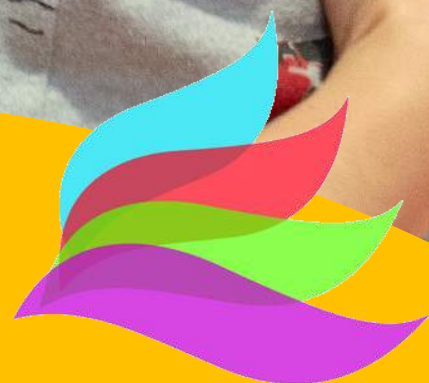
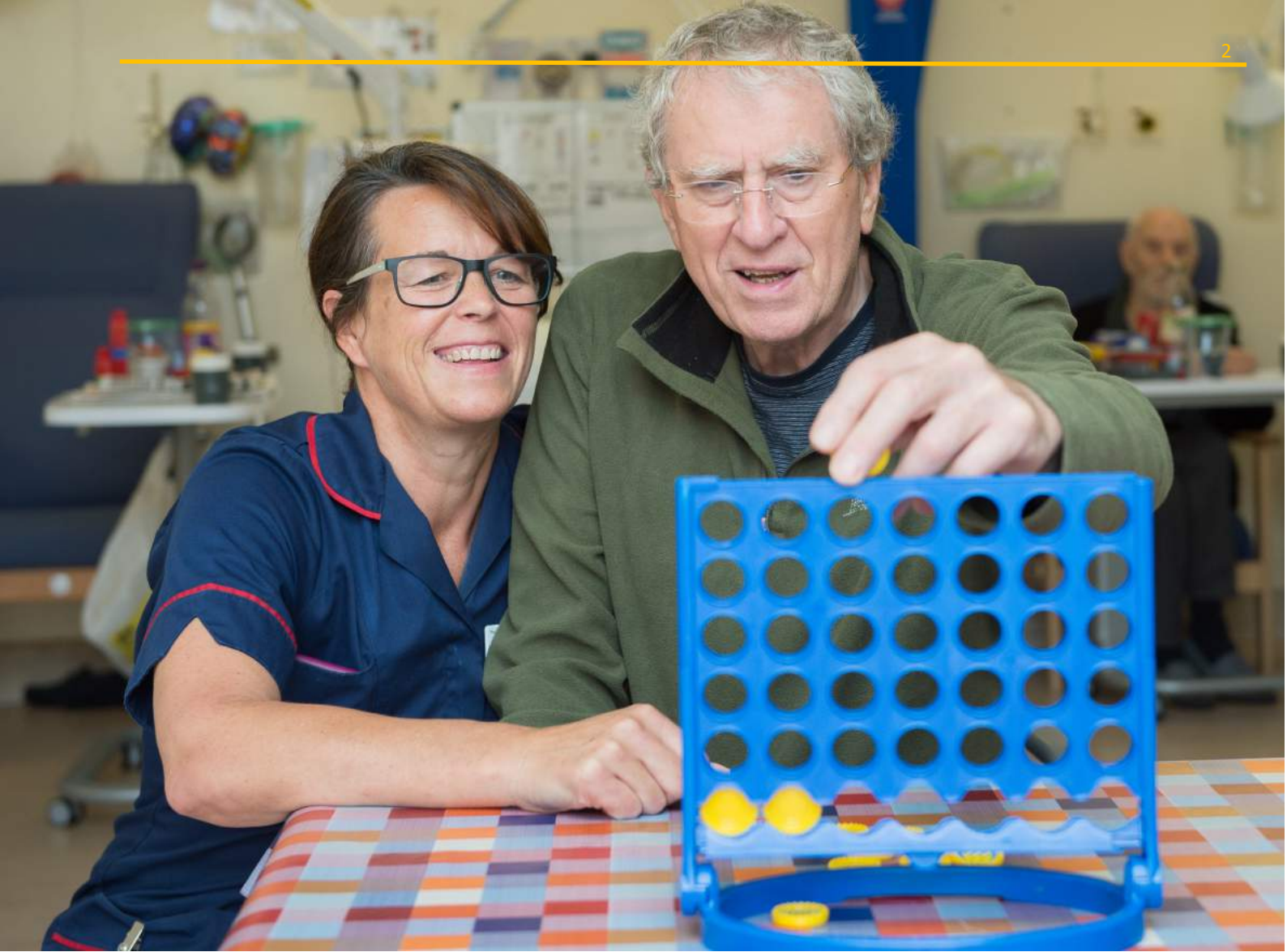




**Annual Report  
and Accounts  
2018/19**







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## A message from our Chair



**Ben Reid**  
Chair

Welcome to our Annual Report for 2018/19. This year we have given the report a fresh new look in order to make it a more accessible and meaningful document. We hope you like the new look and would welcome any feedback.

This time last year I talked about our Trust being on a journey to improve care for the 500,000 people we serve. The most important journeys can sometimes also be the most difficult, and there is no escaping that this has been a difficult year for everyone connected with SaTH.

Our inspection report by the Care Quality Commission and the results of our annual NHS Staff Survey have made for particularly difficult reading and they serve to illustrate what I said last year: that our journey would involve a lot of hard work.

There will be no quick fixes for many of the issues that we face. Despite a real desire to move as fast as possible, we are determined to ensure that we take a considered approach to ensure we fix things properly and we don't see a re-occurrence in the future.

Our real challenge is to ensure that, while we are making changes to deliver long-term improvements, we maintain our focus on delivering a first class service on a day-to-day basis. We are determined to ensure we don't lose sight of our fundamental responsibility to support our local communities throughout this period of change.

All of this work will put considerable pressure on the teams across the Trust and we need to be mindful of this in our plans. Our staff already do great work, often in difficult circumstances, and I would like to record our appreciation for this. I am confident that, with their continuing support, and that of our nearly 1,000 volunteers who make an invaluable

contribution, we can move this Trust forward.

Our hospitals are at the heart of our community and we are fortunate to be supported by some fantastic fundraisers. I would like to thank groups such as the Lingen Davies Cancer Fund, League of Friends of the Royal Shrewsbury Hospital and Friends of Princess Royal Hospital, as well as the many other individuals and groups who helped raise an incredible £363,000 for the SaTH Charity this year.

Our fundraising was boosted by our charity fun day, held to mark the 70th anniversary of the NHS. Thousands of people turned out in glorious weather and it was a joy to be part of the day, which demonstrated the public's support for this great institution.

As we move into the new year, we are clear about the challenges we face, but we also are mindful of the exciting opportunities ahead of us. Key to this is the reconfiguration of our two hospitals to ensure that we improve care and outcomes for our patients and working conditions for our dedicated staff.



## A message from our Chief Executive



**Simon Wright**  
Chief Executive

I want to start by saying a huge thank you to our staff and volunteers for everything they have done this year.

This has been one of the most challenging years I have experienced working in the NHS. I've been humbled and heartened by the many messages of support and I know our people really appreciate the thanks shown to them for the care patients and their loved ones have received.

We don't always get things right. Sometimes we have not delivered to the high standards we set, but we are working hard to learn from mistakes and build a more robust organisation for the future.

The challenges we face have been well-documented. Our estate is struggling with the demands placed on it. We need more staff, and continue to work hard to increase our substantive workforce. With our Staff Survey results nowhere near where we want them to be, it's vital for our 6,000 people that we examine how we can improve their experience.

Quality and safety concerns have arisen, linked to workforce shortages and the need to supplement our leadership cadre, with our CQC rating and the move to Special Measures putting into sharp focus the tasks ahead of us.

All members of the Board and Senior Leadership Team are committed to engaging with our people as we get to the root of these issues and look to establish permanent, robust solutions that remove historic risks and strategic frailties.

Throughout this challenging period, our people have continued to provide hundreds of examples of care we can be proud of, such as staff on AMU at PRH who took home clothes to wash and bought replacements for a homeless patient; A&E Consultant Adrian Marsh, who made sure a patient was treated in time to be

bridesmaid at her sister's wedding; or midwife Beccy Ebrey, who collected presents to make gift bags for babies delivered over Christmas.

In November, thanks to the hard work of Trust colleagues, we secured the nurses and middle-grade doctors needed to prevent overnight closure of A&E at the Princess Royal Hospital. The additional cost of keeping our two A&Es open was supported by our partners but we received no extra funding, which created an additional £4.6 million cost pressure.

Our Emergency Departments remain fragile, but we demonstrated commitment to our patients while we await the strategic solution which will create a more sustainable future and provide better clinical outcomes.

Our Frailty Intervention Team is being showcased by NHS England in a video being shown nationally to highlight this great service; our AAA Screening team has the highest uptake in the country—helping to detect and treat potentially life-threatening Abdominal Aortic Aneurysms; and we have been one of the best trusts in the country for Referral to Treatment—constantly performing above the national average and hitting the challenging 92% target on 14 out of the last 18 months.

The next 12 months is about removing many legacy issues with significant investments in quality and service, estates, equipment and technology, with over £30 million being identified to make a real impact. We will build on our continuous engagement with our population, making better connections and working ever closer with partners across the NHS family and care community to improve the way we all integrate to see real improvements for patients, visitors and staff.

# SaTH: A year in pictures

**APRIL**



Staff donned their pyjamas to support the national *End PJ Paralysis* campaign to improve recovery, shorten hospital stays and boost the morale of patients and staff by encouraging patients to get up and dressed every day, where practical.

**MAY**



We launched hand-crafted, custom-made blue butterflies to support our *Living Well With Dementia Appeal*. Profits from the butterflies, created by Oswestry's British Ironwork Centre, help our hospitals create dementia-friendly spaces and buy equipment and resources to help reduce confusion, anxiety and distress for patients with dementia.

**JUNE**



In another fundraising initiative, we teamed up with Ironbridge-based traditional teddy bear manufacturer Merrythought to create Bevan The Bear to celebrate the 70th anniversary of the NHS. He is named after Aneurin Bevan who, as Minister for Health, spearheaded the creation of the NHS.

**JULY**



We celebrated the 70th anniversary of the NHS with a charity fun run and fun day. Around 2,000 people turned out for the event in glorious weather, raising money for our *Living Well With Dementia Appeal* and end of life care Swan Fund.

**AUGUST**



A&E doctor Adrian Marsh was thanked for saving the day when he came to the aid of a bridesmaid on the morning of her sister's wedding. Charlotte Nutt injured her ankle while getting ready, but Adrian, realising the importance of the day, rushed things through to get her to the church on time.

**SEPTEMBER**



We celebrated the achievements of our incredible staff and volunteers at our annual Values in Practice (VIP) Awards. In keeping with the NHS70 celebrations, the 1940s themed event was held amongst the vintage aircraft at RAF Cosford. Nine awards were presented on the night with 26 finalists in attendance.

Shrewsbury Midwife-Led Unit fully reopened after a £500,000 refurbishment. Heavy snowfall had damaged the roof of the MLU, so the Trust took the opportunity to revamp the unit with natural lighting in the birthing rooms, the addition of a birthing couch and a fresh look to the birthing pool.



**OCTOBER**

Healthcare Assistant Susie Price from the Intensive Therapy Unit at the Royal Shrewsbury Hospital created a brilliant new wash table for patients. With the help of carpenter Sean Roberts, holes were cut into a bedside table to allow wash basins to be slotted in, so patients can wash and clean themselves without fear of spills.



**NOVEMBER**

ITU Staff Nurse Andre Goncalves from the Princess Royal Hospital and ITU Staff Nurse Heather Rushworth, who works at the Royal Shrewsbury Hospital, designed innovative new information boards to improve care for patients. The boards contain important information about the patient – both personal and medical – for the clinical team caring for them.



**DECEMBER**

End of Life Care Facilitator Jules Lewis was named one of the country's *100 Outstanding Nurses* in a poll conducted by We Nurses, part of the online 'We Community' which is run by healthcare professionals to share ideas and expertise.



**JANUARY**

More than 88% of men eligible for Abdominal Aortic Aneurysm (AAA) screening in Shropshire and Telford & Wrekin were scanned – the highest uptake in the country—thanks to the efforts of our AAA screening team. They screened more than 2,500 men over the age of 65 for an aneurysm, which can be life threatening if not detected early enough.



**FEBRUARY**

We became one of the first trusts in the country to have new registered Nursing Associates. We were involved in a national pilot project to develop the role, in partnership with the University of Wolverhampton.



