Annual Report
2017/18

Shropshire Community Health NHS Trust

Annual Report and Accounts 2017/18

Presented in accordance with the NHS Group Accounting Manual 2017/18 pursuant to the Companies Act 2006

Contents

Annual Report and Accounts 2017/18

About this document

This document fulfils the Annual Reporting requirements for NHS trusts.

Copies of this document are available from our website at www.shropscommunityhealth.nhs.uk, by email to communications@shropcom.nhs.uk or in writing from: Chief Executive's Office, Shropshire Community Health NHS Trust, William Farr House, Mytton Oak Road, Shrewsbury, SY3 8XL.

If you would like this report in a different format, such as large print, or need it in a different language, please contact our Patient Advice and Liaison Service who can arrange that on 0800 032 1107 or email pals@shropcom.nhs.uk

Foreword

Welcome from the Chairman

It is my great pleasure to welcome you to our Annual Report and Accounts for 2017/18.

This document will give you an overview of what we do, how well we have done and the challenges we face going forward, as well as a more detailed analysis of our activities and accounts if you would like to take a look at things in a bit more detail. Most of this information can also be found on our website at **www.shropscommunityhealth.nhs.uk**

We have had another busy and challenging year and I would like to take this opportunity to say thank you to all our staff and volunteers who have helped us to deliver so many important services to our local population through their hard work and dedication. They really do help to improve lives in our communities, which of course is one of our core values.

We are also fortunate to have, and grateful for the considerable support we get from our patients and carers, who are directly involved in helping us to shape our services and making sure we are getting things right.

For much of the year we have been working closely with our regulator, NHS Improvement, to consider what the future shape of community services in Shropshire and Telford & Wrekin should be. I am grateful to everyone who has contributed to the process so far, and look forward to being able to offer more clarity over the weeks and months ahead.

Whatever happens, we know our priority is the delivery of modern, sustainable, high quality and safe community services for the people of Shropshire and Telford & Wrekin. We look to the future from a position of strength and we will continue forward on that basis.

I hope you enjoy this Annual Report and Accounts and I look forward to your continued support in 2018/19.

Thank you,

Mike Ridley, Chairman

Performance Report

Performance Overview

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

Chief Executive's Review of the Year

The NHS turns 70 later this year and we certainly have much to celebrate. The health service today is unrecognisable to the one which launched in 1948 and – to keep pace with the changing needs of our society – we must continue to innovate, develop and improve.

To that end, we have been working hard at the Shropshire Community Health NHS Trust, to ensure we are providing a service fit for the 21st century.

Much of what I said we'd do last year, we have put into practice this year. This has included:

- Wider coverage of our Electronic Patient Record, which will support our community teams to work more flexibly, share important information about information about patients with other professionals more easily, provide us with more information to help us learn, and make appointments easy to organise.

- We continue to improve the quality of our services, ensuring we are at least compliant with CQC standards, growing our ability to use real-time patient feedback to improve services, and ensuring we have modern and robust arrangements in place to support our patients at the end of their lives.

- A real focus on our staff, who are always at the heart of everything we do. Year-on-year, our staff – through the National Patient Survey – tell us they feel better supported, engaged and involved. We have had a particular focus on health and wellbeing this year, finding creative ways to support staff to look after themselves while they look after patients.

Designing and improving services for the future is a key priority and we have continued to work with health and care partners to understand what patient needs will be in the future and how to provide services to meet those needs.

We have undertaken a range of activities in the past year, ranging from scoping exercises to explore 'what if' questions, to the pilot implementation of new services that have grown out of those 'what if' conversations.

Performance Report

Performance Overview

New services in the past year included:

- The Shropshire Public Health Nursing Service, which has seen our previous 0-19 Children, Young People and Family services being brought together in one new entity. It sees the School Nursing Team, Health Visitors and Family Nurse Partnership (FNP) services integrated under the new banner.

- Improvements to Telford neighbourhoods, providing more services – such as pressure ulcer care – which support people to stay well and independent. We have done this in partnership with GPs and other professionals.

- We ran a pilot Home First project in Bishop's Castle while new flooring was laid in the community hospital. The feedback we had from this was positive: both from patients and from staff.

Early in 2017/18, we saw Child and Adolescent Mental Health Services (CAMHS) transfer from our Trust to our partners at South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT). This happened following a service redesign, and we felt the best place children and young people requiring these services was in a wider NHS organisation. However, all our children's services still continue to work closely together.

Overall, it has been another good year. We can look back with pride on the work we have done and the success we have had in achieving our performance, quality and financial targets. There is still more to do, of course. We are always looking to improve.

I must thank all of our communities that we serve, our partners, our stakeholders, and most of all our staff – who work tirelessly care for our patients and carers, often in very challenging. They make Shropcom the special place it is.

A very big thank you to all of those who have contributed to the work we've done this year.

Thank you,

Jan Ditheridge

Chief Executive

Performance Report: Performance Overview

Our Vision and Values

Our Vision and Values set out our ambitions and the core set of behaviours and beliefs that guide us in what we say and do.

These were developed following a lot of work with our staff and stakeholders to make sure we got them right, and we have continued to work together to embed them into our everyday work and develop a shared culture.

Our Vision:

We will work closely with our health and social care partners to give patients more control over their own care and find necessary treatments more readily available.

We will support people with multiple health conditions, not just single diseases, and deliver care as locally and conveniently as possible for our patients.

We will develop our current and future workforce and introduce innovative ways to use technology.'

Our Values:

Improving Lives
We make things happen to improve people's lives in our communities.

Everyone Counts
We make sure no-one feels excluded or left behind - patients, carers, staff and the whole community.

Commitment to Quality
We all strive for excellence and getting it right for patients, carers and staff every time.

Working Together for Patients
Patients come first. We work and communicate closely with other teams, services and organisations to make that a reality.

Compassionate Care
We put compassionate care at the heart of everything we do.

Respect and Dignity
We see the person every time - respecting their values, aspirations and commitments in life – for patients, carers and staff.

Performance Report: Performance Overview

Introducing Shropcom

Shropshire Community Health NHS Trust provides community-based health services for adults and children in Shropshire, Telford and Wrekin, and some services in surrounding areas too.

We specialise in supporting people's health needs at home and through outpatient and inpatient care.

Our focus is on prevention and keeping people out of crisis so that they can receive the care and support they need at, or as close to home as possible.

NHS community services may not always be as visible to the public as the larger acute hospitals, but they play a vital role in supporting very many people who live with ongoing health problems. This is especially important in a large area such as ours, with increasing numbers of elderly people and others, including children and young people, with long-term health conditions.

We have about 725,000 community contacts each year, the vast majority of which are with people in their homes, in community centres and clinics. A very small number of people also receive inpatient care in our community hospitals.

Good community health services prevent the need for some patients to be admitted to hospital, including those with chronic conditions such as diabetes, asthma, chest disease, arthritis, hypertension, osteoporosis and stroke. People have told us that we should help patients manage their own condition and stay healthy enough not to have to spend time in hospital, unless they really need to. This is especially important as we continue to care for an ageing population. We also have community teams that specifically work with patients who need additional or short-term care and support to help them return home from hospital as quickly as possible, or to avoid being admitted in the first place.

Our Executive Team has led extensive work to engage with patients, staff and stakeholders in refining our Values, Vision and Goals. This has been a key part of the overall strategic work to shape our services now and for the future, and

also working alongside our health and social care partners to deliver a co-ordinated approach to delivering services. Everything we do is aimed towards *Improving Lives in Our Communities*.

Key Facts:

Organisation formed in 2011

Serve a population of 471,000

Employ circa 1,600 people

We had 630,409 community contacts in 2017/18

Spent £74.2m delivering services

Provide services from more than 100 sites across one of England's largest and sparsely populated counties.

Performance Report: Performance Overview

Who we are and what we do

The Trust was established in 1 July 2011 by the Secretary of State for Health under the provisions of the National Health Service Act 2006.

We provide a wide range of community health services to about 471,000 adults and children in their own homes, local clinics, health centres, GP surgeries, schools and our community hospitals in Bishops Castle, Bridgnorth, Ludlow and Whitchurch.

