non-delivery of Pay CIP schemes, namely agency reduction linked to bed realignment.</li> </ul>

## I.2e Workforce Director's Report

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**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.**

There has been much focus over the past 12 months on recruitment in the NHS and we have further developed our 'Belong to Something' campaign, including an innovative campaign to invite nurses to join our Bank Staff. The campaign is one of SaTH's largest ever drives to attract nurses from all over the West Midlands and includes adverts on buses that travel around the region. We now also offer weekly pay for Bank Staff.

Improvements to the way we advertise jobs and recruit new staff are being implemented through our Transforming Care Institute's Recruitment Value Stream, while we continue to attend recruitment events to promote SaTH as a great place to work. During 2017/18, we recruited 83.82 Whole Time Equivalent (WTE) Staff Nurses, 83.82 WTE Health Care Assistants and 16.68 Consultants (including those appointed on a locum basis).

We continued our focus on developing our future workforce and have supported 86 apprenticeships this year while navigating our way through the new apprentice levy. New role developments are critical to support us having a sustainable local workforce and we welcomed further cohorts of Trainee Nurse Associates, Theatre Scrub Practitioners, and Advanced Clinical Practitioners; and are recruiting other roles to support our teams.

Our Leadership Academy launched in June. It will support all our leaders to successfully fulfil their roles and reach their potential. We know leadership is a critical success factor to cultural development; to develop a culture that is innovative, safe and kind we will continue to ensure all leaders have the necessary support to develop their skills, knowledge and behaviours. As part of our Leadership Academy we held our sixth annual Leadership Conference in October under the theme of 'Leading a Safety Culture'. The speakers challenged and encouraged us to see how we can all work together to create a culture of safety for our patients, staff and ourselves.

Our hospitals have been incredibly busy over the past 12 months, but despite this, our workforce has been incredible once more and this is why we continue to improve our VIP (Values In Practice) Awards, to celebrate the outstanding achievements and contributions of our staff and volunteers who deliver such high quality care to patients. The awards are now an established annual event and plans are taking place to make the 2018 celebrations bigger and better than ever before as we mark the 70th anniversary of the NHS.

Our Flu Busters campaign keeps on getting better and better and this year a record number of our frontline healthcare workers had their flu jab. With more than 76% of frontline staff vaccinated it not only exceeds the all-important target of 70% but makes our 2017/18 campaign the most successful flu campaign to date. We were pleased to be asked to speak at the national Flufighters conference on our approach

For the last few years we have seen improvement in NHS Staff Survey results on how it feels to work here. However, our latest results are different and the results in a number of areas have declined. Whilst much of the feedback our people are telling us mirrors the national picture, this is not the employment experience we want our people to have. We want SaTH to be a great place to work and that is why we arranged a number of 'SaTH Conversations' on the back of the results which will help us to give focused attention on what will make a difference.



Part of wanting to make SaTH a great place to work means we continue to look at ways to support our existing staff – as well as our new recruits. We continued our focus on health and wellbeing and have introduced further interventions to support mental wellbeing, championed early intervention and continued to promote a healthy lifestyle.

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.

*Victoria Maher, Workforce Director*

### Progress Against Operational Objectives 2017/18

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

2017/18 Strategic Priorities	2017/18 Operational Objectives	Annual Review of Progress
<b>Safest and Kindest</b> Our patients and staff will tell us they feel safe and received kind care	Construct plans to address medical staff risk by September	A 5-year workforce transformation plan has been developed and approved. In addition a specific medical workforce plan for medicine has been signed off by board.
	Develop a trajectory for agency usage improvement by April	A plan was created; agency usage was greater than plan. A significant reduction in Tier 5 was achieved this year.
<b>Leadership</b> Innovative and Inspiration Leadership to deliver our ambitions	Implement programme of work associated with the new Leadership Academy from May/June	The academy was launched in July, a full syllabus was developed. To date 718 have accessed the Academy from across the Trust.
	Review capacity for Lean for Leaders from April	Capacity reviewed, 126 of our staff were Lean for Leaders trained within 2017/18.