**MARCH**





SECTION ONE

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# PERFORMANCE REPORT





**Section One of the Annual Report details our operational performance for the 2018/19 financial year. It is divided into five sections which reflect our strategic aims for the year.**

# Our aims

## **PATIENT AND FAMILY**

Listening to and working with our patients and families to improve healthcare

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## **SAFEST AND KINDEST**

Our patients and staff will tell us they feel safe and received kind care

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## **HEALTHIEST HALF MILLION**

Working with our partners to promote healthy choices for all our communities

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## **LEADERSHIP**

Innovative and inspirational leadership to deliver our ambitions

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## **OUR PEOPLE**

Creating a great place to work

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# Our ambitions

## IMPROVE PATIENT CARE

Create empty beds to stop the boarding of patients, providing safer and kinder care

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## REDUCE RELIANCE ON TEMPORARY STAFF

Improve our vacancy rate by 25%

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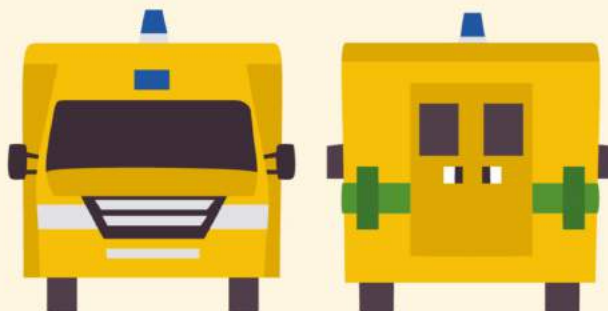
## BECOME MORE EFFICIENT

Reduce waste in our processes and embed our Transforming Care methodology

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# Our hospitals in 2018/19

AMBULANCES  
**770 PER WEEK**



**123,000 (TYPE 1)  
A&E ATTENDEES**

**58,379 EMERGENCY  
ADMISSIONS (INC CDU)**



## NHS FRIENDS AND FAMILY TEST



OF A&E ATTENDEES  
WOULD RECOMMEND OUR  
HOSPITALS



OF OUTPATIENTS WOULD  
RECOMMEND OUR  
HOSPITALS



OF INPATIENTS WOULD  
RECOMMEND OUR  
SERVICES



OF MATERNITY USERS  
WOULD RECOMMEND  
OUR TRUST



**WORKFORCE**

**4.47% SICKNESS RATE  
87.43% APPRAISALS**



# ACCESS



76% PATIENTS ADMITTED  
TRANSFERRED OR DISCHARGED  
WITHIN 4 HOURS OF  
ARRIVING AT A&E



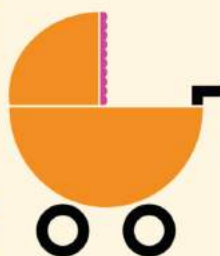
6,100  
STAFF

950  
VOLUNTEERS



663,000  
PATIENT INTERVENTIONS

# WOMEN & CHILDREN'S



9,190 PAEDIATRIC INPATIENTS

130,697 OUTPATIENTS  
IN WOMEN AND CHILDREN'S



4,511 BABIES  
DELIVERED  
THIS YEAR



PLANNED CARE  
422,000  
OUTPATIENT APPOINTMENTS



54,000  
DAY CASE  
AND ELECTIVE  
IMPATIENT SPELLS

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# PATIENT AND FAMILY

## Listening to and working with our patients and families to improve healthcare

### WORKING WITH THE PEOPLE WE SERVE

The NHS belongs to the people it serves and at SaTH we continue to look at the best ways to improve the care we provide by listening to, and working with, patients, families and carers.

This year, we launched our People's Academies to give members of the populations we serve the chance to learn more about what we do and to see behind-the-scenes.

We continue to involve patients in the design of our services. Through our Transforming Care work we have enlisted the help of a blind patient to improve Ophthalmology; new mums, their families and our own staff were involved in the refurbishment of Shrewsbury Midwife Led Unit and patients have joined us in helping to examine the future look of our two hospitals following reconfiguration.

This year also saw the unveiling of a number of features gifted to us by patients in thanks for the work we have done, or in memory of loved ones they have lost.

To mark the 70th anniversary of the NHS, we unveiled a sculpture created by the British Ironwork Centre, as a thank you from owner and chairman Clive Knowles, who had been a

patient with us. We also unveiled a colourful mural on the entrance to the Women and Children's Centre from the charity Let's Go Quackers.

In December, a memorial to the thousands of organ donors who have saved or transformed lives was unveiled at PRH and in the summer we created the 'White Garden' at RSH as a legacy for Ella and Lola, the daughters of Kelly Jones, and other families affected by the loss of a baby.

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## PEOPLE'S ACADEMY

This year saw the launch of The People's Academy and The Young People's Academy, both giving members of the local population an opportunity to learn more about their local hospital and see behind-the-scenes in our Pathology and Radiology services.

At the end of the first 12 months, 121 people had completed an Academy course, and 18 individuals continued their involvement with the Trust, helping us with projects ranging from accessibility of our new Fertility Services and Rapid Process Improvement Weeks looking at a range of services, to Values-based Interviews and Observe and Act training (see page 17).

We look forward to increasing both the number of people involved with us and the opportunities we are able to offer them over the coming year.



### OUR AMBITIONS: BECOME MORE EFFICIENT

Outlined within the 2018/19 Operational Plan was the requirement to improve the Outpatient provision for Gynaecology and Colposcopy at RSH.

The driver for this was the service's Outpatients facilities not meeting the Cervical Screening Quality Assurance requirements. This had a major impact upon the privacy and dignity of patients.

Essential improvements to the clinic area have now been completed and have a positive impact on the quality of care being received by our patients.

### OUR AMBITIONS: IMPROVE PATIENT CARE

Proposals for the future model of maternity services in Shropshire have been approved to progress to public consultation by Shropshire and Telford & Wrekin Clinical Commissioning Groups following completion of an NHS England assurance process during 2018/19.

The key milestone timeline for the new Transforming Midwifery Care programme (formally the CCG model review) has been amended to reflect the option appraisal process and the need to engage with the Joint Health Overview and Scrutiny Committee of Shropshire and Telford & Wrekin Councils following local elections in Telford & Wrekin in May 2019.

The public consultation of the model aims to begin in September 2019 for a period of eight weeks. It is hoped that the final outcome and recommendations from this consultation will be made by February 2020.



## OBSERVE AND ACT

The purpose of Observe and Act is to look at a person's total experience of a service from the patient/carer perspective, provide real-time feedback, learn from it, share good practice and, where necessary, act to make improvements.

At the end of March, a total of 16 staff members and patient representatives had been trained to carry out Observe and Act followed by immediately taking part in a practical exercise to put into practice what they had learned.

Areas which have been visited include:

- Ward 22 Respiratory
- Ward 21 Frail & Complex
- Outpatients Clinics D, E & F (PRH)
- Fracture Clinic (RSH)
- Fracture Clinic (PRH)
- Out Patients Clinic 2 (RSH)
- External public pathway and access (RSH)
- Mytton Restaurant (RSH)
- Ophthalmology (RSH)
- Audiology (RSH)
- Pre-Op Assessment (PRH)
- Pathology (RSH)
- Radiology (RSH)

Some feedback we have received:

“Observe and Act has good potential as a tool to help improve the way in which the hospital and clinics are run. Feedback can be used to improve or slightly better what they have in place.” **Marcus Watkin, volunteer.**

“As someone who has received care from our hospital and whose family receives care from our hospital, helping the patient experience be the best it can be is something I'm absolutely passionate about. I work off-site in a non-clinical

capacity, so being able to participate with Observe and Act helps me feel more connected to the care of our patients and provides me with the opportunity to help improve the patient experience by sharing observations of good practice from a non-clinical perspective.” **Laura Carlyon, Workforce Team.**

## EQUALITY AND DIVERSITY

A key achievement in 2018/19 was the Trust's first Stakeholder Consultation Event. In December, a wide variety of community representatives and staff came together to shape our equality and diversity agenda.

Public involvement has included the establishment of a People's Academy, and significant service-user engagement in consultation groups and volunteering. In particular, we have had sustained engagement with community-based stakeholder groups.

To involve people from diverse communities, we continue to support the Prince's Trust scheme for young people, extended our Values-based recruitment and selection programmes, increased workplace training opportunities (including apprenticeships and volunteering) and increased monitoring of the impact of our activities on protected characteristics.

We recognise that to make effective changes in equality and diversity, it must form a key element of our own performance framework. We are monitored on equality and diversity indicators and publish an annual update to the Trust Board. We have recently established an Equality, Diversity and Inclusion Committee to oversee and guide our work in this area.

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

# SAFEST AND KINDEST

**Our patients and staff will tell us they feel safe and received kind care**

## OUR AMBITIONS: IMPROVE PATIENT CARE

Our patients are at the heart of everything we do and we want to deliver the safest and kindest care in the NHS. To do that, we need to overcome a number of challenges, some historic, some which we are dealing with on a day-to-day basis.

In August, the Care Quality Commission (CQC) undertook an inspection of SaTH and gave the Trust an overall rating of 'inadequate'. Our rating for caring remains 'good'.

The CQC identified 79 'must do' requirements and 89 'should do' recommendations. We developed Quality Improvement Plans (QIPs) which began with a thematic analysis of the 'must dos' and 'should dos', which were organised into five areas (Scheduled Care, Unscheduled Care, Women's & Children's, Workforce and Well-led).

For each area an Improvement Steering Group has been set up. These initially 'unpacked' the 'must dos' and 'should dos' to identify the underlying root causes. A total of 261 'must do' root causes were identified. Each steering group has an accountable Executive, who chairs the group and ensures satisfactory progress. The groups collectively review

progress and monitor Key Performance Indicators, reporting on a two-weekly basis.

At the end of the most recent fully complete cycle, 59 'must do' root causes were 'signed off' or 'complete', against a target of 63 (94%). In Cycle 5 a further 56 root causes are due for completion. All 'must do' root causes are due for completion by December 2019.





## OUR FUTURE HOSPITALS

Healthcare professionals spent a week in March looking at plans for our hospitals to ensure layouts will allow them to deliver the best possible patient care following reconfiguration. Over 50 clinicians, patient representatives and healthcare professionals scrutinised the future designs of PRH and RSH.

Suggestions were made by experts in their field before being submitted to architects with a view of maximising clinical space and getting an even better understanding of workforce skills required to deliver the best care possible. The event used Transforming Care 3P methodology which looks at Production, Preparation and Process. It has been used by the Virginia Mason Institute when developing new hospitals.

Mr Tony Fox, Vascular Surgeon and Medical Advisor to the Transforming Care team, said: “We had patient representatives with us throughout the week, which was really important as it allowed us to test ideas with the people who will be using our services.”

## OUR AMBITIONS: IMPROVE PATIENT CARE

Our Sustainable Services Programme progressed significantly during 2018/19. We supported the completion of the NHS Future Fit public consultation facilitated by the two Clinical Commissioning Groups.

On 29 January the decision was made by the joint committee that the Royal Shrewsbury Hospital would be the Emergency site and Princess Royal Hospital will become the planned care site.

Our Board formally approved the Strategic Outline Case on 7 February. This was formally submitted to NHS Improvement on 14 February.



## OUR AMBITIONS: IMPROVE PATIENT CARE

We have been targeting 'stranded patients' (those with a length of stay of seven days or more). This work has achieved a 22% improvement on 2017/18.

Clear processes are in place to support the management of stranded patients and all potential super-stranded patients (over 21 days) are case managed initially from 14 days. A weekly system-wide meeting is held to escalate any delays that need system-level or Executive-level support to unblock.

We have improved stranded patient numbers for nine consecutive months and super stranded patient levels are 44% lower than last year.

Transforming Care improvement continues to roll out across all wards to ensure that consistent processes are in place to remove waste from a patient's journey, supporting early and prompt discharge. A 9% improvement has been achieved in discharges before 12pm. This supports early flow to acute medical wards for patients most in need of treatment and care.

## OUR AMBITIONS: IMPROVE PATIENT CARE

Lots of work has been undertaken to improve the four-hour standard within our A&Es. We improved our minors performance by developing our nursing workforce, increasing the number of Emergency Nurse Practitioners (ENPs) and revising pathways and processes. Admitted pathways have been more challenged due to limited bed capacity on both sites and some of our discharge processes. Work is on-going to improve in 2019/20.

## OUR AMBITIONS: IMPROVE PATIENT CARE

We have maintained Referral-To-Treatment (RTT) performance throughout the majority of 2018/19. However, during Quarter 4 the 92% target was narrowly missed, due to Day Surgery Units being used as escalation areas in times of increased emergency activity.

A number of specialties are at further risk of a deteriorating position including Urology, Respiratory and Ophthalmology, due to the emergency activity pressures, impacting on the capacity to deliver day surgery at both sites.