We realise that it can be confusing to know who is who in the ever-changing world of the National Health Service (NHS), so it may be helpful to explain the various local NHS bodies and where we fit.

Within the county of Shropshire there are two Clinical Commissioning Groups (CCGs) – Shropshire CCG and Telford & Wrekin CCG. These organisations are responsible for buying (commissioning) a wide range of health services for their patients. As a provider of community NHS services we receive the majority of our income from these commissioners, among others. In 2017/18 our total income for the year was £77.9 million. You can find out more about how we get and spend our money in the Directors Report and Annual Accounts.

The CCGs buy services from organisations that deliver care to patients – often referred to as "providers". These are generally either acute services (main hospital services) or community services such as community nursing, children and young people's services and community hospitals. They work with a range of partners including other NHS organisations, the local authorities, patient and service user groups and the voluntary sector.

We provide community services across the county, as well as neighbouring areas such as our School Nursing Service in Dudley, and work closely with the other providers (The Shrewsbury and Telford Hospital NHS Trust, Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust and South Staffordshire and Shropshire Healthcare NHS Foundation Trust) and many other organisations to care for the population of Shropshire.

While our services are varied, many of them deliver care and treatment for children and adults, including frail elderly people, who live with long-term illnesses or disabilities and want to maintain as normal a life as possible at home. We are committed to helping them maintain independence and a good quality of life. Services such as our community respiratory team, specialist diabetes nursing service, continence service, and community paediatric nurses are just some of the teams who deliver that.

We also provide palliative care to help people achieve the best quality of life towards the end of their life, and have done a lot of work to improve this area in the past year.

Performance Report: Performance Overview

Our Services

The services we deliver can be broken down into three main areas, as illustrated in the tables below.

We have two Service Delivery Groups (SDGs) managing the clinical services that provide direct care and support for our patients - one for Adults and one for Children and Families. Then, wrapped around our frontline staff, we have a range of corporate and support services.

Adult SDG

- Community Hospitals
- Minor Injury Units
- Integrated Community Services
- Inter-Disciplinary Teams
- Long-Term Conditions & Frail Elderly
- Diabetes
- Tissue Viability
- Continence Services
- Shropshire Wheelchair Service
- Rheumatology
- Physiotherapy
- Podiatry
- Advanced Primary Care Services
- Prison Healthcare
- Diagnostics, Assessment and Access to Rehabilitation and Treatment (DAART)

Children and Families SDG

- Health Visitors
- Children's Therapy Services
- Community Children's Nurses
- School Nurses
- Family Nurse Partnership
- Child Development Centres
- Safeguarding
- New Born Hearing Screening
- Child Health and Audiology
- Community Paediatrics
- Immunisation and Vaccination
- Dental Services

Corporate/Support Services

- Finance
- Workforce/HR
- Organisational Development
- IT and Informatics
- Hotel Services
- Administration Support
- Business Development
- Performance
- Complaints and PALS
- Emergency Planning
- Patient Experience and Involvement
- Assurance (non-clinical)
- Quality
- Communications and Marketing

You can find out more about our full range of services on our website at www.shropscommunityhealth.nhs.uk

Performance Report: Performance Overview

How we are funded and how we spend our money

This section provides a very brief overview of how our finances are managed. You can find out more about our finances in the Remuneration Report and the Annual Accounts.

As a provider of community NHS services we receive the majority of our income from NHS commissioners (e.g. Clinical Commissioning Groups or CCGs in England and Local Health Boards in Wales) and a significant proportion from Local Authorities.

These commissioners purchase NHS care services from us for all age groups within the population they serve. This includes service such as district nursing, health visiting, rehabilitation, inpatient care at our community hospitals, outpatient appointments and home visits. We work closely with other Health and Care providers, such as the acute hospitals where our staff support discharge and ongoing care and with local authorities through our integrated health and social care teams.

For the 2017/18 year the Trust's total income was £77.9 million.

The majority of our income came from our two main commissioners – Shropshire County CCG and Telford & Wrekin CCG – with additional funding coming from other organisations, such as NHS England who carry out specialist commissioning or local authorities for whom we provide services, such as the School Nursing Service.

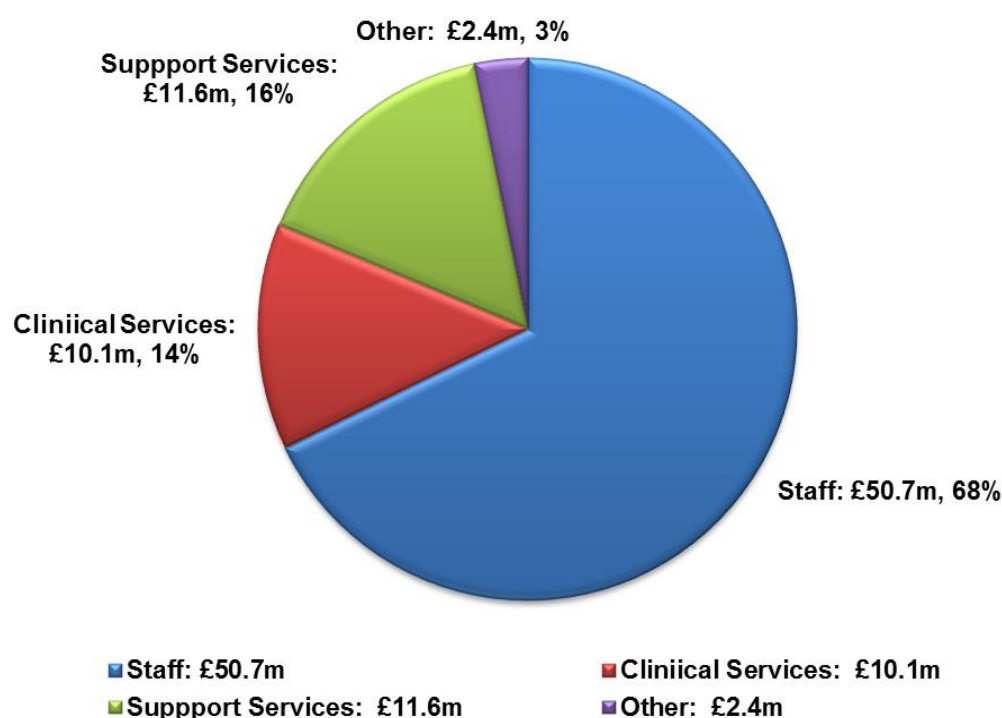The chart below shows where we get our money from.
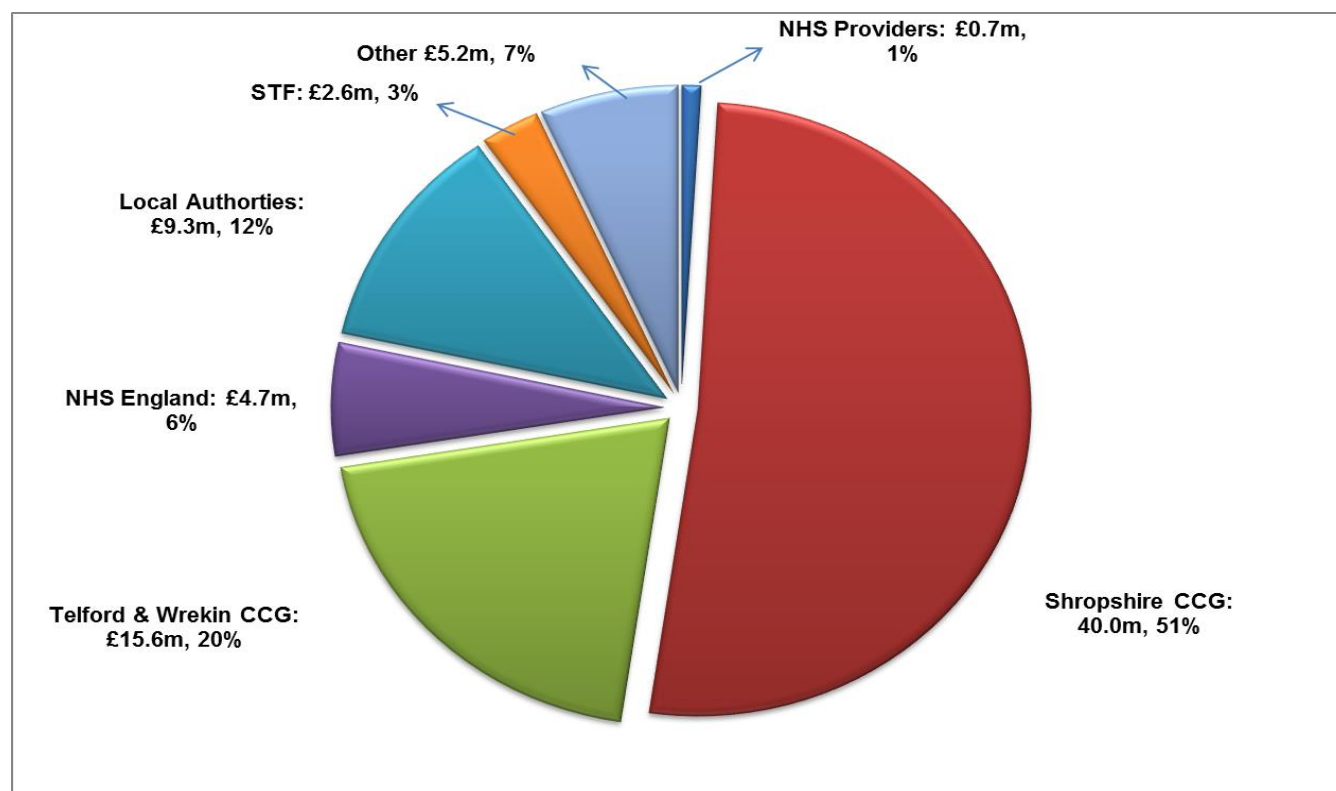
The income we receive is used to fund the services we provide the most significant element of which is to pay our staff. In 2017/18 we spent about £74.9 million delivering services.