### Performance Against Key Targets 2017/18

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%	4.4%
	Appraisal	Number of eligible staff receiving appraisal in current performing vs. total eligible staff		Performing: 80% (Stretch target 100%)	86.52%
	Statutory and Mandatory Training	Number of spells or attendance with valid number/Total number		Performing 80%	71.31

Detailed performance measures are included in the Workforce section of our Trust Board each month with further review and assurance through the Care Group Boards and Confirm and Challenge sessions and the Trust'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 second Charity Fun Day as part of plans to open our doors to the local community, and this year we plan to make the event bigger and better as part of our plans to celebrate the 70th anniversary of the NHS.

The SaTH Charity was re-launched this year and it is now much more visible among our staff and more recognisable to our supporters and our patients. SaTH Charity is a registered charity that is making a real difference to our patients, affected friends and family, and members of staff in our hospitals.



*The first cohort to 'graduate' from the People's Academy*

A particular highlight of the past 12 months was the launch of our People's Academy. It is extremely important to us that we improve the way we involve the public—the people we serve—in conversations about the services we provide, and that is why the Academy was created. Feedback about the Academy has so far been positive, with people telling us it provides a good insight into the NHS and how it works in Shropshire, Telford & Wrekin and mid Wales.

When it comes to sustainability, SaTH is committed to being a good citizen. Our approach is to “think globally, act locally” by promoting sustainability, supporting local businesses, engaging with our communities, reducing waste and costs, and improving the physical and emotional wellbeing of our patients, staff and visitors. During the past 12 months more than 2,000 trees were planted by volunteers at both sites and more than 10,000 crocuses were planted by local schoolchildren at PRH.

Action has been taken to improve the parking experience for our patients, visitors and staff. We created overflow parking areas for staff to create more than 40 additional spaces at each site and have introduced an online parking permit application system. A Trust-wide sustainable travel and transport plan has also been implemented and we encourage the use of active and sustainable modes of transport.

I'd like to thank our volunteers for their contributions over the past 12 months. We have more than 900 volunteers who provide excellent support for our staff throughout the Trust, plus almost 300 linked to the League of Friends. This year the Trust replaced its two existing MRI scanners as part of a £1.7million investment, but the fundraising efforts of the League of Friends meant we could invest in a third scanner, meaning even more patients can be seen. The Lingen Davies charity has also been extremely supportive.

It has been another busy year for the Trust in terms of communications. Over the past year there has been a major focus on our programme to reconfigure our hospitals, and I am delighted this is now a step closer to becoming a reality following the announcement that more than £300m capital funding has been secured.



It has been a busy 12 months for our Facilities Department, too. Our Cleanliness Technicians and Catering Staff continue to do excellent work to improve the services we offer patients. 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*

**Progress Against Operational Objectives 2017/18**

I was the lead director for the following operational objective in 2017/18:

2017/18 Strategic Priority	2017/18 Operational Objective	Annual Review of Progress
<p><b>Patient and Family</b> Listening to and working with our patients and families to improve healthcare</p>	<p>Continue to develop environmental and social sustainability through the Good Corporate Citizen programme</p>	<ul style="list-style-type: none"> <li>Assessed through NHS Sustainable Development Unit's <i>Making You a Good Corporate Citizen</i> tool, SaTH is the ninth highest scoring (best performing) Trust nationally in 2017. 26 Trusts making progress submitted a return from 474 eligible Trusts</li> <li>In May 2017, the Trust won the Travel and Transport award and was "highly commended" in three other categories at the NHS Sustainable Development Unit Annual Sustainability Awards</li> <li>2017 saw the Trust move into the 4th year of its 5 year Sustainable Development Management Plan</li> <li>The Trust continues to work with public and private sector partners in successfully delivering our sustainability objectives</li> </ul>
	<p>Improving patient experience and involvement through engagement and opportunities with our communities and partners</p>	<ul style="list-style-type: none"> <li>Launched a People's Academy to gain a better understanding of the NHS and SaTH and provide opportunities for the public to get involved with our organisation</li> <li>Increased presence at community events and developed an on-going engagement programme across Shropshire, Telford &amp; Wrekin and Powys</li> <li>Improved processes to ensure the public know how we use feedback to improve services, eg changes to outpatient appointment letters</li> <li>We continue to improve and build links with local community and 3<sup>rd</sup> Sector organisations.</li> <li>Increased the number of hospital volunteers and developed new roles for example maternity volunteers and End of Life Volunteers</li> <li>Worked with volunteer/community organisations to create green spaces at PRH and RSH. Eg last year in partnership with Shropshire Wildlife Trust our local communities supported planting 2,000 trees across both hospital sites</li> <li>Organised series of health lectures which have been attended by hundreds of members of the public</li> <li>Annual Trust Fun Day held in July 2017</li> </ul>

More information about our Sustainability work can be seen on the next page.

## Sustainability

Our sustainability programme is determined, in no small part, by the UK Government's target to cut carbon emissions by 80% by 2050; and the NHS Carbon Reduction Strategy 2020, which requires every NHS organisation to have a plan to work towards the reduction target.

Our five-year Sustainable Development Management Plan commenced in 2014 and we drive sustainability within all areas of our business. We scored 65% in our most recent self-assessment against the NHS Sustainable Development Unit 'Good Corporate Citizen' criteria; this was the ninth best score nationally, with only 26 Trusts making a return in 2017.

We see clear connections between doing things more sustainably to both improve the wider environment and reduce the environmental effects of our business and saving money. We encourage our staff, patients and visitors to make sustainable choices, such as how they access our hospitals so that there is a lower impact, as well as realising health and wellbeing benefits.

We have a series of action plans relating to carbon and energy savings, waste reduction and recycling, water conservation, sustainable procurement, promoting green travel and behaviour, promoting biodiversity, and engaging with our community. Many of these plans and ambitions are delivered with our local health economy partners and local authorities (Shropshire, Telford & Wrekin and Powys), and private sector innovators such as Veolia. We also contribute to national stakeholder discussions and policy development. We have been recognised for our commitment to sustainability in multiple categories at the national NHS Sustainability Awards for the last four years in succession.



Some key achievements over the past year include:

- Installed a number of LED lighting schemes to help reduce our energy usage.
- Commenced new domestic waste contract with the aim of zero waste going to landfill. Most of the waste is taken to a local energy-from-waste facility and used to generate electricity.
- Installed additional food waste digesters in our main kitchens. The benefits are therefore three-fold: fewer blockages, lower water usage and lower energy usage for hot water production.
- Successfully established an equipment reuse scheme which has extended to a number of external partners. The Trust saved around £16k through reuse instead of purchase
- Encouraged more people to cycle to our hospitals by offering our tax efficient cycle-to-work scheme all year round. We also offer a bespoke travel planning service for our staff
- Negotiated discounted bus travel for our staff with the regional operator, and successfully installed an additional bus stop to service the rear of the RSH site.
- Implemented an inclusive lift sharing scheme and allocated lift share only parking spaces to reduce single occupancy vehicles, we implemented.
- Implemented parking restrictions at our hospitals whereby staff residing within a one mile exclusion zone are not automatically entitled to a car parking permit, although life circumstances are taken into account. Has the potential to reduce the number of vehicles driving to our hospitals by around 400 cars each day.

Signed.....

Simon Wright, Chief Executive

Date.....XX XXX XXXX.....