A Vanguard unit has been in place at RSH for three months to support the position and an additional Vanguard unit at PRH will be in use during the first quarter of 2019/20.

A recovery plan has been developed to bring RTT back in line with target performance by Q2 of 2019/20.

## OUR AMBITIONS: IMPROVE PATIENT CARE

During 2018/19 we experienced a number of challenges relating to national cancer targets. We managed to maintain 31 day performance throughout the year, but there have been many challenges relating to maintaining two-week wait and 62 day cancer performance.

It is recognised that improvements are required to increase performance. A review of Multi-Disciplinary Team (MDT) meetings and processes, demand and capacity modelling and tracking patients through their clinical pathways will progress in 2019/20.

## OUR AMBITIONS: IMPROVE PATIENT CARE

Our Exemplar Programme has been pivotal in driving sustained quality and safety improvements for Nursing and Midwifery.

Since it was introduced, six wards have successfully achieved Exemplar Status with four more ward areas scheduled to progress through Exemplar in the first two quarters of 2019/20—Paediatrics, Delivery Suite, Chemotherapy Day Unit and Telford Endoscopy Unit.

### EXEMPLAR WARDS

#### Diamond

Ward 21 postnatal  
Critical Care PRH  
Critical Care RSH

#### Gold

Ward 16 Stroke  
Neonates  
Ward 4 T&O



Each area achieving Exemplar has displayed strong leadership to inspire teams to improve and sustain the high exemplar requirements in areas such as care and compassion, professional standards, communications, medicines management, infection control and documentation, directly improving the patient's journey and experience.

The programme utilises Transforming Care Institute improvement methodology to ensure standards are embedded and sustained.

During Quarter 3, in line with other hospital ward accreditation schemes, we strengthened and widened the programme remit by commencing a

baseline review of all wards. We did this to understand key themes and trends across the whole organisation and to also identify those areas requiring the most support. This has ensured a standardised, robust approach to continually assessing quality and safety whilst also addressing some of the findings of the CQC inspection in 2018.

Exemplar baseline is a rigorous process and the score will determine which pathway a ward commences.

Since October 2018 we have completed 43 Exemplar baseline assessments with most ward areas receiving at least two assessments. Our aim is for every ward area to have received at least one initial baseline assessment by end of May 2019.

We will continue to build upon the Exemplar Programme during 2019/20 with the continuation of initial baseline assessments and progression of more wards through the Exemplar programme.





## PATIENT SURVEYS

**Listening to patients' views is essential to providing a patient-centred health service.**

**The NHS Patient Survey Programme systematically gathers the views of patients about the care they have recently received.**

The results of the latest Adult Inpatient Survey, produced by the Care Quality Commission (CQC), found that our patients are treated with dignity and respect, have confidence and trust in the nurses treating them and feel well looked after by non-clinical staff.

In the survey, SaTH scored 9/10 or more in 11 of the 62 questions posed to patients. The Trust scored 8/10 or more in over half of the questions.

There were just four questions in which our score was judged to be statistically significantly worse than in 2016. In one question, SaTH still scored more than 9/10, while in another, we scored 8/10.

SaTH was rated as performing worse than most other trusts in one area, relating to discussions about whether the patient would need further health or social care services after leaving hospital. SaTH scored 7.5/10.

The 2018 survey of maternity care, also carried out by the CQC, found that new mums in Shropshire are confident in the care they receive during labour and birth.

The survey also found that women using our services are treated with dignity and respect during labour and birth.

SaTH scored 8/10 or higher in 65% of the



questions asked. Of the 33 questions in which SaTH achieved this score, almost half scored 9/10 or higher.

There were some questions where scores fell, but in four of those seven areas SaTH still scored better than 8/10. SaTH performed better than most other trusts in one question (cleanliness of room/ward) and there were no questions where the Trust performed worse than most other trusts.

# HEALTHIEST HALF MILLION

## Working with our partners to promote healthy choices for all our communities

### OUR AMBITIONS: IMPROVE PATIENT CARE

We are committed to ensuring that as soon as patients are ready to return to their usual place of residence they are supported to do so. In 2018 we launched SaTH2Home to provide rapid, same-day domiciliary care for patients awaiting care packages to start or who require support to settle back to their home. This enables discharge on the day the decision is reached that an individual no longer requires acute care.

To date 2,241 total discharges have been facilitated. 40 complex discharges per week are co-ordinated and progressed by the SaTH2Home team and this is something that we will be building on during 2019/20.

Throughout winter an increase in SaTH2Home capacity has also greatly supported maintaining patient flow and safe discharge.

### PATIENT DISCHARGE

In November, health and social care professionals spent a week exploring new ways of getting patients to leave hospital sooner so they can recover in the best possible place.

Representatives from 10 different organisations – including SaTH, Shropshire and Telford & Wrekin CCGs, Shropshire and Telford & Wrekin Councils, and representatives from Shropshire Partners in Care – took part in the event.

During the week the team identified a number of delays and inconsistencies that mean patients are staying in hospital longer than they needed. To remove these defects the team explored possible new ways of working to make the process run smoother.

These included:

- Introducing a complex discharge icon to patient information boards which a nurse can select to alert the specialist discharge team.
- Joint working between Occupational Therapists and Physiotherapists at SaTH and those in the community.
- Producing videos and leaflets to better explain a patient's discharge plan.
- Producing booklets for hospital wards to make staff more aware of discharge plans available for patients with specific needs.





Operating Dept. Orderly

Christina Davis

The Green... and Hospital 1235  
Davis  
1234



## CASE STUDY—ROY'S STORY

A unique team which is transforming care for elderly people in Shropshire is being showcased in a new national video by NHS England.

The Frailty Intervention Team (FIT) started from an idea by SaTH and Shropshire Clinical Commissioning Group (CCG) to help elderly people avoid being admitted onto a hospital ward where they risk lengthier stays and recovery periods.

Working together with Shropshire Community Health NHS Trust and Shropshire Council, a new team combining health and social care professionals was formed. FIT is a fast-track service to get frailer patients over 75 quickly assessed, treated and discharged safely back to their own homes or as close as, where research shows patients make a better, and quicker, recovery.

The team, based next to the Emergency Department at RSH, includes social workers, doctors, advanced nurse practitioners, physiotherapists, occupational therapists and a community matron.

Since its launch, over 100 patients a week who come into assessment areas like the Emergency Department, Acute Medical Unit and Clinical Decision Unit are added to the team's case load, with around 25% discharged before they are admitted onto the wards.

This means that their length of stay is less than 72 hours and the vast majority, over 80%, are discharged straight home.

The hospital has seen a 10% reduction in patients aged over 75 being admitted to wards.

The NHS England video called Roy's Story was commissioned and produced by NHS England.

It features Roy, aged 90, who lives with wife Doreen 83, and shows how FIT helped him after he had suffered a fall.



Jayne Kearns, his daughter, said: "The team visited dad in hospital and took him under their wing and it's been fantastic.



They've very much co-ordinated the care. They arranged a hospital bed to come to the house. It was really heart-warming to see all those different agencies joining up for dad's health and safety."

Zoe Cartwright, community matron, said: "Before I was involved with Roy he was in and out of hospital very frequently with chest and urine infections which could be treated effectively at home and since then he hasn't had to go to hospital. There have been five or six occasions when he's been treated at home but in the past he would have been admitted."

FIT is just one part of a much wider programme of work now being developed by healthcare partners, called Shropshire Care Closer to Home. This aims to proactively case manage and deliver care to patients with long-term conditions at risk of repeated admissions so that they can better manage their health and avoid lengthy hospital stays.

## OUR AMBITIONS: BECOME MORE EFFICIENT

A key element in our Sustainable Services Programme for the reconfiguration of our hospitals is to implement an Electronic Patient Record (EPR) system.

During 2018/19 we commissioned PA Consulting to develop two reports towards this goal— an outline business case for EPR and an assessment of our IT infrastructure. Both were delivered at the end of January 2019.

SaTH was successful in securing 66% of the £885,000 available in the first year of the Shropshire *Health System Led Investment* (HSLI) allocation. This has provided us with an Options Appraisal to look at the electronic systems in A&E, and new ‘data warehouse’ servers. These, again, are foundations to larger, more strategic digital projects prior to the move to EPR.

This forms part of the wider digital agenda, and we intend to make further HSLI year two bids. This HSLI is just one aspect of further significant investment needed and we are exploring this in the wider Sustainability & Transformation Partnership (STP) context to ensure digital transformation which will benefit all areas of the local health system.

## OUR AMBITIONS: IMPROVE PATIENT CARE

It’s been a challenging year in relation to demand within non-elective care. As a result of pressures on both sites we have been unable to consistently ring-fence Ambulatory Care. To realise this objective, and fully utilise same day care, a workshop on the use and criteria of CDU has been booked for early 2019/20. This will bring together stakeholders to analyse root cause problems and develop opportunities.

## OUR AMBITIONS: IMPROVE PATIENT CARE

A new Urgent Care Centre at PRH was finalised and in use in November 2018. CCGs and SaTH are working with GP streaming providers at RSH and PRH to improve service throughput with potential access to diagnostics and more clinical pathways.

A new Urgent Treatment Centre (UTC) contract is being developed by the CCGs which will be implemented in 2019/20.

Advanced Nurse Practitioners have completed their training and have developed improved pathways for the minors’ stream at both hospitals. This has resulted in much improved performance for minors.

An additional 16 nurses have been recruited to improve the workforce and enable patients to be streamed to clinically appropriate pathways.

## OUR AMBITIONS: BECOME MORE EFFICIENT

To enable the continued development of integrated acute and community paediatric care, joined-up working is in place between SaTH and community paediatric teams and tertiary centres. Some of these collaborative pathways are:

### Tertiary Centres

- Oncology

### Primary and Community Care

- Respiratory
- Gastroenterology
- Children with complex needs and disabilities

These joined up pathways are improving the quality of care being provided to patients within the local health system and will be further strengthened in 2019/20.



## NHS 70



On 7 July, we hosted a fun day to mark 70 years of the NHS.

As well as bringing together our own staff and the community, the day was an opportunity to showcase healthy lifestyles with partners including the Lingen Davies Cancer Fund, Shropshire, Staffordshire and Cheshire Blood Bikes and Lions Club, which carried out free blood pressure checks for anyone attending.

The day began with a charity fun run, with 500 people taking part.

The event also saw the unveiling of a stunning heart sculpture, created from obsolete medical equipment by the British Ironwork Centre in Oswestry.

Money raised from the day benefited SaTH's end of life care Swan Fund and the Trust's Living Well With Dementia Appeal.







# 70 YEARS OF THE NHS 1948 - 2018



# LEADERSHIP

## Innovative and Inspirational Leadership to deliver our ambitions

### OUR AMBITIONS: BECOME MORE EFFICIENT

We recognise the importance of growing leaders from within the Trust to shape our future direction of travel.

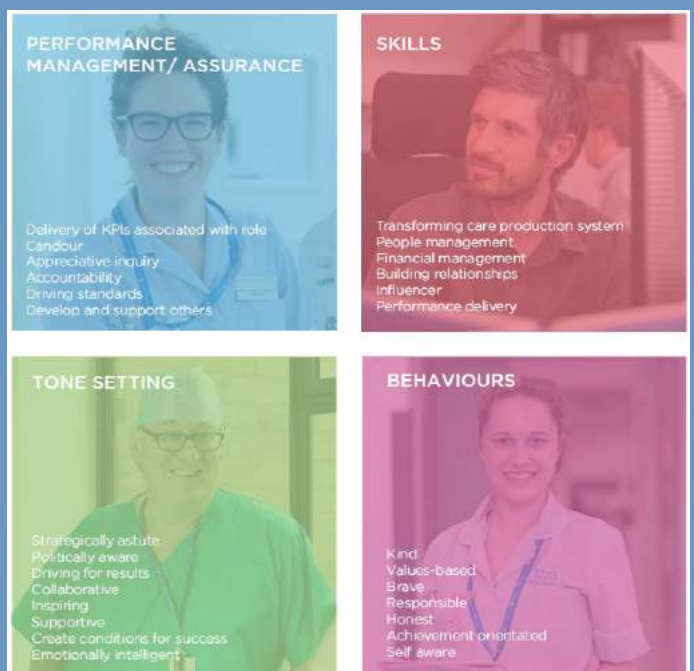
As a result of responses received in the annual NHS Staff Survey, we developed our Leadership Academy to enhance our internal People Strategy. The two key areas of focus moving into 2019/20 will be based on safety and staff engagement.