Overall spend has been summarised into four main areas below:

Performance Report: Performance Overview

- **Our Staff** – this includes those who provide direct care (e.g. doctors, dentists, nurses, therapists, health visitors and healthcare assistants) as well as those people providing essential support and back office functions (e.g. catering, cleaning, admin, technical, HR and finance).

- **Support Services** – this refers to supporting services such as postage, telephones and staff training; non-clinical supplies (e.g. uniforms, linen, food and transport), and accommodation (e.g. rent, rates, water, gas and electricity).

- **Clinical Supplies** – such as drugs and dressings that are directly related to providing health care.

- **Other** – other essential costs such as depreciation, finance charges and our contribution to NHS Resolution risk-pooling schemes, including the Clinical Negligence Scheme for Trusts (CNST).

The chart below illustrates how we use the money we are given to provide services:

Other: £2.4m, 3%
Suppport Services: £11.6m, 16%
Cliniical Services: £10.1m, 14%
Staff: £50.7m, 68%

- Staff: £50.7m
- Cliniical Services: £10.1m
- Suppport Services: £11.6m
- Other: £2.4m

2017/18 Financial Results

Overall, in 2017/18 the Trust made achieved a retained surplus of £2,758,000.

All financial targets including our statutory financial duty have been met for the year.

A more detail review of our finances can be found in the Annual Accounts section of this report.

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2017/18: A Performance Summary

Once again we have had a challenging year, which has left us with plenty to celebrate and plenty to learn from and continue to improve.

We are an organisation with a strong track record of delivering against our key objectives and targets, and most significantly in the year just gone:

- We met our planned financial targets and finished the year by making a surplus, which saw us gaining additional national funding of £1.4 million.

- We have met the majority of our set national targets this year and also seen significant improvements in some of our local targets.

- We continued to strengthen our relationship with commissioners and other partners and are actively supporting strategic change across the local health and social care system.

Key Challenges, Issues and Risks

We face a range of challenges and risks when planning and delivering our services. Some of the key challenges, issues and risks we have faced in 2017/18 include:

Changing need for health services: The health and the needs of our population are very different across the county and we need to ensure that future service redesign considers these differences.. As our population ages our patients are living with multiple long term conditions which in turn increases the complexity of their needs.

Access to services: Patients access our service across a large geographical area. Patients living in the main towns have reasonable access to a range of health and care services. However a significant proportion of our population live in very rural areas where accessing health services is far more challenging.

Staffing: Similar to other rural counties we experience difficulties in recruitment and retention. We have recognised this in our

workforce planning. When we face staffing shortages we have to rely on agency staff. This is not ideal and impacts on service delivery as well as having a financial impact.

Finances: Like the rest of the NHS, we have to meet the needs of our patients whilst at the same time finding ways to be more efficient. We need to ensure that we continue to deliver best value for money.

Our estate: We are responsible for maintaining a large estate over a wide geographical area, which requires a lot of resources to ensure our facilities are fit-for-purpose and meet statutory and mandatory obligations.

System-wide transformation: We play a key part in system-wide strategic planning. Sustainable community services are critical to support the delivery of the local system and Health and Wellbeing Board. Partnership working is key to implementing change through the Shropshire Sustainability and Transformation Plan.

Getting it Right

We fully recognise all of these challenges, issues and risks (some of which will be covered in more detail in this section, and other sections of the report) and have made sure they have been taken into account when planning and delivering services throughout 2017/18 and beyond. This is part of a continual process of reviewing and improving what we do (and we will look at what we have done in more detail later in this section of the report).

Our Board recognises the importance of effective risk management and our assurance framework details risks and controls related to all areas of quality and safety. Risk is discussed at every Board Meeting and also monitored down through the committees that report directly to the Board and through the services and teams throughout the organisation.

Performance Report: Performance Overview

Performance and Managing Risk

Ensuring that we get it right for our patients underpins everything that we do. Our Board recognises the importance of effective risk management and our assurance framework details risks and controls related to all areas of quality, safety and financial.

Risk is discussed at every Board Meeting and also monitored down through the committees that report directly to the Board and through the services and teams throughout the organisation.

We monitor our performance to assure both our Board and also our commissioners and regulators that we are delivering high quality services that meets the needs of our local population.

We monitor our performance against clear Key Performance Indicators (KPIs), which are aligned with workforce indicators, safer staffing metrics, patients and carer feedback, audit results, complaints and Patient and Advice Service (PALS) information and staff feedback.

Our Quality and Safety Committee ensure that we deliver safe services and that we continue to improve the quality of services for our patients. Our Resource and Performance Committee ensure that we make the best use of our resources and deliver on our contractual commitments. We monitor performance through Integrated Performance Reports to ensure that we continuously consider both aspects of performance.

The Trust has in place arrangements to address fraud, bribery and corruption, and security management issues. This includes the provision of Local Counter Fraud and Security Management Specialists.

Annual work plans are formulated with progress towards delivering on the plan monitored by the Trust Director of Finance and reported to the Audit Committee. Service Condition 24 of the NHS Standard Contract, and the NHS Protect Standards for Providers, are used as benchmarks for performance. Yearly assessments of performance are reported to the Audit Committee and NHS Protect as required.

Our Priorities

We are committed to continue to improve the quality of our services and to continue to work in partnership with colleagues from across the health and care economy to develop and embed new models of care. These commitments, and the challenges described above, have shaped our transformation programme and our Strategic Priorities. For 2017/18 and 2018/19 we identified the following priorities:

- Getting to "Good" and Beyond
- Building our 5 Year Plan
- Implementing Electronic Patient Record

Priority: Getting to "Good" and Beyond

Embedding a Continuous Improvement Culture:

Over the last 12 months we have built upon and strengthened our activities to support our aspiration to achieve 'Good' across our services against CQC regulatory and fundamental standards.

Together, we have achieved our improvement actions following the publication of our inspection in 2016. We will be experiencing the CQC's new approach to inspections for the first time this year and we are optimistic that all the work our staff have achieved and continuing to progress, will be reflected in this year's report.

Our Quality and Safety Report has evolved and adapted over the last 12 months. The Committee continues to receive information on quality through monitoring reports, briefings and thematic reviews and supports Board assurance on quality through a supportive ''confirm and challenge'' approach on the robustness of information provided. ''Knowing how we are doing'' is key to delivering quality. The use of 'soft' intelligence, such as Board walks , quality team walks and informal engagement through the Trust Freedom to Speak Up Guardian also reflects our commitment to assuring the Board on matters that impact on our staff and our patients and service users.