## **Part II. Accountability Report**

## II.1 Corporate Governance Report

### II.1a Directors 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. Peter Latchford OBE left the Trust as Chair after the end of his term of office and was replaced by Ben Reid OBE in February 2018. Colin Ovington was Interim Director of Nursing and Quality from March until May 2017, when Deirdre Fowler took up permanent appointment as Director of Nursing, Midwifery and Quality. Debbie Kadum retired as Chief Operating Officer in December 2017. Sara Biffen was interim Chief Operating Officer until Nigel Lee took up the post in February 2018. Paul Cronin left his post as a Non-Executive Director during the year.

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

##### **Ben Reid OBE, Chair (from February 2018)**

Ben Reid, a qualified accountant lives in Worcestershire, and is Group Chief Executive of the Mid-Counties Co-operative - which has outlets in Shropshire and mid Wales - a position he has held for 30 years. He is a former Director of the Co-operative Group and a former Director of the Co-operative Banking Group. Alongside his current role, Mr Reid has held Non-Executive appointments including Chair of Walsall Healthcare NHS Trust (2004-2016) and most recently, Chair of Dudley and Walsall Mental Health NHS Trust. He has also held senior level positions with Lincolnshire Area Health Authority. Mr Reid's previous Board roles include West Midlands Chair of the Learning and Skills Council, Chair of West Midlands Regional Assembly and Chair of various regeneration bodies.



- Term: February 2018 to January 2021 (first term)
- Political activity: None
- Interests declared at year end: Group CEO of the Midcounties Co-operative; Board member of the International Co-operative Alliance; Deputy Chair of Wolverhampton University; Regional Council Member of the CBI
- 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 26 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 2017 to March 2019 (second term)
- Political activity: None
- Interests declared at year end: None
- 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 2018 to July 2019 (second term)
- Political activity: None
- Interests declared at year end: Director of Metropolitan Housing Trust, Chairman of Energy Innovation Centre Investment Forum, 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: Director of Ombudsman Services Ltd, Council Member and Fellow of Institute of Asset Management

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

David has been a GP for 30 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 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 more than 20 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: Associate Medical Director, NHS England
- Interests expiring during the year: Clinical Director at Wiltshire Health and Care



#### **Professor Peter Latchford OBE, Chair (until December 2017)**

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 Year's 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 Paul Cronin, Non-Executive Director (Until January 2018)**

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 33 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 January 2018 (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

**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 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

**Mrs Deirdre Fowler, Director of Nursing, Midwifery and Quality (from 1 May 2017)**

Deirdre completed her nurse training in Dublin in 1988 and subsequent midwifery training in 1994 at Croydon and Carshalton Faculty of Midwifery. Throughout her career, Deirdre has predominantly worked in women's healthcare in a variety of roles, including in community and acute services. In 2002 Deirdre joined the faculty of midwifery at the University of Nottingham as a lecturer before returning to the NHS as a matron in Lincolnshire in 2010. Deirdre became Head of Midwifery and General Manager for Women's Services at Doncaster and Bassetlaw NHS Foundation Trust in 2011, then acting Director of Nursing. Deirdre was appointed as Director of Nursing, Midwifery and Quality at Hinchingbrooke Health Care NHS Trust in May 2014 and led Hinchingbrooke's journey of improvement out of special measures to a CQC rating of 'Good'.



- Appointed: 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: None

**Mr Nigel Lee (Chief Operating Officer (From March 2018))**

Nigel began his career as a helicopter pilot in the Royal Air Force, in both Search and Rescue and Special Forces roles. He served in Northern Ireland, the Falkland Islands and Iraq. He has also worked in broader defence roles, in procurement, strategic planning and in multi-national headquarters. His experience in healthcare began as hospital director for the BUPA hospital on the Wirral, before Divisional Director roles at Alder Hey Children's Hospital and Aintree University Hospital. He has had senior operational roles with the Cheshire and Merseyside Major Trauma Network, as well as with a range of service configuration developments in the Merseyside area. Nigel joined SaTH from his role as Director of Secondary Care for the North Wales Health Board, where he was responsible for three hospital sites, Women's Services and the Specialist Cancer Centre.