The purpose of the Academy is to support all our leaders to successfully fulfil their roles and reach their potential. Leadership is a critical success factor to cultural development; to develop a culture that is innovative, safe and kind we will need to ensure all leaders have the necessary skills, knowledge and behaviours.

The Academy has developed the following objectives to ensure it remains fit for purpose and focused:

- Support all leaders to deliver the safest and kindest care
- Develop all leaders to be innovative and inspirational
- Ensure all leaders have the tool kit to do the job
- Support a consistency in leadership behaviour aligned to our Values

To help us achieve this ambition, we have created a Leadership Framework which describes different areas of development. A series of programmes have been developed to support our leaders to meet these expectations.





# QUALITY IMPROVEMENT BOARD



WARD MANAGER: SR CORRIN DORSETT  
PLEASE CONTACT ON EXT. 2313

MATRON: SR STEPHANIE YOUNG  
PLEASE CONTACT ON EXT. 2574 / 4479

LOOK AT THE

DONATIONS THIS MONTH

Dear Sir,  
I was interested to see and  
read the information you had  
provided for the Quality  
Improvement Board. I was  
impressed by the way you  
have taken the time to  
provide this information and  
I am sure it will be of  
great help to the Board.  
I am sure you will be  
able to provide us with  
the information we need  
to improve our services.  
I am sure you will be  
able to provide us with  
the information we need  
to improve our services.  
I am sure you will be  
able to provide us with  
the information we need  
to improve our services.





## OUR AMBITIONS: BECOME MORE EFFICIENT

2018/19 signified the third year of a five-year journey in partnership with the Virginia Mason Institute in Seattle. Our Transforming Care Institute has developed eight different 'Value Streams' during the year, utilising our Transforming Care Production System (TCPS).

The value streams are:

- Respiratory discharge
- Sepsis
- Recruitment (Non-Medical)
- Ophthalmology Outpatients
- Patient safety reporting
- Radiology
- Emergency department
- Surgical pathway

We have continued with our commitment to educate and engage staff in the methodology. The number of individuals educated and engaged within TPCS methodology is on track, with 3,928 educated and 1,036 engaged.

We are also using TCPS methodology to support the improvement required as identified by the CQC.

## LEAN FOR LEADERS

One of the key areas of our Transforming Care methodology is the support and development of our leaders across the organisation.

The behaviours of leaders can create an environment that ensures reliability of a process and the necessary conditions for continuous improvement.

To support leaders in applying the principles and methodologies of our Transforming Care Institute, we run Lean for Leaders training.

At its core, Lean is a business methodology that promotes value to the customer through two guiding tenets: Continuous improvement and respect for people.

Participants learn to apply 'Lean' tools to their own work areas and coach their teams. They are given the tools to lead change effectively by developing standard work for managing daily operations.

At the end of 2018/19, 70 of our people have been through our Lean for Leaders training, with 45 more currently going through the process.



## OUR AMBITIONS: BECOME MORE EFFICIENT

As part of the 2017/18 and 2018/19 plans it was established, through NHS Improvement's *Model Hospital*, that we were facing an ever-increasing challenge relating to aging diagnostic equipment.

*Model Hospital* showed we were in line with peers in relation to scans being completed, but were doing so with a smaller number of scanners which in many cases had exceeded expected lifespan.

We experience diagnostic equipment breakdowns at an ever increasing rate and are now progressing towards our Radiology replacement programme. This programme of work is being overseen by the Capital Planning group.

## ENGAGING OUR STAFF

Staff feedback told us our people wanted to be better engaged and involved in what's happening at SaTH. To help us achieve this we have recruited 50 Engagement Champions.

Champions will share ideas, suggestions or feedback to senior leaders, while being a trusted voice that helps to provide insight into climate, morale and engagement along with further areas to develop or review.

The key responsibilities of our Engagement Champions are:

Champion the voice of front-line staff and the service they represent; share staff feedback from the service and influence the work of our Engagement and Enablement Group; share learnings and best practice; encourage and empower colleagues to make improvements to their services; identify best methods of communication for their specific Care Group and service.



## OUR AMBITIONS: BECOME MORE EFFICIENT

The Women and Children's Care Group has experienced a challenging year in relation to income loss. As a result there has been a key focus on reviewing service costs and maximising income opportunities:

- Gynaecology income: utilising locum consultant and increased nursing hours to maximise procedures through Gynaecology Assessment & Treatment Unit (GATU).
- Neonatal income: working with the Neonatal Network to maximise Tier 2 cots from Tier 3 units to deliver 85% occupancy across the network. This work is on-going and currently under review by specialised commissioning.
- Maternity income: This was a challenge due to the service fragility and decrease in births.

## OUR AMBITIONS: BECOME MORE EFFICIENT

We have commissioned an external organisation, which will start with the Trust in April 2019, to support us to realise waste reduction opportunities identified in our theatres productivity, systems and processes. This will be through either additional activity or taking costs out through list consolidation and few additional sessions.



## OUR AMBITIONS: BECOME MORE EFFICIENT

Our capital programme investments continued in 2018/19 to address high risk areas, which have been managed through our Capital Planning Group (CPG). Due to limited capital and increasing pressures, it has not been able to fund all requests. Finances have been allocated on a priority basis as agreed by the CPG with reference to Operational Risk Group priorities. The allocation of capital for 2018/19 is set out below:

### Funded from Internally Generated Capital Funds:

- Continuation of Ophthalmology move into the Copthorne Building
- Replacement Linear Accelerator
- Refurbishment of RSH Midwife Led Unit
- Replacement Medical Equipment (including Theatre Camera Stacks)
- Investment in IT Infrastructure
- Investment in replacement of non-clinical equipment
- Continuation of fire safety project (including RSH Ward Block)

### Funded from External Funds (PDC):

- NHS Wi-Fi
- Additional Bed Capacity - 30 Bedded Ward
- HSLI funding - Datawarehouse
- Digital Pathology Equipment - Cancer Transformation
- Pharmacy System Upgrade RxInfo - Cancer Transformation

## OUR AMBITIONS: BECOME MORE EFFICIENT

We planned to carry forward a recurrent deficit of £21.6 million into the 2019/20 financial year however, will be taking forward a deficit of £29.0 million, a movement of £7.4 million.

The effect of workforce challenges and the impact of keeping ED at PRH open has led to increased spending in respect of agency staffing and an inability to secure the full level of cost improvement savings.

## STRENGTHENING OUR BOARD

In November, we announced moves to strengthen our leadership. Two new directors will join the Board to address the challenges and opportunities we face.

A Director of Clinical Effectiveness and a Director of Strategy and Transformation will join the Board, which had already been strengthened this year with the addition of new Non-Executive Directors Tony Allen and Tony Bristlin and Associate Non-Executive Directors Amanda Edwards and Tony Carroll.

The Director of Clinical Effectiveness will be responsible for improvements in clinical practice, promoting innovation and supporting the transformation of clinical pathways. They will also be responsible for the Patient Advice and Liaison Service (PALS), complaints, research, quality and clinical audit.

The Director of Strategy and Transformation will focus on the reconfiguration of hospital services, business planning, strategy, estates and our Transforming Care work.

Dr Edwin Borman will move from his current role as Medical Director to become Director of Clinical Effectiveness. A new Medical Director, Dr Arne Rose, has been appointed.

## CASE STUDY—PROCUREMENT

One of our teams was shortlisted for a national award after making financial savings of nearly £2 million.

The Procurement team, based at the Shrewsbury Business Park, made the final nine in the Health Service Journal's Financial or Procurement Initiative of the Year.

They were nominated for their 'Lean Methodology Journey' – which saw them making savings of £1.8million in the 2017/18 financial year. The overall winner will be announced in May.

The savings were achieved by using 'lean methodology' from the Trust's Transforming Care Production System – created as part of the partnership with the Virginia Mason Institute in Seattle, the USA's Hospital of the Decade.

The team introduced new and improved working methods, which helped them to remove unnecessary jobs and reduce the value of stock held in store rooms, all of which significantly cut down on wastage and transport costs.

The products that the Trust orders for its hospitals are also now in a catalogue meaning far fewer mistakes, and enabling clinicians to spend more time with patients instead of ordering stock for their wards and departments.

Paula Davies, Head of Procurement, said: "To be recognised in this way for the work we have done is absolutely fantastic.

"As a result of this improvement journey we have saved a significant amount of money which can be put into improving patient care instead.

"That was an incredible achievement in itself; but to be shortlisted for a national award is the icing on the cake."



Simon Wright, Chief Executive, said: "Paula and her team have made a considerable difference to our organisation and I am very proud of all their hard work.

"They have been able to use new, lean methods to completely transform the way their team operates – and as a result they have delivered huge savings, which will be of enormous benefit to our patients and staff. They thoroughly deserve this national recognition."

# OUR PEOPLE

## Creating a great place to work

### OUR WORKFORCE

To help us deliver the safest and kindest care possible, we want a dedicated, engaged and motivated workforce.

Almost 80% of our staff are in direct clinical roles. Over the last 12 months, we have increased staffing levels by more than 160.

Recruiting and retaining high quality staff is a key priority. We employ nearly 6,100 substantive staff. When taking into account those employed on part-time contracts, the full time equivalent (FTE) workforce increased by 140 to 5,187. Our substantive workforce at 31 March 2019 included approximately:

- 581 FTE doctors and dentists (11%), an increase of 58 FTE (compared with 2018)
- 1,476 FTE nursing and midwifery staff (28%), an increase of 46 FTE
- 667 FTE scientific, technical and therapies staff (13%), an increase of 23 FTE
- 1,394 FTE other clinical staff (27%), an increase of 4 FTE;
- 1,069 FTE non-clinical staff (21%), an increase of 9 FTE.

In addition to this, the available workforce at year end included 1,211 staff on the Trust's internal bank, in addition to staff working within the Trust via external agencies.

During 2018/19, we recruited 71.45 FTE Staff Nurses, 65.07 FTE Health Care Assistants (HCAs) and 23.60 FTE Consultants (including those appointed on a locum basis).

### OUR AMBITIONS: REDUCE RELIANCE ON TEMPORARY STAFF

During 2018/19 we reduced agency staff spending by £1.2 million. The number of Whole Time Equivalent agency staff used also fell.

We have worked hard on reducing the number of agencies included within our Preferred Supplier List, to improve continuity of care on those occasions when agency staff are needed.

Our own Bank staff have been offered the option to be paid weekly or monthly to suit their needs, and the number of shifts filled by Bank staff increased from an average of 489 per week in April/May 2018 to 642 in January 2019.

Focus groups have been held during 2018/19 with Bank work representatives to aid a better understand and improve their experience of work. One outcome of this is the development of a handbook which will be circulated to all Bank workers in the new financial year.

To meet medical workforce challenges, work continues on Consultant job plans to align resource with requirement. To date 98% of Consultant job plans have been added to job planning software and support to clinicians, clinical directors and operational teams will continue.





The Shireburn and Belval Hospital  
BENOY THOMAS  
Health Care Assistant

## OUR AMBITIONS: REDUCE RELIANCE ON TEMPORARY STAFF

Following the announcement of the allocation of £312 million to enable the Trust to develop both hospital sites into two state-of-the-art facilities there has been successful recruitment of additional medical consultants.

We now have seven consultants working across our two Emergency Departments (EDs), the most we have had for years.

During 2018/19 we also worked hard to secure additional substantive and locum middle-tier doctors. This allowed us to maintain a 24/7 service in both EDs.

Although improvements have been made in the ED consultant and middle-tier workforce numbers, ED Nursing numbers remain challenging. 2018/19 progress will continue to be built on during 2019-20 as part of our workforce plan. This plan describes increases in medical workforce to improve gaps in ITU, acute medicine and specialist medicine.

## NURSING ASSOCIATES

We are one of the first trusts in the country to have new registered Nursing Associates.

We have been involved in a national project to develop the roles in partnership with the University of Wolverhampton and Staffordshire University.

The Nursing Associate is a new standalone generic nursing role in England which bridges the gap between healthcare support workers and registered nurses to deliver hands-on, person-centred care. They gain a Nursing Associate Foundation Degree awarded by the Nursing and Midwifery Council (NMC).

The role has been introduced to help build the capacity of the nursing workforce and the delivery of high-quality care, while supporting nurses and wider multidisciplinary teams to

focus on more complex clinical duties.

During a two-year programme, SaTH's Nursing Associates gain experience in a number of different clinical areas and settings, both inside and external to the trust.

## GOLDEN TICKET

In partnership with Staffordshire University, we have introduced

“golden tickets” to student nurses to increase recruitment. Instead of a formal interview, student nurses are invited to attend Values-based conversations



throughout their training, culminating with a final conversation at the start of their third year of study. Students who obtain the required qualifications and are also seen to reflect the Trust Values are offered a position at the Trust.