We have undergone an internal operational organisational change which we believe has

Performance Report: Performance Overview

strengthened the quality team. In response to and, to support our clinical leaders and our patient facing staff, we have successfully recruited to our new Quality Lead posts and Compliance Lead and, have supported our Adult Clinical Educators to be able to build on their strengths and provide a greater focus to support our continually developing clinical workforce.

Our clinical workforce are our key enablers to delivering high quality and safe care. We have embarked upon our journey to developing different workforce models such as the Assistant Practitioner. We continually build upon our listening skills with our clinical workforce particularly when service changes are being considered.

A positive culture of learning and improvement and, a collective commitment to the quality and safety of clinical services is a crucial determinant to patient outcomes and experience of care. We continue to support our resilience and ability to continually adapt to the changes needed in our pursuit to deliver outstanding quality services and continually work to understand , support and strengthen the "Cultural Ingredients'' required to achieve this.

Priority: Building our 5 Year Plan

Redesigning Young Peoples Services:

Many of our Young Peoples Services have seen significant transformation change during the last 12 months. Ensuring that new models of care are evidence based and outcomes focused has been key to service redesign.
During 2016/17 our Children and Mental Health Services (CAMHS) Team worked in partnership with South Staffordshire & Shropshire Healthcare NHS FT (SSSFT), Children's Society, Healios and Kooth to develop a new 0-25 Emotional Health and Wellbeing model of care. Staff working in our CAMHS Service transferred to South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) FT in May 2017. We remain a stakeholder in the new model of care and are working closely with the new providers to improve services for children and young people.

Our Health Visitors, School Nurses and Family Nurse Partnership services have also

undertaken a significant transformational change. In response to Local Authority tenders our teams have designed a new model of care aligned to the national Healthy Child Programme. The new model brings together these teams into one seamless and integrated service. We are currently in the process of embedding this model in Shropshire and finalising a local model for Telford.

Our clinical teams have also been working in partnership with both Local Authorities to integrate the Child Development Multi-Disciplinary Assessment processes with the Education Health Care Assessment process. This will reduce the number of appointments and assessments for preschool children with complex needs and to simplify the process for parents.

We have also been seeking opportunities for our Children's Community Nursing Services to support the 'care closer to home'. We already offer comprehensive care to children with complex medical needs and life limiting illness in the community and are exploring options to support more acute care which would facilitate earlier discharges and prevent hospital admission for some groups of patients.

Designing Local Integrated Neighbourhood care models:

Designing services that meet the needs of local communities is one of the key principles that is driving service transformation. We recongise the need to work differently with our partners to develop new models of care that will meet the changing needs of our population. Future service models will be needs based and centred around GP practices and community facilities

During the last 12 months we have been working closely with commissioners and other health and care providers in Shropshire bringing together clinical teams across primary care and secondary care. These new integrated models will enable us all to make the best use of resource and in turn will enhance services for our patients and provide strong professional links for our staff. We have made significant progress to align our nursing and therapy teams into local community teams centred around GP 'clusters' and community localities.

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Our health services are under increasing pressure as more and more patients are admitted to hospital. Community based services can reduce the demand on acute beds. We have recently joined up with with our partners in mental health and social care to provide multi-disciplinary assessments to support patients in Care Homes. The team identify patients who are at risk of admission to hospital and discuss options to support those patients outside of the acute hospital facility.

Last year we co-designed and implemented a new model of care in Bishops Castle to support the local community during the temporary closure of the Community Hospital.

The Home First pilot ran for 3 months during August – October 2017 with close working between the GPs and the community teams. Regular dialogue with the local Patient Group and other supporting partners took place throughout the project. The pilot project received positive feedback from patients and clinical teams.

A lot of work has taken place in to develop alternative ways of working. As part of the local Clinical Network we have been working with patients, local providers and commissioners to design a new Three Tier Model of Care for Diabetes.

This will improve services for patients and ensure that they are able to access services easier. We have also been working with Telford CCG to develop a Wound Healing Service to provide care and treatment in community locations. We expect both of these developments to be implemented in 2018/19.

Developing new roles and innovative workforce solutions:

Developing innovative workforce solutions will support the delivery of high quality care. As part of this we have continued to implement our Workforce Strategy, which aims to support the development of our staff and the delivery of our transformation plans.

Our Organisational Development Team has developed and implemented new leadership training and support, and strengthened the provision of supervision across the organisation.

Our Health and Wellbeing Strategy has taken a proactive and engaging approach to enhancing the health and wellbeing of our staff through wellbeing initiatives, employee support mechanisms and joint working with staff, their representatives and local partners to identify and address areas for improvement. We achieved a high level of take up of 'flu vaccinations amongst our staff, protecting their and their patients' health.

Delivering year-on-year efficiency requirements through productivity review:

Community Services engaged with Meridian Productivity to understand our demand, capacity and productivity. Within these specific services we have implemented revised patient dependency tools and systems and process to understand and manage variance around capacity, productivity and patient complexity.

Implementing our Estates Strategy to provide a range of optimal, fit for purpose accommodation and estate:

A significant element of our asset base is our estate, which supports the day-to-day operational and administrative functions. Our services operate from multiple locations across the county, which provide both operational and financial challenges.

We have an Estates Management Strategy, which is an important part of managing our resources going forward and takes into account our mandatory obligations, the existing challenges associated with managing multiple facilities across a large geographical area and the need to support new models of care supporting people closer to home.

The strategy outlines our aim to provide a range of optimal, fit-for-purpose accommodation and estate to support the operational and strategic delivery of all services.

It recognises that our estate and accommodation must align and directly support patient care and the business of the Trust and sets out to deliver an estate that enhances the day to day lives of all service users, carers, staff,

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stakeholders and our communities. During the year we have further progressed with implementation.

Priority: Implementing Electronic Patient Record

In March 2017, we commenced the implementation programme for our new Electronic Patient Record system (RiO); this programme involved a 4 Phase approach to the implementation process, the first phase of this was using the system in our Minor Injury Units and Podiatry service.

The two subsequent phases of this year's implementation plan saw the introduction of elements of the RiO EPR in our Children's services during June; and across a number of our Community Adult services in the summer. Further clinical functionality for these services will be deployed during the first half of 2018/19.

The RiO EPR will simplify how we communicate and importantly share information with our patients and partners, and help to improve mobile working, while providing a significant reduction in the amount of paper records we produce.

All of these benefits play an important part in supporting us to deliver safer, modern and high quality health services for the communities we serve. It will also help us to save valuable resources that can be used in other areas.

This has been the culmination of a lot of planning and preparation and represents the largest single financial investment the organisation has made, and the final Phase of the programme is to implement the system in our Community Hospitals by March 2019.

Organisational Change: Our Future

Our Board has a specific responsibility to consider the long-term planning of our services.

It became clear to us in 2016 that to achieve all of the things we want to do to create high quality community services in the future our organisation will have to change.

Our regulator, NHS Improvement (NHSI), agreed with us and we worked closely with them

to try and identify a larger partner to achieve the capacity, capability and scale of community services we want to see being delivered.

Two Trusts reached a final shortlist – The Shrewsbury and Telford Hospital NHS Trust (SaTH) and South Staffordshire and Shropshire NHS Foundation Trust (SSSFT).

During 2017/18, our staff got the chance to hear from both parties and ask questions about the bids being put forward.

This NHSI-led process continued until May 2018, when NHSI concluded that neither of the shortlisted bidders met the criteria sufficiently for the transaction to proceed.

Patient, Carers and Volunteers

Patient and Carer involvement is central to how we improve quality. Our engaged and active Patient and Carer Panel work closely with us to develop and improve the services we provide. Panel members are involved in activity throughout the organisation, for example they are take part in interviewing new staff, observe and reflect on the care being provided, design services with us and sit on some of our key committees.

We have continued to make use of an electronic feedback system for our patients, their families and carers to tell us what they think of our services.

This adds to the systems we already have in place for gathering feedback that our volunteers help us to gather and interpret as part of our Feedback Intelligence Group, the success of which has continued throughout 2017/18.