- Appointed: March 2018
- Political activity: None
- Interests declared at year end: None
- Interests expiring during the year: None

**Debbie Kadum, Chief Operating Officer (until 17 December 2017)**

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 Colin Ovington, Interim Director of Nursing and Quality (from 6 March 2017 until 30 April 2017)**

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

**Mrs Sara Biffen, Acting Chief Operating Officer (18 December 2017 –March 2018 )**

- Appointed: December 2017 as Acting Chief Operating Officer
- 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. 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, Performance 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 Chris Weiner and Clive Deadman). 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 and Directors' 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 in exercise of powers conferred on the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum.

These include ensuring that:

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

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

Signed.....

Simon Wright, Chief Executive

Date.....XX XXX 2018.....

## II.1b Statement of Chief Executive and Directors' Responsibilities

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### Statement of Directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- Make judgements and estimates which are reasonable and prudent
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts
- Assess the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern
- Use the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

Signed.....

Simon Wright, Chief Executive

Date.....XX XXX 2018.....

Signed.....

Jill Price, Deputy Finance Director

Date.....XX XXX 2018.....

### 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.

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## 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 2017-18 was in the salary banding of £170,000 to £175,000 (2016-17, £170,000 to £175,000). This was 6.89 times (2016-17, 6.99 times) the median remuneration of the workforce, which was £25,049 (2016-17, £24,666). In 2017-18, 23 (2016-17, 25) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £172,000 to £306,000 (2016-17, £172,000 to £302,600).

Total remuneration includes salary, non-consolidated performance-related pay (not applicable to any member of staff in 2017-18 or 2016-17), 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	2017-18					2016-17					
	Salary (bands of £5,000) £000	Expense payments (taxable) total to nearest £100 £	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 £	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
Professor Peter Latchford Chairman (to 31.12.17)	20-25	-	-	-	-	20-25	-	-	-	-	30-35
Mr Ben Reid Chairman (from 01.02.18)	5-10	-	-	-	-	5-10	-	-	-	-	-
Mr Simon Wright Chief Executive	155-160	-	-	-	160-162.5	320-325	155-160	-	-	32.5-35	190-195
<b>Voting Directors</b>											
Mrs Deborah Kadum Chief Operating Officer (to 17.12.17)	85-90	-	-	-	0	85-90	115-120	-	-	-	115-120
Mrs Sara Biffen Interim Chief Operating Officer (from 13.11.17)	40-45	-	-	-	85-87.5	125-130	-	-	-	-	-
Mr Nigel Lee Chief Operating Officer (from 18.02.18)	10-15	-	-	-	Not available	10-15	-	-	-	-	-
Dr Edwin Borman Medical Director	170-175	-	-	-	32.5-35	200-205	170-175	-	-	-	170-175
Mrs Deirdre Fowler Director of Nursing and Quality (from 01.05.17)	105-110	-	-	-	202.5-205	310-315	-	-	-	-	-
Mr Neil Nisbet Finance Director	135-140	3,800	-	-	18.5-20	160-165	135-140	1,100	-	-	140-145
<b>Non-Executive Directors</b>											
Mr Paul Cronin Non Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	5-10
Mr Harmaesh Darbhanga Non Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	5-10
Mr Clive Deadman Non Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	5-10
Mr David Lee Non Executive Director	5-10	-	-	-	-	5-10	0-5	-	-	-	0-5
Teresa Mingay Designate Non Executive Director	5-10	-	-	-	-	5-10	0-5	-	-	-	0-5
Mr Brian Newman Non Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	5-10
Christopher Welner Non Executive Director	5-10	-	-	-	-	5-10	0-5	-	-	-	0-5
Band of Highest Paid Director's Remuneration (FYE)	170-175					170-175					
Median Total Remuneration	25,049					24,666					
Ratio	6.89					6.99					