In the last 12 months, more than 100 golden tickets have been issued.

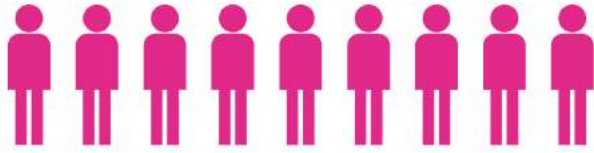
## OUR AMBITIONS: REDUCE RELIANCE ON TEMPORARY STAFF

One of objectives for this year was to implement solutions such as e-rostering to ensure that our clinical support workforce was in place at times when they were most needed.

Work has been completed to add Pharmacy at PRH to e-rostering with RSH being worked on currently. Progress will continue in to 2019-20 with Pathology being added next before moving on to Therapies and Radiology.



# OUR WORKFORCE IN 2018/19



**4,866 females**



**1,226 males**



**948**  
volunteers

**6,092**  
members  
of staff



**5,186.86**  
WTE of whom  
79% are in  
clinical roles

**161 more staff**  
in post than  
last year



**306 work**  
experience  
placements

**119 New**  
apprenticeships







## VALUES IN PRACTICE AWARDS

Every year we recognise the incredible efforts made by our staff day-in-day-out at our Annual Values In Practice (VIP) Awards.

This year's event was held at RAF Cosford and themed to tie in with the celebrations for the 70th anniversary of the NHS.

Awards were presented in nine categories, with a total of 37 finalists recognised on the night.

As well as our annual awards, we recognised staff contributions through our monthly awards, with winners being presented with their awards at our Trust Board meetings, which are held in public.

The winners of this year's annual awards were:

- Rising Star: Alex Griffiths-Brown.
- Team of the Year: The MRI Scanner Team.
- Volunteer of the Year: End of Life Care Volunteers.
- Improvement of the Year: The Gynae Ambulatory Care Team.

- Inspirational Leader of the Year: Corrin Dorsett.
- Learner of the Year: Urvasee Patel.
- Behind the Scenes Award: Vic Davies.
- VIP of the Year: The Procurement Team and A&E Teams at RSH and PRH.

## OUR AMBITIONS: BECOME MORE EFFICIENT

During July 2018 our Fertility Centre successfully relocated to new state-of-the-art facilities in Severn Fields Health Village in Shrewsbury.

A communications campaign has been rolled out which is designed to aid market-driven growth within the service.

It is anticipated that this growth will be realised during 2019/20.

## NHS STAFF SURVEY

The results of this year's Staff Survey show a picture that has given us some cause for concern about how it feels to work at SaTH.

We've started to have conversations with our teams about things that we could do to make it feel better. But we're not going to focus on something that we can do in three months – this is going to be a longer-term strategy.

It will take time, but our aim is that in the next 12 months there will be things happening within our organisation that start to give every single member of our team confidence that we are serious about making SaTH a great place to work, that we are ready to listen and to act; to support, value and help all of our people, no matter what role they do, to achieve their potential.

## FREEDOM TO SPEAK UP

Freedom to Speak Up Guardians act in an independent capacity to support and help drive the Trust to make it a



safer place for patients and staff and a more open place to work. They offer support and advice to those that want to raise concerns to ensure that any safety issue is addressed and feedback is given to the member of staff who raised it.

Freedom to Speak Up Guardians ensure that there are no repercussions for those that have raised the concern either immediately or in the long-term.

In August, we increased the hours for the Guardians from 10 hours-a-week to 15 hours.

In January, a recruitment process took place to replace one Guardian who moved into a new

role as well as recruiting an additional member to strengthen the team. Expressions of interest have been sent out to all staff to create a network of Freedom to Speak Up Advocates, who will raise the profile of the service as well as promote a culture of speaking up to become 'business as usual'.

A communications plan has been devised to ensure all staff feel they can speak up without experiencing repercussions.

The Freedom to Speak Up Policy has been updated and communicated to all staff and is available on our website and intranet.

## OUR AMBITIONS: REDUCE RELIANCE ON TEMPORARY STAFF

The provision of Gastroenterology on a single site was identified as a target area for 2018/19. Throughout the year, emergency inpatient services continued to be provided across both sites creating both quality and workforce challenges.

This programme of work will need to be further developed in 2019/20 due to limited progress in year. A proposed solution is to remove duplication and to create a single point of admission for emergency Gastroenterology inpatients within the RSH site.

## OUR AMBITIONS: BECOME MORE EFFICIENT

The key focus for the Scheduled Care group for 2018/19 has been to selectively develop services where possible. This has been in conjunction with protecting and stabilising other key specialties which have been challenged in delivery.

A key achievement for 2018/19 has been the opening of the new Ophthalmology department at RSH.

# PERFORMANCE ANALYSIS

## STRATEGIC CONTEXT

During 2018/19 the NHS has continued to see increasing financial pressures whilst operating with a workforce that is either unavailable or overstretched. To address this, organisations have to optimise the best use of resources to service increases in both population and complexity of healthcare requirements.

NHS services in Shropshire, Telford & Wrekin and mid Wales have to adapt to deal with these same challenges; and for SaTH many of these have existed on a progressive negative trajectory for a number of years. The additional and long-term difficulties from duplication of many services means that care and treatment continues to be provided by a workforce that is working unsustainable rotas in environments that are equally challenged in terms of the facilities and space required 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 us moving in to 2019/20; with the overall goal of providing the safest and kindest care in the NHS. In order for us to progress with achievable and sustainable change that delivers real improvements for patients and the public, the three key priorities for 2019/20 are:

- To move beyond Special Measures
- To achieve our agreed performance trajectories
- Be a sustainable organisation

Moving into next year, we have three co-ordinating mechanisms for addressing challenges in quality, workforce, performance and finance both within SaTH and across the whole health system. These are:

- Transforming Care Institute (TCI) – our partnership with the Virginia Mason Institute (VMI)
- Sustainability and Transformation Plan (STP) – the health systems overarching strategic plan
- Sustainable Services Programme (SSP) – SaTH'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 our patients and their families. To be the safest and kindest is an ambition identified by our staff and patients alike and is an integral element in all aspects of our organisational strategic direction.

For 2019/20, we will strive to achieve realistic trajectories

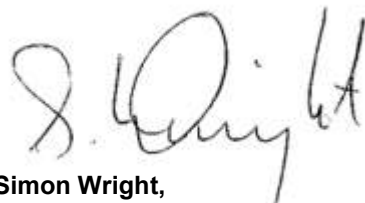
that have been signed up to by our Operational Teams. We are determined to move beyond special measures, and as such recognise that we need to re-establish our reputation for delivering what we say we will. This year's plan, and its delivery, is therefore critical in restoring trust and confidence from our patients, staff and regulators. The plan has also been built on successes realised within parts 2 & 3 of the 2018/19 Operational Plan.

The 2019/20 Operational Plan fits within the strategic direction of the Sustainable Services Programme. It is designed to shift the organisation positively along the deliverable timeline in a progressive manner. This will allow us to realise the benefits identified within the programme.

Following the Treasury's commitment to support a £312million investment in our hospitals, and the completion of the NHS Future Fit public consultation in the summer of 2018, on 29 January the decision was made by the joint committee of our commissioners that the Royal Shrewsbury Hospital would become a dedicated emergency centre and the Princess Royal Hospital would become a planned care site. During 2019/20 a programme of internal engagement with all staff groups will build on previous successes to further develop the business case and help shape the future provision of acute services within Shropshire and Telford & Wrekin.

Whilst the STP and its component parts, including our own 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 fourth year, we continue to methodically apply the VMI tools of removing waste and non-value added activities and by standardising processes and systems in departments and in the design of new clinical services and facilities as part of SSP.

2019/20 will therefore see the further progression of major, long-term change proposals with improvements and developments that make an immediate difference for our population today. For us to be the safest and kindest care providers within the NHS, it is essential that integrated progress continues to be realised.



**Simon Wright,**  
**Chief Executive**



# KEY PERFORMANCE INDICATORS

Domain	Indicator	Description	Data Source	Thresholds	Performance in Year Ended 31 March 2019
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%	75.9%
	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	2602
	30 minute ambulance handovers	Ambulance handovers not completed within 30 minutes	Weekly SitReps	Performing: 0 Underperforming: >0	9128
	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%	50.27%
	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%	94.85%
	RTT - incomplete pathways	Total number of patients on incomplete pathways less than 18 weeks vs. total number on incomplete pathways		Performing: 92%	89.25%
	RTT – greater than 52 weeks	Total number of patients waiting longer than 52 weeks from referral to treatment		Performing: 0	1
	% of patients waiting over 6 weeks for a diagnostic test	To measure waits and monitor activity for 15 key diagnostic tests		Performing: <=1%	0.3%
	The number of last minute cancelled elective operations in the quarter for non-clinical reasons, NHS provider organisations in England:	Number of patients not treated within 28 days of last minute elective cancellation	Quarterly return via QMCO RTN UNIFY	Performing: 0	5
	Multiple cancellations of urgent operations	Number of last minute elective operations cancelled for non-clinical reasons	Monthly return via QMCO RTN UNIFY NHSE	Performing: 0	0
Cancer Waiting Times	2 week GP referral to 1st Outpatient	Please see cancer waiting times guidance for definition of these performance standards	QLIK Cancer Waiting Times Database	Performing: 93% Underperforming: 88%	88.15%
	2 week GP referral to 1st outpatient – breast symptoms			Performing: 93% Underperforming: 88%	80.99%
	31 day diagnosis to treatment for all cancers			Performing: 96% Underperforming: 91%	99.1%
	31 day second or subsequent treatment – drug			Performing: 98% Underperforming: 93%	100%
	31 day second or subsequent treatment – surgery			Performing: 94% Underperforming: 89%	76.47%
	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%	70.85%
	62 day referral to treatment from screening			Performing: 90% Underperforming: 85%	70.0%
	62 day referral to treatment from hospital specialist			Performing: 85% Underperforming: 80%	87.93%
Infection Prevention and Control	MRSA	Actual number of MRSA vs. planned trajectory for MRSA	Infection Control HPA Returns	Performing: No MRSA bacteraemias	5
	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 NHSE Mandatory returns	Performing: 95% Underperforming: 90%	95.65%
	Duty of Candour	Number of breaches of duty of candour	Datix	Performing: 0	0
	Breaches of same sex accommodation	The number of breaches	Via UNIFY NHSE MSA RTN	Performing: 0	138
Workforce	Sickness absence	Number of days sickness absence vs. available workforce	SaTH Returns	Performing: 3.99%	4.47%
	Appraisal	Number of eligible staff receiving appraisal in current performing vs. total eligible staff		Performing: 80% (Stretch target 100%)	87.42%
	Statutory and Mandatory Training	Number of spells or attendance with valid number/Total number		Performing 80%	82.06%