We have used this information, along with the quantitative data from our systems, to create focused action plans that team leaders and managers can use to drive improvement across our services.

Our volunteers have also been instrumental at a national level in the design and implementation of a new Patient Story Toolkit. Patient stories are being used at more forums throughout the Trust to ensure the voices of patients and carers are heard, and most importantly, listened to.

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Saving and Investing

Once again we were set some challenging financial targets to meet, especially given the scarcity of resources in the current economic climate. Despite this, we were able manage our finances effectively and finished the year with a retained surplus of £2,758,000.

We recognise that the clinical and financial sustainability of our organisation is intrinsically linked to the development of new models of care and our ability to deliver these models and work in partnership with our health and social care partners. This will continue to be the focus of our planning for 2018/19.

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Performance Report: Performance Analysis

Our Performance

Monitoring our activity and performance against a range of indicators – including national, contractual and local targets – is an important part of ensuring we deliver high quality services.

The table on the right provides an indication of our overall activity during 2017/18.

The vast majority of contact we have with people is in their own home or another community setting, while a very small number of people will require inpatient care and support in one of our Community Hospitals.

Patient Activity Figures 2017/18	
Community contacts	630,409
Outpatient attendances	58,033
Inpatient and day cases	1,011
Inpatient Rehabilitation Episodes	1,694
Radiology examinations	10,753
Minor injuries attendances	27,833
Equipment and products supplied	291,841
Prison healthcare contacts	14,171

Safety Thermometer

The NHS Safety Thermometer is a tool that allows our nursing teams to measure four specific harms and the proportion of their patients that are free from all of these harms on one specific day each month. It acts as a temperature check and can be used in conjunction with other indicators such as incident reporting, staffing levels and patient feedback to indicate where a problem may occur in a clinical area.

The national target for the Safety Thermometer is that it demonstrates that more than 95% of patients are free from any of the four harms on the data collection day.

A summary of our performance against local and national targets

We monitor our performance against a range of Key Performance Indicators (KPIs) aligned to the CQC domains of quality – caring, responsive, effective, well led and safe services. This section of the Annual Report will provide information relating to our performance within these quality domains in relation to our targets, which are set internally, locally and nationally.

Performance Report: Performance Analysis

Caring Key Measures

Caring indicators related to CQC domains.	Year End 16/17	April 17	May 17	June 17	July 17	August 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	March 18	YTD 17/18 %	EOY Target
C1 - Are people who use the service treated with kindness, dignity, respect, compassion and empathy while they receive care and treatment from the service?															
New birth visits within 14 days (M)	93.1%	84.32	89.76	91.81	88.74	87.10	90.08	90.86	79.70	83.62	89.66	89.03		89.03	90.86%
LD Access to Healthcare (M)	100%	100	100	100	100	100	100	100	100	100	100	100	100	100%	100%
Single Sex Accommodation Breaches (T)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Friends and Family Test															
% of patients across trust extremely or likely to recommend – Community Services (M)	98.50	98.66	100	97.62	100	98.80	99.37	98.57	98.73	95.56	100	100	97.35	98.65%	None
% of in patients extremely or likely to recommend the ward they were treated in (M)	94.28	93.87	100	92.16	84.85	94.12	89.28	91.66	95.00	93.75	89.84	100	93.33	92.63%	None
% of inpatients that report they are treated with dignity & respect (M)	98.8%	97.92	100	100	100	100	100	95.83	95.00	100	100	100	100	98.9%	None
% of discharged inpatients rate overall experience as excellent or very good	87.08%	83.67	82.61	88.23	84.84	93.75	89.29	83.34	75.00	93.75	100	87.5	80	87.5%	None
% of discharged inpatients who complete the survey (M) (R4)		31.40	12.70	32.00	23.50	13.10	26.10	17.60	14.80	11.10	12.94	12.5		12.5%	20%

Effective Key Measures

Effective indicators related to CQC domains.	Year End 16/17	April 17	May 17	June 17	July 17	August 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	March 18	YTD 17/18 %	EOY Target
E1 Are people's needs assessed and care and treatment delivered in line with current legislation, standards and nationally/internationally recognised evidence-based guidance?															
Unexpected deaths (T)	6	0	1	0	1	2	0	1	1	2	1	1	0	10	0
E3 How does the provider support and enable multi-disciplinary working within and between services across the service and with external services?															
Average Length of Stay (Inpatient days) (A)	18	16	17	17	16	17	19	18	17	16	19	22		17	20
Complaints related to discharge or transfers (T)		0	0	0	0	0	0	0	0	0	1	0	*1	1	0

Performance Report: Performance Analysis

Responsive Key Measures

Responsive indicators related to CQC domains.	Year End 16/17	April 17	May 17	June 17	July 17	August 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	March 18	YTD 17/18 %	EOY Target
R1 - How do people receive personalised care that is responsive to their needs?															
Delayed Transfers of Care (DTOC) (M)	24.3	9.91	9.23	11.1	10.06	7.47	10.45	4.76	6.26	5.71	5..14	4.79	4.81	4.81	3.5%
18/52 RTT for admitted patients (M)	100	100	94.29	90.91	87.88	92.86	93.26	96.67	93.33	97.92	97.67	93.06		93.06	90
18/52 RTT for non-admitted patients (M)	91.58	94.01	94.13	95.82	95.92	94.78	84.43	92.93	91.97	94.41	93.49	88.54		88.54	95
DN response times – Next Day (wef: Aug 17) (A)	92.84					82.95	76.36	84.42	79.44	88.75	95.10	85.37	100	90.07%	100%
DN response times – Same Day (wef: Aug 17) (A)	93.19					86.44	75.00	75.00	72.12	74.71	98.73	97.8	100	85.14%	100%
MIU discharged in 4 hours % (A)	99.97	99.95	99.82	100	99.96	99.95	99.95	100	99.95	99.94	99.95	100	99.8	99.94%	95%
MIU assessed within 15 minutes (A)	98.84%	100	100	100	100	100	100	100	100	100	100	100	100	100%	95%
MIU Unplanned re-attendance (A)	1.78	2.81	2.02	2.34	2.07	3.33	1.58	1.57	1.59	2.02	1.41	1.47	0.85	1.94%	5%
All staff in date for mandatory core training		85.04	87.18	88.56	89.75	89.36	88.96	88.87	89.60	88.95	90.19	89.89	90.32	90.32%	95%
Clinical staff in date for mandatory core training (M)	91.63	New Metric w/e/f: November 2017							89.12	88.23	90.0	89.84	90.18	90.18%	95%
Basic Life Support training (Adult & Paediatric) (CPR) (M)		83.61	84.86	84.06	86.67	85.71	85.60	81.29	81.63	80.92	80.47	82.12	81.04	81.04%	95%
CES - Response within 7 days (A)	99.08	99.09	99.29	99.04	99.09	99.04	99.03	99.20	99.13	99.11	99.02	99.14		99.11%	99%

Well Led Key Measures

Well Led – Supporting our staff	Year End 16/17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Year to date 17/18	Target
W2 Do the governance arrangements ensure that the responsibilities are clear, quality and performance are regularly considered and risks are identified understood and managed?															
Moderate score clinical risks at SDG level (M)							42	40	41	41	41	42	33	33	None
Complaints (number) (T)	114	4	9	6	5	6	8	6	5	6	5	10	2	72	None
Complaints responded in timescale (T)	84.53%	100	100	100	100	100	100	100	100	100	100	100	84	98.67%	95%
Appraisal rates – Trust (M)	90.80%	89.33	90.87	90.68	90.08	88.53	89.51	87.25	88.89	86.50	85.90	86.50	86.50	86.50	95%
IG training compliance (M)	94.19%	92.36	95.29	93.63	93.13	91.73	91.36	89.94	89.77	88.07	89.05	85.24	85.83	85.83 %	90%
Sickness Absence – Nursing workforce (A)							7.62	7.28%	7.88	7.27	7.95	5.83	5.09	5.09%	3.89%
Sickness Absence – AHP workforce (A)							2.71%	3.53%	3.32%	2.85%	3.67	3.74	3.89	3.89%	3.89%
Sickness Absence – Total workforce (A)	4.80	4.21	3.56	4.35	5.35	5.64	5.92	6.16	6.06	5.61	6.43	5.79	4.63	4.63%	3.89%
Trust Overall Vacancies (A)		8.81	7.62	8.10	7.62	7.6%	6.93	6.93	6.69	7.49	7.34	7.91	8.02	7.54%	None
Clinical Vacancies – Nursing (A)		9.54	8.18	7.75	8.18	7.05	5.94	5.94	7.09	8.66	9.00	9.44	10.28	7.77%	None
Clinical Vacancies – AHP (A)		9.49	8.43	9.35	8.43	7.14	5.87	6.10	6.15	6.96	5.7	8.03	8.82	7.60%	None
Total shifts exceeding NHSI capped rate (T)	2726	247	221	189	158	230	183	202	263	268	267	225	296	2749	0
Total shifts non framework agreement (T)	143	3	48	8	21	56	35	23	30	39	38	47	398	348	0