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 2018 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2017	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2018	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Mr Simon Wright Chief Executive	7.5-10	0	40-45	100-105	611	118	735	
Dr Edwin Borman Medical Director	0-2.5	5-7.5	75-80	225-230	1,482	119	1,615	
Mrs Deborah Kadum Chief Operating Officer (to 17.12.17)	0	0	35-40	115-120	867	0	0	
Mr Neil Nisbet Finance Director	0-2.5	2.5-5	50-55	155-160	1,021	81	1,112	
Mr Ellen Fowler Director of Nursing and Quality (from 01.05.17)	7.5-10	27.5-30	30-35	100-105	441	201	646	
Ms Sara Biffen Interim Chief Operating Officer (from 13.11.17)	2.5-5	5-7.5	40-45	110-115	678	61	746	
Mr Nigel Lee Chief Operating Officer (from 18.02.18)	10-12.5	0	15-20	0	57	140	198	

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 2017/18 increased by 28 to 5,931. When taking into account those employed on part-time contracts, the full-time equivalent (FTE) number increased by 21 to 5,047. Expenditure on staff accounts for approximately 67% of overall Trust expenditure, the same as 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	522.90	10.4%
Nursing and midwifery staff	1429.28	28.3%
Scientific, technical and therapies staff	643.86	12.8%
Other clinical staff	1390.64	27.6%
Non-clinical staff	1059.97	20.1%
<b>Total</b>	<b>5046.65</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	3.23%
Band 8b	7	22.58%
Band 8c	14	45.16%
Band 8d	8	25.81%
Band 9	0	0.00%
Personal Salary	1	3.23%
<b>Total</b>	<b>31</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	4749	80.07%
Male	1182	19.93%
<b>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, Midwifery and Quality	Female	1
Finance Director	Male	1
Medical Director	Male	1
Chief Operating Officer	Male	1
Director of Corporate Governance	Female	1
Workforce Director	Female	1
<b>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	23
	Male	8
<b>Total</b>		<b>31</b>

The following table provides sickness absence data for the period from 1 April 2017-31 March 2018:

Table 11.2b – 6: Sickness absence

Sickness Absence Information	
Sickness Absence %	4.21%
% Over Target Sickness of 3.99%	0.22%
Total FTE Calendar Days Lost	77,109
Average FTE Calendar Days Lost Per Employee	15
No. Ill Health Retirements	5
No. Voluntary Resignation - Health	12

## 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 2017-18 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:

- 50% of the Trust Board is male and 50% female, of the executive directors on the Board 57.14% are female and 42.86% male
- Of the Trust's senior managers 74.19% are female and 25.81% male
- 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);
- 19.55% of staff are aged between 16 and 30 with 26.15% of staff aged between 41-50;
- 2.21% of staff identify themselves as having a disability (however 19.71% 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 [workplace](#) 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 and we are working towards the introduction of the Workforce Disability Equality Scheme (WDES) in 2018-19 to improve the experience of our staff with disabilities.

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

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 2017/18 was £897,000 and this was predominantly payments to Meridian Productivity Ltd (Waiting List payments review) and McKinsey & Co (Community Trust bid).

**Off-payroll engagements**

Following the Review of the tax arrangements of public sector appointees published by the Chief Secretary to the Treasury on 23 May 2012, departments and their arm’s length bodies must publish information on their highly paid and/or senior off-payroll engagements.

The Trust is required to disclose:

- All off-payroll engagements as of 31 March 2018, greater than £245 per day and that last longer than six months (see table 1 below).
- All new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, greater than £245 per day and that last for longer than six months (see table 2 below).
- Any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018 (see table 3 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 2018, of more than £245 per day and lasting longer than six months*

<b>For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last longer than six months:</b>	<b>Number</b>
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 2017 and 31 March 2018, for more than £245 per day and lasting longer than six months

<b>For all new off-payroll engagements between 1 April 2017 and 31 March 2018, for more than £245 per day and that last for longer than six months</b>	<b>Number</b>
Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	0
Of which:	-
Number assessed as caught by IR35	-
Number assessed as not caught by IR35	-
Number engaged directly (via PSC contracted to department) and are on the departmental payroll	-
Number of engagements reassessed for consistency/assurance purposes during the year	-
Number of engagements that saw a change to IR35 status following the consistency review	-

Table 11.2b – 9: Off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018

<b>Off-payroll engagements of Board members, and/or, senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018</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 2017-18. 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.