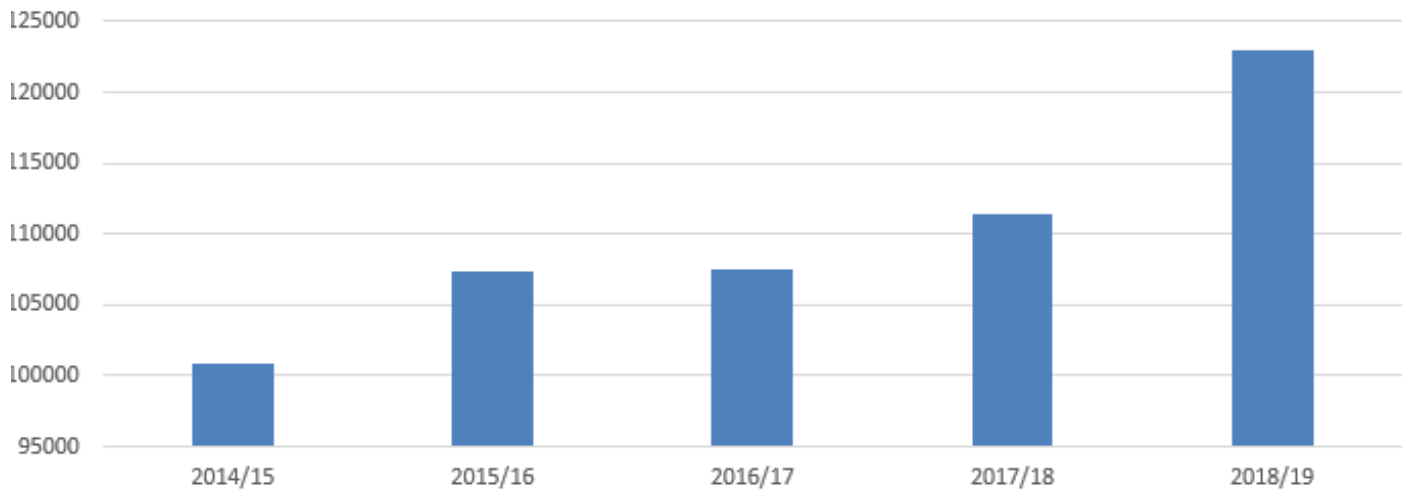
# PERFORMANCE TRENDS

## Summary of Service Activity by specialty

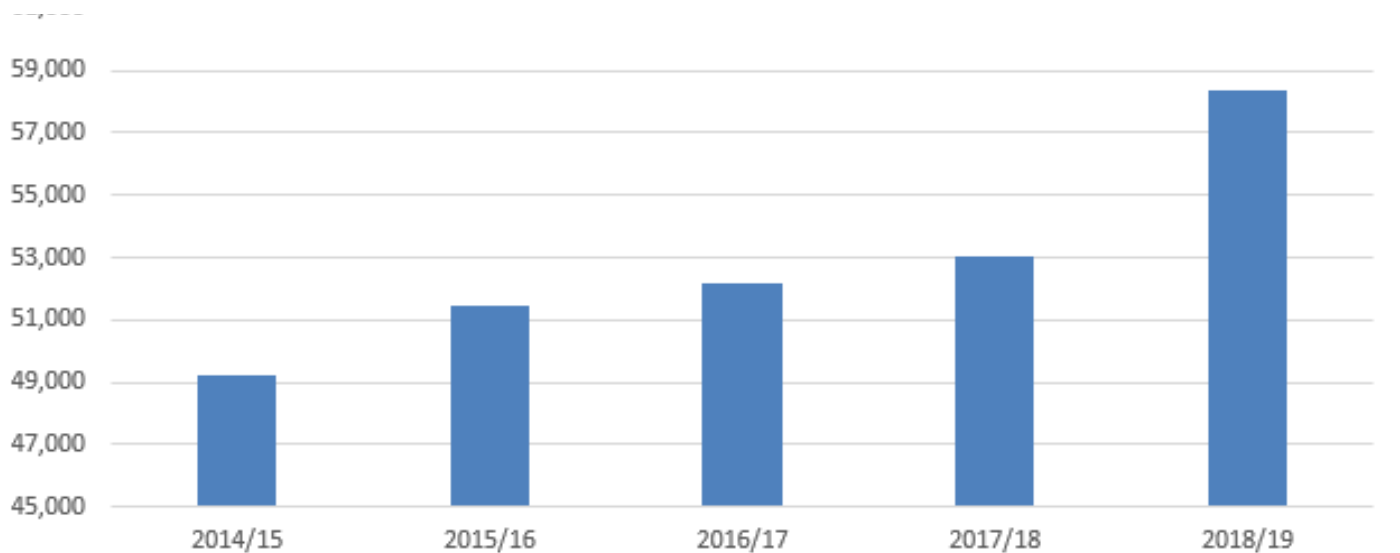
Specialty	Inpatients			Outpatients		
	2016/17	2017/18	2018/19	2016/17	2017/18	2018/19
A&E Outpatient & Spells	948	888	2,863	3,627	3,397	
Anaesthetics				557	533	631
Audiological medicine	1	1	1	666	1,012	1,153
Breast Surgery	698	731	655	15,865	15,382	15,107
Cardiology	2,919	3,075	3,103	21,354	21,761	21,184
Cardiothoracic Surgery				1,236	1,215	1,085
Chemical pathology				640	586	536
Clinical Haematology	5,384	5,681	6,085	14,012	15,071	16,238
Clinical Neuro-Physiology				570	451	217
Clinical Oncology	3,422	3,546	4,373	20,705	20,330	23,888
Clinical Physiology				16,041	16,499	15,723
Colorectal Surgery	926	996	1,032	12,539	12,764	13,382
Dermatology	18	5		16,741	16,909	18,269
Diabetic Medicine	6	3	5	6,807	6,104	6,455
Diagnostic Imaging						4,528
Ear nose & throat	2,385	2,269	2,217	24,924	23,259	23,359
Endocrinology	119	106	123	2,881	3,136	3,852
Gastroenterology	17,990	17,655	18,507	10,341	9,945	10,282
General Medicine	22,688	23,708	25,984	2,440	1,947	1,870
General Surgery	7,983	7,099	7,739	924	641	1,016
Geriatric Medicine	152	254	299	5,071	4,922	5,311
Gynaecological Oncology	7	5	11	6,498	6,365	7,020
Gynaecology	4,138	4,037	4,088	25,349	23,658	22,163
Hepatology	7	5	8	2,312	2,482	2,502
Maxillo-Facial Surgery	613	726	669	184	157	698
Medical Oncology	368	485	488	723	1,781	1,085
Neonatology	2,184	1,809	1,603	934	1,076	893
Nephrology	290	355	214	6,915	6,118	6,697
Neurology	332	324	404	8,382	6,569	5,348
Obstetrics/Maternity	5,543	5,056	4,822	1,748	1,334	1,143
Ophthalmology	2,974	3,795	3,872	48,407	45,689	46,097
Oral Surgery	685	703	668	10,529	10,354	9,426
Orthodontics				7,447	8,010	7,476
Paediatrics	8,738	8,537	9,065	24,452	24,060	23,750
Pain Management	621	538	448	1,024	758	838
Plastic surgery				1,035	532	461
Rehabilitation	70	60	27			
Respiratory Medicine	2,933	3,044	2,991	14,369	14,087	14,994
Respiratory Physiology				3,765	3,569	3,529
Restorative Dentistry				583	565	718
Stroke Medicine	234	175	244	2,015	1,657	2,148
Therapies				9,726	9,613	9,556
Trauma & Orthopaedics	6,055	5,781	5,169	38,636	36,503	37,193
Upper GI Surgery	1,169	1,044	1,083	6,661	6,525	7,133
Urology	6,024	6,115	6,430	19,330	19,049	20,010
Vascular Surgery	925	1,720	2,013	6,290	6,789	7,472
<b>Grand Total</b>	<b>109,549</b>	<b>110,331</b>	<b>117,303</b>	<b>425,255</b>	<b>413,164</b>	<b>422,436</b>

\*2018/19 saw the introduction of a CDU pathway change, resulting in an increase of non-elective activity

## A&E attendance (Type 1 only)

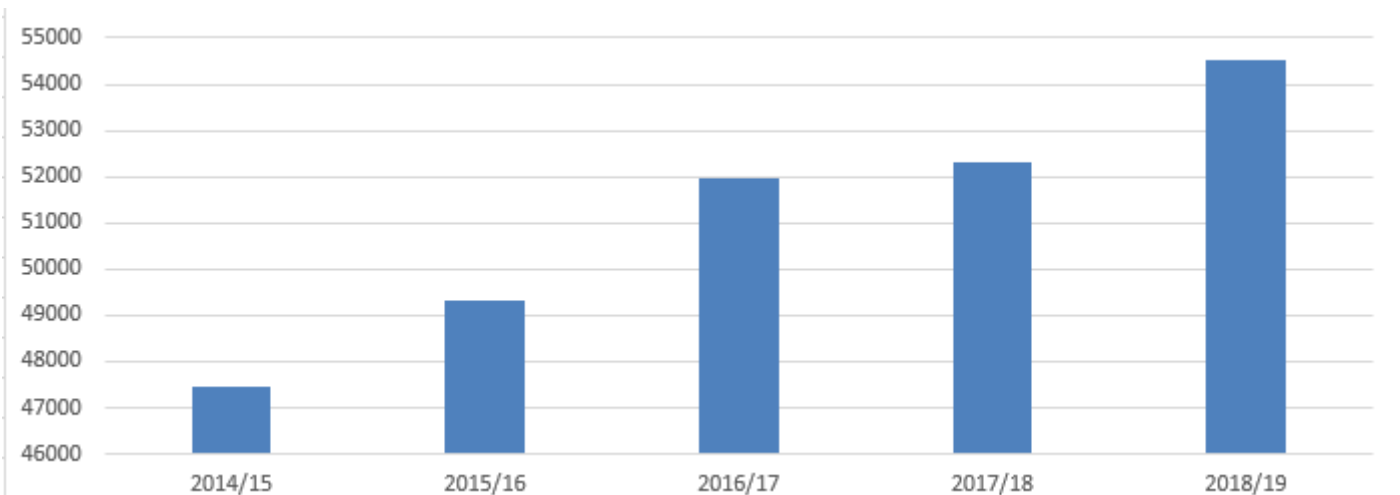


## Emergency admissions (including CDU)



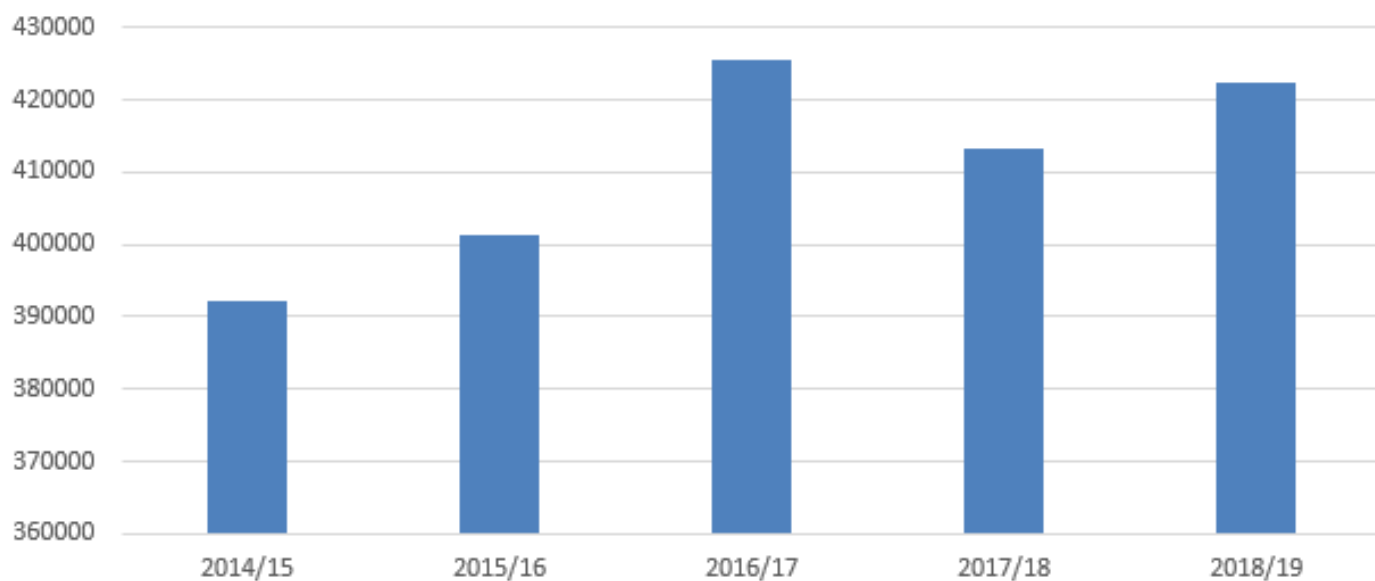
\*Chargeable activity only

## Elective Inpatient and Day Case admissions

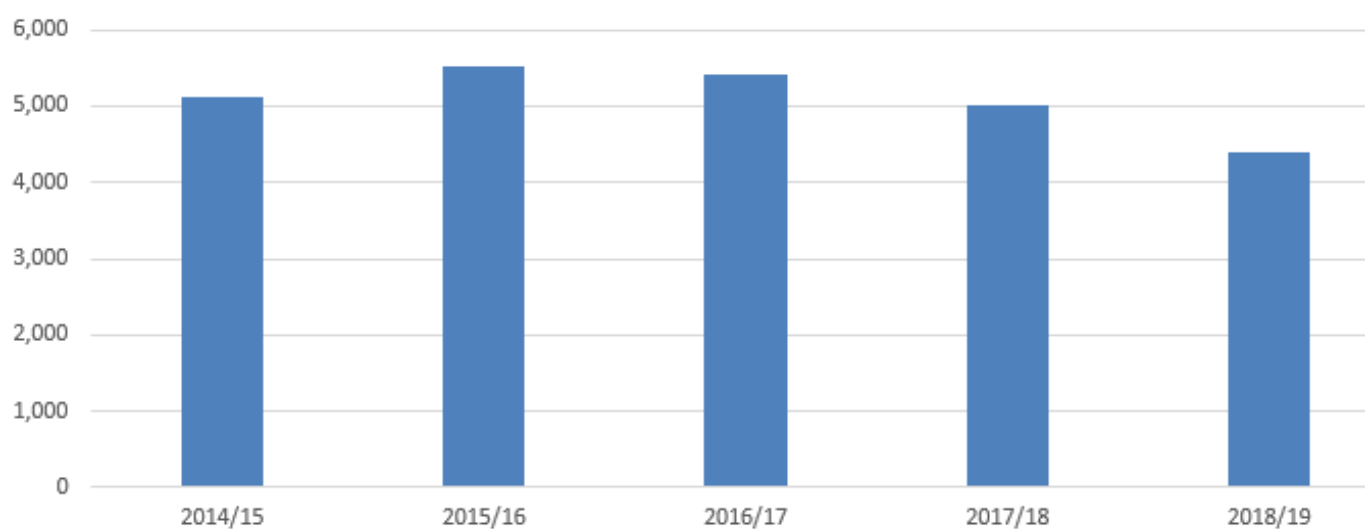




## Outpatient activity



## Maternity admissions



## SUSTAINABILITY

We are committed to leadership in sustainability – this is one of our corporate objectives. As sustainability leaders, we aim to pioneer new solutions while developing our services responsibly.