Performance Report: Performance Analysis

Safe Key Measures

Quality indicators related to CQC domains	Year End 16/17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	YTD 2017/18 %	EOY Target
S1 – What is our Trusts track record on safety?															
CAUTI In service (T)						1	0	2	0	0	1	1	NAV	5	0
Duty of Candour Incidents where verbal apology was given									13	13	13	13	15	67	0
Duty of Candour Incidents where regulatory doc applies. Written notification is necessary									4	1	4	8	5	22	0
All falls in Community Hospitals (T)	303	23	18	18	27	14	17	17	15	35	26	16	22	248	
Falls resulting in serious injury (T)	8	2	0	0	0	2	0	0	0	1	1	0	0	6	0
Safety Thermometer Harm Free Care (A)	94.23	94.6	95.01	92.46	94.14	92.02	95.19	95.11	96.79	95.51	95.09	96.40	NAV	94.72%	95%
MRSA Bacteraemia rate (T)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Never Events (T)	0	0	0	0	0	0	0	0	1	0	1	0	0	2	0
Serious Incidents reported in month (STEIS) (T)	20	2	2	2	0	6	0	4	2	3	2	3	1	26	0
VTE % Risk assessment on admission (A)	96.16	95.97	95.14	98.4	96.12	94.35	93.75	95.08	95.68	92.38%	95.86	93.68	74.6	93.42%	95%
In service grade 2 PU reported (T)	74	6	7	11	5	4	3	9	3	9	7	13	10	87	
attributable & avoidable (T)					0	0	0	0	0	0	0	0	0	0	0
In service grade 3 PU reported (T)	10	0	1	1	0	1	0	1	1	2	0	1	0	8	
attributable & avoidable (T)					0	0	0	0	0	0	0	0	0	0	0
In service grade 4 PU reported (T)	3	0	1	1	0	0	0	0	0	0	0	2	0	4	
attributable & avoidable (T)				1	0	0	0	0	0	0	0	0	0	1	0
S3 – Are there reliable systems, processes and practice to keep people safe and safeguarded from abuse?															
Annual hand hygiene assessments % (M)		30.26	38.49	42.67	52.73	81.82	82.67	87.78	83.70	90.48	92.77	82.4		82.4%	100%
Monthly Hand hygiene compliance % (M)		100	100	100	100	100	100	100	100	100	100	100	100	100%	95%
Clostridium Difficile incidence rate (T)	0	0	0	0	0	0	0	1	0	0	0	0	0	1	12
% of admissions screened for MRSA (A)	96	92.35	99.3	99.19	96.1	97.6	98	97.6	98.6	93.96	94.1	93.4	95.4	96.3%	97%
Mental Capacity Act (MCA) training % Compliance (M)								89.27	89.33	87.58	88.73	89.51	89.86	89.86%	95%
Safeguarding Training Compliance Level 1 (Adults) (M)								86.71	88.72	89.22	91.89	91.95	92.88	92.88%	95%
Safeguarding Training Compliance Level 2 (Adults)								77.54	79.09	81.39	84.28	85.40	86.73	86.73%	95%
Safeguarding Training Compliance (Children)		*New KPI commenced Nov 2017							97.91	97.40	98.12	99.39	99.57	99.57	95%
S5 – How well are potential risks to the service anticipated and planned for in advance?															
Community Hospital Rosters approved 6 weeks in advance		3	2	1	1	2	1	2	1	3	1	2	2		
S6 – Medicines Management															
Compliance with CQC medicines management) (in patient & prison)		New KPI commenced January 2018									N/C	N/C	N/C (Put % in)	N/A	100%
Medicines Incidents affecting patients directly in place (T)	70	9	3	4	0	6	7	1	3	4	3	4	6	55	<67
Central Alerting System (CAS) – Outstanding (T)	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0

Performance Report: Performance Analysis

Protecting our patients against infections

As healthcare providers it is important that we have robust infection prevention and control measures and practices in place, and to reassure the public that reducing the risk of infection is a key priority for us. Altogether this supports the provision of high quality services for our patients and a safe working environment for our staff.

During 2017/18 there were no cases of Meticillin Resistant Staphylococcus aureus (MRSA) bacteraemia (against a target of zero), and just one case of Clostridium difficile (against a target of two) reported at the Trust.
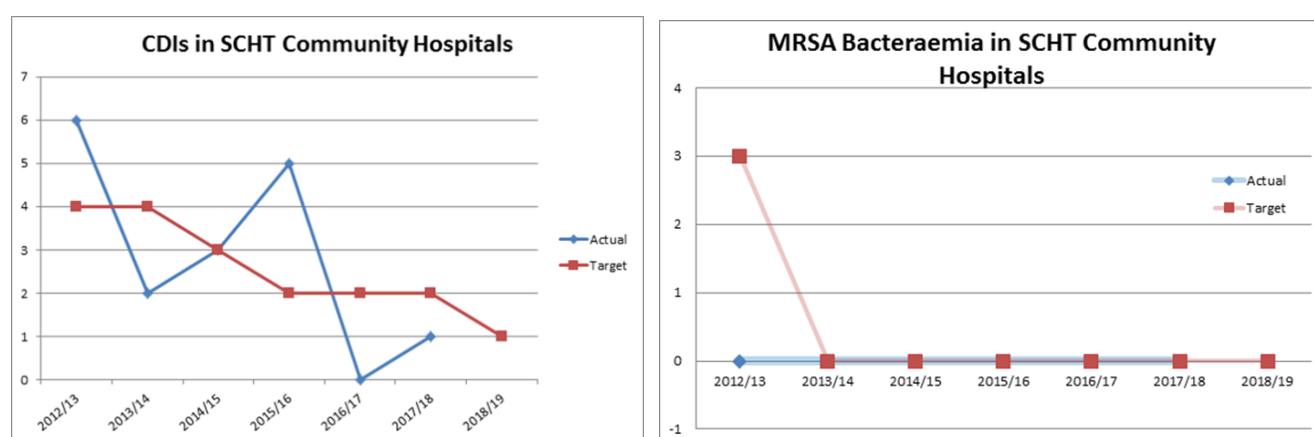

Protecting our patients, staff and the community against influenza

Once again we ran a very successful campaign to vaccinate our staff against flu.

The figures released at the end of February revealed an improvement for the second consecutive year, which helped to protect staff, patients and families.

We actually finished the 2017/18 campaign as the best performing Community Trust in the country, which was a testament to the fantastic work done by our team to promote the benefits of getting the jab and to reach staff all across the county.
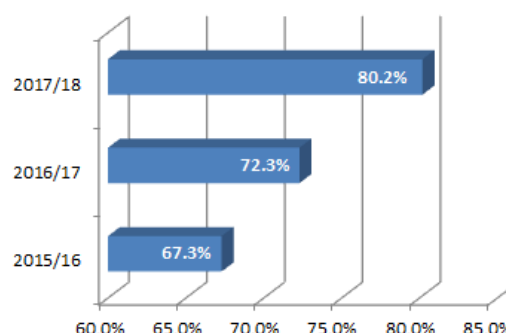
Listening our patients and staff

A key part of driving forward improvement involves giving the people who use and provide our services a chance to tell us what we are doing well and what we need to do better, and making sure we listen to them when they do. It is also important we maintain a healthy cycle of communication by feeding back how this vital information is being acted on.