**Staff costs**

Table 11.2b – 10: Staff costs between 1 April 2017 and 31 March 2018

Staff costs			2017/18	2016/17
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	170,816	1,226	172,042	173,214
Social security costs	17,436	-	17,436	16,839
Apprenticeship levy	929	-	929	-
Employer's contributions to NHS pensions	22,201	-	22,201	21,719
Pension cost - other	-	-	-	-
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Temporary staff		33,387	33,387	23,958
<b>Total gross staff costs</b>	<b>211,382</b>	<b>34,613</b>	<b>245,995</b>	<b>235,730</b>
Recoveries in respect of seconded staff	-	-	-	-
<b>Total staff costs</b>	<b>211,382</b>	<b>34,613</b>	<b>245,995</b>	<b>235,730</b>
<b>Of which</b>				
Costs capitalised as part of assets	971	53	1,024	1,110

Table 11.2b – 11: Average number of employees (WTE basis) between 1 April 2017 and 31 March 2018

Average number of employees (WTE basis)			2017/18	2016/17
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	557	66	623	600
Ambulance staff	-	-	-	-
Administration and estates	1,031	53	1,084	1,017
Healthcare assistants and other support staff	1,084	158	1,242	1,221
Nursing, midwifery and health visiting staff	1,449	189	1,638	1,604
Nursing, midwifery and health visiting learners	33	-	33	38
Scientific, therapeutic and technical staff	582	25	607	601
Healthcare science staff	288	-	288	284
Social care staff	-	-	-	-
Other	-	-	-	-
<b>Total average numbers</b>	<b>5,024</b>	<b>491</b>	<b>5,515</b>	<b>5,365</b>
<b>Of which:</b>				
Number of employees (WTE) engaged on capital projects	19	1	20	23



Table 11.b – 12: Reporting of compensation schemes, exit packages, between 1 April 2017 and 31 March 2018

Reporting of compensation schemes - exit packages 2017/18				
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages	
<b>Exit package cost band (including any special payment element)</b>				
<£10,000	-	-	-	-
£10,001 - £25,000	-	-	-	-
£25,001 - 50,000	-	-	-	-
£50,001 - £100,000	-	-	-	-
£100,001 - £150,000	-	-	-	-
£150,001 - £200,000	-	-	-	-
>£200,000	-	-	-	-
<b>Total number of exit packages by type</b>	-	-	-	-
Total resource cost (£)	£0	£0	£0	£0

Table 11.b – 13: Reporting of compensation schemes, exit packages, between 1 April 2016 and 31 March 2017

Reporting of compensation schemes - exit packages 2016/17				
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages	
<b>Exit package cost band (including any special payment element)</b>				
<£10,000	-	-	-	-
£10,001 - £25,000	-	-	-	-
£25,001 - 50,000	-	-	-	-
£50,001 - £100,000	-	-	-	-
£100,001 - £150,000	-	-	-	-
£150,001 - £200,000	-	-	-	-
>£200,000	-	-	-	-
<b>Total number of exit packages by type</b>	-	-	-	-
Total resource cost (£)	£0	£0	£0	£0

Tables 11.b – 14: Other (non-compulsory) departure payments

	2017/18		2016/17	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
<b>Total</b>	-	-	-	-
<b>Of which:</b>				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Signed.....

Simon Wright, Chief Executive

Date.....XX XXX 2018.....

# Appendix 1

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*Quality Account 2017/18*

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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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## Get connected . . .



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## The Shrewsbury and Telford Hospital NHS Trust

Princess Royal Hospital, Grainger Drive, Apley Castle, Telford TF1 6TF  
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