In 2018 we won an International Green Apple Environmental Award for Environmental Best Practice for our work using Warp-it, a national online re-distribution network which aims to reduce waste. Instead of going to landfill or spending unnecessarily on new items, hospital staff have been using Warp-it to seek and provide a new home for surplus items - from paper clips and filing trays to cabinets, desks and chairs, saving the Trust £80,000.

### KEY ACHIEVEMENTS

#### Energy

- 5.3% reduction in emissions since 2008 (despite increased footprint)
- 7% reduction in energy—reducing CO2 emissions by 1,112 tonnes
- Produce low-carbon electric at our sites using Combined Heat and Power plant
- LED replacement scheme 75% complete



#### Travel and transport

- 1.5% reduction in demand for staff parking, reducing CO2 emissions by around 300 tonnes per annum
- Liftshare – 300+ members
- Online parking permit system launched together with 1- mile exclusion zone for parking permits unless exemptions apply
- Active travel - cycle salary sacrifice scheme



runs year round. Bespoke travel planning service for staff

- Working with local authorities to improve access and transport infrastructure
- Staff discounts for public transport, better access
- Development of video conferencing infrastructure

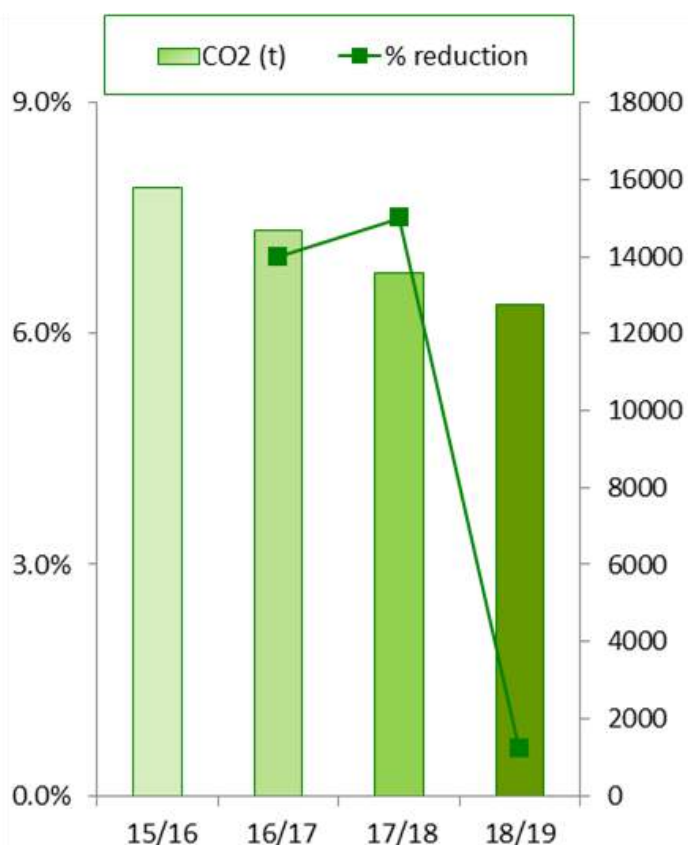
#### Reuse

- Warp-it (re-using unwanted equipment) system now has over 600 SaTH users
- Reducing CO2 emissions at rate of 1 tonne per month
- Total savings of £80,000
- Successful partnerships established with public sector partners such as Ministry of Justice



#### Carbon reduction

We participate in the national CRC Energy Efficiency Scheme (formerly known as the “Carbon Reduction Commitment”) - a levy for each tonne of CO2 emitted by the organisation.







SECTION TWO

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# ACCOUNTABILITY REPORT



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**This section of the Annual Report focuses on our governance, providing information about the legal status of our Trust, the processes and structures by which we maintain our commitment to good governance.**

# DIRECTORS' REPORT

## OUR TRUST

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 in the following pages, including a summary of their experience.

## THE TRUST BOARD

NHS Trust Boards play a key role in shaping the strategy, vision and purpose of an organisation. They are responsible for holding the organisation to account for the delivery of the strategy and to ensure value for money.

They are also responsible for assuring that risks to the organisation and the public are managed and mitigated effectively. Led by an independent chair and composed of a mixture of both executive and independent non-executive members, the Trust Board has a collective responsibility for the performance of the organisation.

The main focus of the Trust Board is providing high standards of health care.

The framework by which we use to meet and monitor these high standards is known as clinical governance. The highest priority of the Trust Board is to ensure that effective governance arrangements are in place. All NHS providers are required to register with the Care Quality Commission, the independent regulator of health and social care in England. The Care Quality Commission's inspection regime provides further assurance around the quality of our services to the communities we serve.

## FINANCIAL MONITORING AND CONTROL

NHS services are paid for with public funds and NHS Trusts must ensure that services are good value for money.

The Trust Board is responsible for financial management and to ensure that effective financial control systems are in place. For further assurance and transparency, the Trust's financial affairs are scrutinised by:

- the Trust's independent internal auditors; as part of their local audit programme
- the Trust's independent external auditors; as part of the statutory review of our annual accounts
- NHS Improvement, the national regulator



which is responsible for supporting and developing NHS Trusts in England

- National and parliamentary scrutiny bodies, such as the Health Select Committee

The Trust's accounts are published annually and can be seen within our Annual Reports.

## ACCOUNTABILITY

NHS Trusts are accountable to the Department of Health via NHS Improvement, the financial regulator of NHS Trusts in England. NHS Improvement supports NHS Trusts to ensure patients receive consistently safe, high quality, compassionate care within local health systems that are financially sustainable.

## PROBITY

All Board members must be open about their own business interests which may impact on the decisions of the Trust. All such interests must be made public and are recorded in a public register. This is published in our Trust Board Papers after each Board meeting.

## CODE OF OPENNESS/FREEDOM OF INFORMATION

Our Code of Openness ensures sufficient transparency about the activities we undertake. It is intended to promote confidence with our staff, patients and the public. An example of our commitment to being open and transparent is by holding meetings of the Trust Board in public and publishing the minutes and papers of the Trust Board meetings. The Trust is also obliged to comply with the Freedom of Information Act 2000; please visit the Freedom of Information pages on our website for further information.

## BRITAIN'S EXIT FROM THE EUROPEAN UNION

We have been working to ensure that, in the event of a no-deal "Brexit", there should be sufficient supplies of clinical and non-clinical goods and consumables available to continue to treat patients, and processes to ensure sufficient staff resource. Key areas have been prioritised following national guidance. These include:

### Pharmacy

The NHS has been working with suppliers to ensure there will be sufficient medicines available to continue to treat patients. This may require some medicines to be substituted and mechanisms are in place for this. The research team will continue to offer the same opportunities for patients to take part in clinical trials and is working with pharmacy and trial sponsors to ensure continued access to study medications.

### Procurement

The Procurement Department has undertaken a self-assessment for all medical devices and clinical consumables to identify risk of non-supply/availability and is working with suppliers to establish continued supply following national guidance. Local procurement leads have worked with all care groups to review supply issues and review business continuity plans.

### Workforce

The Workforce Team has been advising on the EU Settlement Scheme and Professional Regulation.

### Business Continuity

All services and departments have been reviewing standard operating procedures and business continuity plans to include any disruption in supply of goods or workforce.

# MEMBERS OF THE BOARD



**Ben Reid, OBE, FCCA**  
**Chair**

Member: Sustainability Committee;  
Maternity Taskforce Oversight  
Committee

Ben, a qualified accountant is the former Group Chief Executive of the Mid-Counties Co-operative, a position he has held for 30 years. He 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.

Ben'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.



**Tony Allen, FCMA**  
**Non-Executive Director**

Member: Audit Committee;  
Performance Committee; Charitable  
Fund Committee

Tony has previously served as a Non-Executive Director with Liverpool Community NHS Trust, where he Chaired the trust's Audit Committee. He has also served as

Independent Advisor to the Audit Committee of the British Dental association.

Tony has 10 years' experience as head of finance in the private sector with organisations including National Museums Liverpool and the Institute of Occupational Safety and Health. He is a Fellow of the Chartered Institute of Management Accountants.



**Tony Bristlin, FCMA, FCA**  
**Non-Executive Director**

Member: Audit Committee;  
Sustainability Committee;  
Charitable Fund Committee

Tony is a senior finance leader with a record of success in global shared services, finance transformation and internal audit in a FTSE 250 PLC.

He has more than 20 years' experience in the aviation industry, working in audit and finance.

He is a Fellow of the Chartered Institute of Management Accountants and a Fellow of the Institute of Chartered Accountants England and Wales, having graduated with an MBA (with Distinction) from Manchester Business School.



**Clive Deadman**  
**Non-Executive Director**

Member: Performance Committee;  
Sustainability Committee

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.



**Mandy Edwards**  
**Non-Executive Director**

Member: Quality Committee;  
Workforce Committee; Maternity  
Taskforce Oversight Committee

Mandy has over 30 years' experience in the NHS, having qualified as a Radiographer in 1985. She has worked at hospitals in Leeds, the Wirral, Birmingham,

and Oswestry.

She is now co-director of Edwards Healthcare Consultancy, which has worked with NHS organisations in Shropshire and across the country, as well as with monitoring bodies.

In her spare time, Mandy enjoys competitive dinghy racing, and many other outdoor pursuits.



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

Member: Performance Committee;  
Quality Committee

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 Medical Director of DXC, a multi-national corporation providing

information technology services and professional services. He combines this 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 which provide or commission them. In addition to his medical qualifications, David has an MBA from Leeds University and is a qualified executive coach. David and his family moved to Shropshire 13 years ago.



**Brian Newman**  
**Non-Executive Director**

Member: Quality Committee

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.



**Tony Carroll**  
**Associate Non-Executive Director**

Member: Quality Committee;  
Workforce Committee

Tony recently retired as a senior executive in one of the largest regional Co-operative Society in the UK, having worked there for 30 years, latterly as Deputy Chief

Executive and Trading Executive.

Tony has a wealth of experience in business operations, including risk and budgeting, championing change management and team/colleague development.

He was educated at Stockport Grammar School and his interests include golf, travel, motor sports and reading.



**Harmesh Darbhanga**  
**Associate Non-Executive Director**

Harmesh graduated with honours in Economics at the University of Wolverhampton. He has worked in a variety of senior roles in local government with over 27 years' experience in accountancy and audit, working both in the public and private sector. He is a local

government Finance Manager for Projects with 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, previously serving as Independent Board Member of Severnside Housing and more recently as Non-Executive Director/Locality Support Member at Shropshire County Primary Care Trust.



**Dr Chris Weiner**  
**Associate Non-Executive Director**

Member: Audit Committee;  
Workforce Committee;  
Sustainability Committee

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.



# MEMBERS OF THE BOARD



**Simon Wright**  
Chief Executive

Simon, a former director at Warrington and Halton Hospitals NHS Foundation Trust, 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.



**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.



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

Deirdre completed her nurse training in Dublin and midwifery training at Croydon and Carshalton Faculty of Midwifery. Throughout her career, she has predominantly worked in women's healthcare in a variety of roles, including in community and acute services. In 2002 she joined the faculty of

midwifery at the University of Nottingham as a lecturer, returning to the NHS as a matron in Lincolnshire in 2010.