Performance Report: Performance Analysis

NHS Friends and Family Test

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving care or treatment across the NHS. Our performance for 2017/18 can be found in the "Caring Key Measures" section of this report on page 20.

Compliments and Complaints

The compliments and complaints we receive are another valuable source of feedback about our services that we use to support our improvement plans. Between April 2017 and March 2018 we received **72 formal complaints** across all of our services. We have procedures in place to ensure we manage any complaints in line with national policy, including the "Principles of Good Complaints Handling" and "Principles of Remedy" set out by the Parliamentary and Health Service Ombudsman.

During the same period of time (2017/18) we received **302 compliments** about our services.

Our Patient Advice and Liaison Service (PALS) handles a great deal of the contact we have with service users and their families and once again we have seen an increase in the number enquiries the service has managed.

In 2017/18 **PALS dealt with 334 enquiries**. This represents a 5.3% increase on the total number of enquiries handled in 2016/17, and a 50.5% increase in the number of enquiries managed since the Trust was established in 2011 (when the total was 222).This shows how much patients, carers and relatives value the PALS service when they have an enquiry, concern or a complaint.

Staff Engagement

The NHS Staff Survey gives our staff a chance to have their say about our working life in the NHS. It seeks views on areas such as job satisfaction and wellbeing, training and development, health and safety, and

OVERALL STAFF ENGAGEMENT
(the higher the score the better)   *Scale summary score*

Trust score 2017	3.84
Trust score 2016	3.84
National 2017 average for community trusts	3.78

1 — 2 — 3 — 4 — 5
Poorly engaged staff — *Highly engaged staff*

staff engagement and involvement. It paints a clear and invaluable picture of what working here is like and the areas we need to focus on in order to improve our working lives.
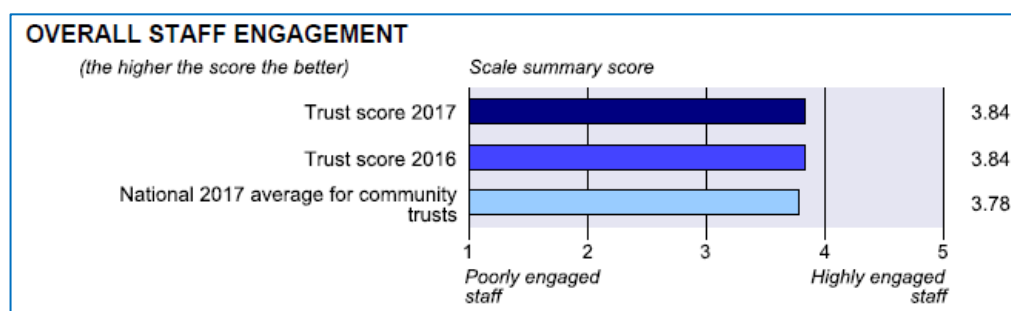
In all, our response rate was about 49% (742 returned), which was a slight reduction from 52% (831 returned) in 2016. We would like to see more people completing the survey as this would give us an even better understanding of how things are.

Some of the key findings in this year's survey show that we have improved since last years in terms of the number of staff believing their role makes a difference to patients and/or service users. This was up 2% to 90%.

Performance Report: Performance Analysis

We also saw evidence that we have made progress in terms of leadership and learning from feedback and/or errors. Our overall staff engagement score (illustrated above) also remains above the national average for NHS community trusts at 3.84 out of 5. We will now be carrying out a more detailed analysis of the survey results and will work together to identify any areas where we need to improve. You can find the full NHS Staff Survey 2017 report at **www.nhsstaffsurveys.com**

Jan Ditheridge
Chief Executive

25 May 2018

Accountability Report

Corporate Governance Report

Our Board (Directors Report)

The Trust Board is responsible for the leadership, management and governance of the organisation and setting the strategic direction.

NHS Improvement (NHSI) appoints all of the organisation's Non-Executive Directors, including the Chairman. The Chief Executive is appointed by the Chairman and Non-executive Directors. The Executive Directors are recruited by the Chief Executive and supported by the Non-Executive Director-led Nomination, Appointments and Remuneration Committee.

This report provides information about the membership of our Board as at the time this Annual Report and Accounts were approved:

Mike Ridley, Chairman (Term: July 2011 to March 2019)

Mike has 25 years' experience as an NHS Finance Director and is a former Chief Executive of South Worcestershire and North & South Stoke Primary Care Trusts (PCTs). He retired from full time employment in the NHS in 2006 and has since been Chairman of the Central and Eastern Cheshire PCT Audit Committee until his appointment as Chair of Shropshire Community Health NHS Trust when it was formed in 2011.

Rolf Levesley, Non-Executive Director (Term: July 2011 to March 2019)

Rolf is a qualified solicitor and served as Head of Legal Services and Chief Executive in a local authority. Rolf is Chair of South Staffordshire Housing Association, Chair of Housing Plus Group, a Board member of South Staffordshire CVA and Chair of the registered charity Friends of Conakry Refugee School. Rolf has been as a Non-Executive Director of the Trust since 2011 and serves as Deputy Chair, as well as being the Non-Executive contact for Whistleblowing.

Peter Phillips, Non-Executive Director (Term: October 2013 to March 2019)

Peter has extensive private sector financial and commercial experience. He is a Fellow of both the Institute of Chartered Accountants in England and Wales and of the Association of Corporate Treasurers. Peter recently completed an eight-year term as Chairman of Arts Council England for the Midlands. He is a Board member of Housing Plus Group. He joined the Trust as a Non-Executive Director in 2013 and is the Chair of the Trust's Audit Committee.

Accountability Report: Corporate Governance Report

Steve Jones, Non-Executive Director (Term: July 2015 to March 2019)

Steve has also served as Chairman & Board member of P3 a national social inclusion charity delivering services across the country to support clients who have become excluded from mainstream society. He has recently been appointed Chairman of Wrekin Housing Trust, one of the largest social landlords in the Midlands with some 12,000 households providing accommodation across Telford and Wrekin, Shropshire and Staffordshire to tenants including those requiring extra care.

Nuala O'Kane, Non-Executive Director (Term: July 2015 to March 2019)

Nuala is a Trustee of Together for Short Lives, a national organisation devoted to children's palliative care. She was CEO of the Donna Louise Trust Children's Hospice in Stoke on Trent from 2007 until 2014. Prior to that she was the Director of Fundraising at Hope House Children's Hospice from 1994 until 2007. Nuala has worked in the voluntary sector for over 30 years for a number of different organisations including Help the Aged, OXFAM and Marie Curie Cancer Care. Nuala was a Councillor on Telford and Wrekin Council for 12 years until 2003.

Jan Ditheridge, Chief Executive (Appointed September 2013)

Jan has been Chief Executive since 2013 and has overall clinical, financial and leadership responsibility for the organisation. She is an experienced strategic leader with a background encompassing a broad variety of clinical, operational and leadership roles across health, social care and the private sector. She also has a wealth of expertise in the areas of transformation, delivery, clinical quality and effective performance management. Jan is dual qualified as a registered general and mental health nurse.

Steve Gregory, Director of Nursing and Operations (Appointed January 2014)

Steve is responsible for leading and managing clinical services. He is a Registered Nurse with a strong track record of modernising services and strongly believes in giving clinicians really good professional leadership and support. He has been involved in leading complex change programmes to support patients in better ways. He played a critical role in the leadership team that ensured South Staffordshire and Shropshire Healthcare became one of the first Mental Health NHS Foundation Trusts.

Accountability Report: Corporate Governance Report

Dr Mahadeva Ganesh, Medical Director (Appointed August 2014)

Dr Ganesh is a Consultant Paediatrician who has been working in Shropshire since 1999. In 2011, Dr Ganesh became the Clinical Lead for the Community Paediatric medicine team. He is the Designated Doctor for Safeguarding across Shropshire and Telford & Wrekin, and Lead Consultant for the Community Paediatric Audiology Service.