She became Head of Midwifery/General Manager for Women's Services at Doncaster and Bassetlaw NHS Foundation Trust in 2011, then acting Director of Nursing. She was appointed Director of Nursing, Midwifery and Quality at Hinchingsbrooke Health Care NHS Trust in May 2014.



**Nigel Lee**  
Chief Operating Officer

Nigel began his career as a helicopter pilot in the RAF, in both Search & Rescue and Special Forces roles. He served in Northern Ireland, the Falkland Islands and Iraq. 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.



**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.



**Victoria Rankin**  
**Workforce Director (non-voting member)**

Victoria joined the Trust in 2011, having previously fulfilled roles at Stoke-on-Trent Primary Care Trust and Community Services and Dudley Group of Hospitals. Victoria has led key workforce change and development programmes and has experience across a diverse range

of workforce agendas.

Victoria holds responsibility for Human Resources, Workforce Planning, Organisational Development, Education, Workforce Assurance & Resourcing, and Workforce Transformation.



**Julia Clarke**  
**Director of Corporate Governance (non-voting member)**

Julia was born, and has lived, in Shropshire all her life as do her two sons and three grandchildren.

She has worked at SaTH for over 33 years, initially working part-time in the patient administration team.

She became lead for clinical audit, complaints, legal services and risk management. She was the lead Director for the delivery of the Lingen Davies Centre, which was funded entirely by charitable donations.

Julia currently leads the Trust's Communications and Community Engagement agenda, it's environmental sustainability work and the facilities services.

## Declaration of interests

Our Standing Orders require all Board members to declare any outside interests which are relevant and material to their position.

A register of all such declarations is maintained and updated on an on-going basis and confirmed at the end of each financial year by the Trust Secretary.

Interests of Board members are published with the Trust Board papers, which can be found at [www.sath.nhs.uk/about-us/trust-information](http://www.sath.nhs.uk/about-us/trust-information)

# 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 nine 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 seven committees chaired by the Non-Executive Directors: Audit Committee, Performance Committee, Quality & Safety Committee, Workforce Committee, Sustainability Committee, Maternity Taskforce Oversight Committee and the Charitable Fund 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.

## 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 Tony Bristlin, the committee comprises three Non-Executive Directors (including the committee chair). The other committee members during the year were Dr Chris Weiner and Tony Allen. 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 six significant incidents relating to person identifiable information which were formally reported by the Trust in 2018/19.

## 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.

## Equality and Diversity

The Trust aims to provide high quality services to our community and to enable staff to fulfil their potential free from disadvantage and discrimination. To this end we have adopted the NHS Equality Delivery System (EDS2) and the NHS Workforce Race Equality Scheme (WRES), the NHS Workforce Disability Equality Scheme (WDES) and the Gender Pay Gap Regulations. 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.



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

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;

### 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

- 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.



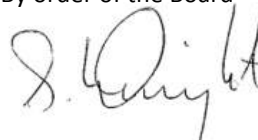
**Simon Wright, Chief Executive**

Date: 24 May 2019

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.

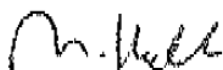
The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board



**Simon Wright, Chief Executive**

Date: 24 May 2019



**Martin Hall, on behalf of the Finance Director**

Date: 24 May 2019

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# REMUNERATION AND STAFF REPORT

Remuneration for directors is set by our 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.

severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

We 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 2018/19 was in the salary banding of £175,000 to £180,000 (2017-18, £170,000 to £175,000). This was 6.7 times (2017-18, 6.89 times) the median remuneration of the workforce, which was £26,564 (2017-18, £25,049).

In 2018/19, 21 (2017-18, 23) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £179,000 to £248,000 (2017-18, £172,000 to £306,000).

Total remuneration includes salary, non-consolidated performance-related pay (not applicable to any member of staff in 2018/19 or 2017-18), benefits in kind as well but not

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# REMUNERATION REPORT

The table below shows the salary entitlements of senior managers (members of the Trust Board). This information has been audited.

Name and Title	2018-19						2017-18					
	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	TOTAL (bands of £5,000) £000
Ben Reid Chairman	30-35	-	-	-	-	30-35	5-10	-	-	-	6-10	
Simon Wright Chief Executive	180-185	-	-	-	40-42.5	200-205	155-180	-	-	180-182.5	320-325	
<b>Young Directors</b>												
Nigel Lee Chief Operating Officer	125-130	-	-	-	247.5-250	375-380	10-15	-	-	Not available	10-15	
Dr Edwin Borman Medical Director	175-180	-	-	-	47.5-50	225-230	170-175	-	-	32.5-35	200-205	
Deirdre Fowler Director of Nursing and Quality	120-125	-	-	-	25-27.5	145-150	105-110	-	-	202.5-205	310-315	
Neil Nisbet Finance Director	140-145	5,500	-	-	0-2.5	140-145	135-140	3,800	-	18.5-20	180-185	
<b>Non-Executive Directors</b>												
Tony Allen Non Executive Director (from 03/09/2018)	0-5	-	-	-	-	0-5	-	-	-	-	-	
Anthony Briellin Non Executive Director (from 03/09/2018)	0-5	-	-	-	-	0-5	-	-	-	-	-	
Anthony Carroll Associate Non Executive Director (from 03/09/2018)	0-5	-	-	-	-	0-5	-	-	-	-	-	
Harmesh Durbhanga Associate Non Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	5-10	
Clive Deadman Non Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	5-10	
Amanda Edwards Non Executive Director (from 03/09/2018)	0-5	-	-	-	-	0-5	-	-	-	-	-	
Dr David Lee Non Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	5-10	
Teresa Mingay Designate Non Executive Director (left 30/04/2018)	0-5	-	-	-	-	0-5	5-10	-	-	-	5-10	
Brian Newman Non Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	5-10	
Dr Christopher Welner Associate Non Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	5-10	
Band of Highest Paid Director's Remuneration (FYE)	175-180						170-175					
Median Total Remuneration	28,684						25,048					
Ratio	8.70						8.88					

The table below shows the pension entitlements of senior managers (members of the Trust Board). This information has been audited.

Name & Title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 31 March 2019 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000) £000	Cash Equivalent Transfer Value at 1 April 2018 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2019 £000	Employer's contribution to stakeholder pension £000
Simon Wright Chief Executive	2.5-5	0-2.5	45-50	100-105	735	107	888	
Dr Edwin Borman Medical Director	2.5-5	7.5-10	80-85	240-245	1,615	207	1,897	
Neil Nisbet Finance Director	0-2.5	2.5-5	55-60	165-170	1,112	116	1,282	
Deirdre Fowler Director of Nursing and Quality	0-2.5	5-7.5	35-40	110-115	646	100	783	
Nigel Lee Chief Operating Officer*	12.5-15	0	20-25	0	86	181	280	

The Chief Operating Officer was new in post in 2017/18 and the 2018/19 figure reflects the full year benefit, which was not the case in 2017/18.



# STAFF REPORT

We employ almost 6,100 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 2018/19 increased by 161 to 6,092. When taking into account those employed on part-time contracts, the full-time equivalent (FTE) number increased by 140 to 5,187. Expenditure on staff accounts for approximately 66% of overall Trust expenditure, down 1% on the previous year. A more detailed breakdown of staff numbers can be found in the table below. The number of staff reported in Section One of the Annual Report is in absolute terms. The table below refers to staff groups by Full Time Equivalent (FTE).

Staff Group	FTE	%
Doctors and dentists	581.26	11.2%
Nursing and midwifery staff	1475.63	28.4%
Scientific, technical & therapies staff	666.55	12.9%
Other clinical staff	1394.19	26.9%
Non-clinical staff	1069.23	20.6%
<b>Total</b>	<b>5186.86</b>	

Senior Managers are those employed at Bands 8a—9. In 2018/19 the number of Senior Managers at the Trust was:

Senior Managers by AfC Band	Headcount	%
Band 8a	1	2.86%
Band 8b	7	20.00%
Band 8c	16	45.71%
Band 8d	9	25.71%
Band 9	1	2.86%
Personal Salary	1	2.86%
<b>Total</b>	<b>35</b>	

The table below gives the gender breakdown of the Trust in 2018/19.

Gender Breakdown	Male	Female
Board Level Directors	4	3
Non Executive Directors/Chair	9	1
Senior Managers	9	26
All other employees	1204	4836
<b>Total</b>	<b>1226</b>	<b>4866</b>

The table below gives information on staff sickness

Sickness Absence Information	
Sickness absence %	4.47%
% over target sickness of 3.99%	0.48%
Total FTE calendar days lost	82,960
Average FTE calendar days lost per employee	16
No of ill health retirements	10
No of voluntary resignations - health	28

## 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 Equality Impact Assessments are carried out for each cluster of policies to ensure they reflect best practice in industry standards and take into account the current legislative requirements in relation to people with disabilities. The Trust Board is committed to the Equality Delivery System (EDS2) as a means of monitoring and reporting on its progress in all protected characteristics.

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

For existing staff, the Trust runs an Alternative Employment Register for those who become unable to carry out their substantive contract so they can look at all the alternative posts that are available within the Trust which match their skill set, to enable them to carry on working within the Trust. Additional supportive training is also identified on a case-by-case basis where appropriate and reasonable adjustments made.

### 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.

## Reporting related to the review of tax arrangements of public sector appointees

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 2019, 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 2018 and 31 March 2019, 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 2018 and 31 March 2019 (see table 3 below).

### Off-payroll engagements

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last longer than six months:	Number
Number of existing engagements as of 31 March 2019	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 2: New Off-payroll engagements

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019, for more than £245 per day and that last for longer than six months	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	0
<i>Of which:</i>	-
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 3: Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019	Number
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 includes both on payroll and off-payroll engagements	16


## Staff costs

### Staff costs

	Permanent	Other	2018/19	2017/18
	£000	£000	Total	Total
			£000	£000
Salaries and wages	179,191	1,167	180,358	172,042
Social security costs	18,616	-	18,616	17,436
Apprenticeship levy	971	-	971	929
Employer's contributions to NHS pensions	23,323	-	23,323	22,201
Pension cost - other	-	-	-	-
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Temporary staff	-	35,216	35,216	33,387
<b>Total gross staff costs</b>	<b>222,101</b>	<b>36,383</b>	<b>258,484</b>	<b>245,995</b>
Recoveries in respect of seconded staff	-	-	-	-
<b>Total staff costs</b>	<b>222,101</b>	<b>36,383</b>	<b>258,484</b>	<b>245,995</b>
<b>Of which</b>				
Costs capitalised as part of assets	1,108	-	1,108	1,024

### Average number of employees (WTE basis)

	Permanent	Other	2018/19	2017/18
	Number	Number	Total	Total
			Number	Number
Medical and dental	557	68	625	623
Ambulance staff	-	-	-	-
Administration and estates	1,055	61	1,116	1,084
Healthcare assistants and other support staff	1,070	143	1,213	1,242
Nursing, midwifery and health visiting staff	1,480	212	1,692	1,638
Nursing, midwifery and health visiting learners	16	-	16	33
Scientific, therapeutic and technical staff	608	25	633	607
Healthcare science staff	293	-	293	288
Social care staff	-	-	-	-
Other	-	-	-	-
<b>Total average numbers</b>	<b>5,080</b>	<b>509</b>	<b>5,589</b>	<b>5,515</b>
<b>Of which:</b>				
Number of employees (WTE) engaged on capital projects	20	0	20	20



**Simon Wright,**  
Chief Executive



## Reporting of compensation schemes: exit packages 2018/19

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<b>Exit package cost band (including any special payment element)</b>			
<£10,000	-	28	28
£10,000 - £25,000	-	-	-
£25,001 - 50,000	-	1	1
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
<b>Total number of exit packages by type</b>	<b>-</b>	<b>29</b>	<b>29</b>
Total cost (£)	£0	£112,000	£112,000

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<b>Exit package cost band (including any special payment element)</b>			
<£10,000	-	-	-
£10,000 - £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>	<b>-</b>	<b>-</b>	<b>-</b>
Total cost (£)	£0	£0	£0

### Exit packages: other (non-compulsory) departure payments

	2018/19		2017/18	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £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	30	112	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
<b>Total</b>	<b>30</b>	<b>112</b>	<b>-</b>	<b>-</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	-	-	-	-

As individual exit packages can be made up of several components, the total number of payments listed in this note may exceed the total number of other departures agreed in the note above, which will be the number of individuals.

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), by email to [sath.communications@nhs.net](mailto:sath.communications@nhs.net) or by writing to:

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

Or

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

**This document is 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 email [sath.communications@nhs.net](mailto:sath.communications@nhs.net)**

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



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