Ros Preen, Director of Finance (Appointed October 2015)

Ros is a member of the Chartered Institute of Management Accountants and has worked in NHS Healthcare for over 25 years, crossing sectors from acute, mental health and commissioning. Ros is responsible for setting the financial strategy and has taken IM&T, Informatics and Performance into her portfolio.

Julie Thornby, Director of Corporate Affairs (non-voting member) (Appointed July 2011)

Julie is an experienced Director with about 21 years at Board level in the NHS, in community services and PCTs, including Board Secretary experience. Julie joined Shropshire PCT in 2008 and helped to gain the approvals for the Community Trust to be set up and was then appointed as a Director of the Trust when is began in 2011.

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.

Other directors who served on the Trust Board during 2017/18 were Mel Duffy, Director of Strategy, (until 23 February 2018).

Accountability Report: Corporate Governance Report

Committee Membership and Attendance

There are a number of key committees in place that help the Board to manage and monitor the organisation. The committee structure provides information and updates to the Board to contribute to its assessment of assurance.

Quality and Safety Committee

Role and Purpose:

The Quality and Safety Committee oversees the review of quality assurance on all aspects of quality. This includes reviewing information against the five quality domains of caring, responsive, effective, well-led and safety. The primary aim is to ensure the robustness of systems, processes and behaviours, monitor trends, and take action to provide assurance to the Board.

Membership:

- Rolf Levesley (Chair)
  Non-Executive Director
- Jan Ditheridge
  Chief Executive
- Steve Gregory
  Director of Nursing of Operations
- Dr Mahadeva Ganesh
  Medical Director
- Julie Thornby
  Director of Corporate Affairs
- Nuala O'Kane
  Non-Executive Director

Other invitees, including a number of senior managers and patient representatives, are also expected to attend meetings.

Audit Committee

Role and Purpose:

The Audit Committee provides an overarching governance role, including overseeing the adequacy of the Trust's arrangements for controlling risks and being assured that they are being mitigated. In order to do this it reviews the work of other governance committees, making sure the systems and controls used are sound.

Membership:

- Peter Phillips (Chair)
  Non-Executive Director
- Steve Jones (Vice Chair)
  Non-Executive Director
- Nuala O'Kane
  Non-Executive Director
- Rolf Levesley
  Non-Executive Director

Other Executive Directors and Senior Managers of the Trust are regularly invited to attend meetings of the Audit Committee; Director of Corporate Affairs, Julie Thornby, is Executive Lead. Non-Executive Directors (excluding the Chairman) are invited to attend.

Accountability Report: Corporate Governance Report

Resource and Performance Committee

Role and Purpose:

The Resource and Performance Committee has delegated authority from the Board to oversee, co-ordinate, review and assess the financial and performance management arrangements within the Trust. The Committee assists in ensuring that Board members have a sufficiently robust understanding of key performance and financial issues to enable sound decision-making.

Membership:

- Steve Jones (Chair)
  Non-Executive Director
- Rolf Levesley (Vice Chair)
  Non-Executive Director
- Jan Ditheridge
  Chief Executive
- Steve Gregory
  Director of Nursing of Operations
- Peter Phillips
  Non-Executive Director
- Ros Preen
  Director of Finance

The Chairman and all other Non-Executive Directors are invited to attend and other Trust Directors and managers and health professional staff attend for specific items.

Nomination, Appointment and Remuneration Committee

Role and Purpose:

The Committee has an overall responsibility in respect of the structure, size and composition of the board and matters of pay and employment conditions of service for the Chief Executive, Executive Directors and Senior Managers (including the Board Secretary).

Membership:

- Mike Ridley (Chair)
  Chairman
- Rolf Levesley
  Non-Executive Director
- Peter Phillips
  Non-Executive Director
- Steve Jones
  Non-Executive Director
- Nuala O'Kane
  Non-Executive Director

The Chief Executive attends the Committee in an advisory capacity, except where his/her own salary, performance or position is being discussed; on such occasions they must not be present during the meeting.

Accountability Report: Corporate Governance Report

Charitable Funds Committee

Role and Purpose:

The Charitable Funds Committee is responsible for managing and monitoring charitable funds held by the Trust on behalf of the Board.

Membership:

- Mike Ridley (Chair)
  Chairman
- Ros Preen
  Director of Finance
- Steve Gregory
  Director of Nursing and Operations
- Julie Thornby
  Director of Corporate Affairs
- Nuala O'Kane
  Non-Executive Director

Other members of staff are invited to attend as required.
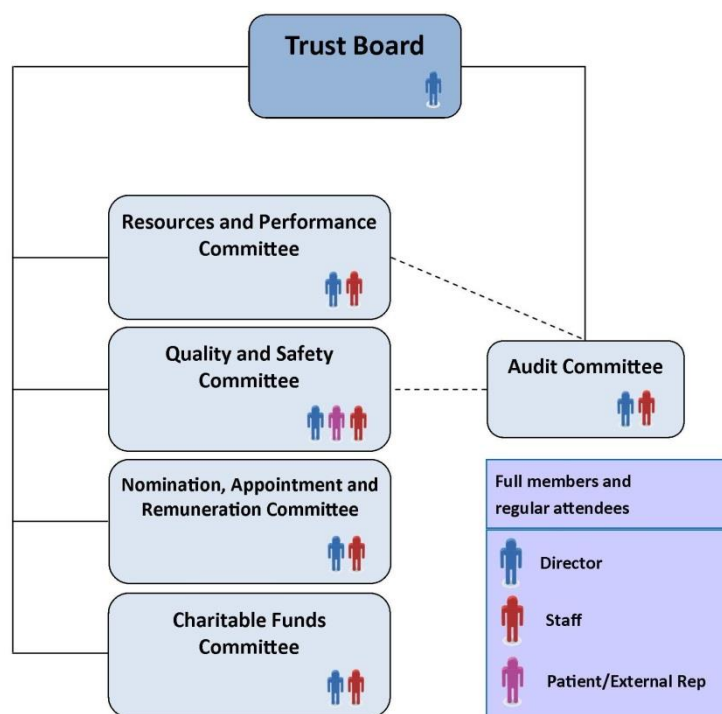
You can find more details about our governance structures and committees in the About Us (Who We Are) section of our website at **www.shropscommunityhealth.nhs.uk**

Accountability Report: Corporate Governance Report

Trust Board Members – Disclosure of Interests

Name	Interest
Voting Board Members	
Mr Mike Ridley *Chair* (From 1 July 2011)	Chair, St Lukes Hospice, Winsford, Berkshire Director, Crewe YMCA Daughter employed by CHKS
Ms Jan Ditheridge *Chief Executive* (From 30 September 2013)	Trustee of Elizabeth Bryan Foundation
Mr Rolf Levesley *Non-Executive Director* *(From 1 July 2011)*	Chair of Housing Plus Group (Housing Association) This organisation has a care business
Mr Peter Phillips *Non-Executive Director* (From 21 October 2013)	Board member of Housing Plus Group, Chair of Homes Board subsidiary comprising Severnside Housing and South Staffordshire Housing Association. Director and Shareholder of Masteragency (Consultancy) Director of Access Skills Ltd (business training provider) Son is a town councillor for Shrewsbury (Bagley Ward), a Shropshire Unitary Authority councillor and has a role in the Birmingham Combined Authority Mayors Office
Mr Steve Jones *Non-Executive Director* (From 1 July 2015)	None
Ms Nuala O'Kane *Non-Executive Director* (From 1 July 2015)	Director of Catalys, a consultancy specialising in capacity building and organisational development. Trustee of Together for Short Lives, a children's palliative care organisation. Trustee of Cuan Wildlife Rescue, Much Wenlock Director of the Grand Theatre, Wolverhampton Member of the Labour Party
Mr Steve Gregory *Director of Nursing and Operations* (From 13 January 2014)	Mr Eds Shed Ltd, a not for profit organisation for people with an eating disorder Married to the Trust Head of Nursing, Child and Family Service
Dr Mahadeva Ganesh *Medical Director* (From 11 August 2014)	Employed by Shrewsbury and Telford Hospital Trust for one session a month

Accountability Report: Corporate Governance Report

Ms Ros Preen *Director of Finance* (From 1 October 2015)	Trustee of the Healthcare Management Association (HFMA)
Non-voting board members	
Previous board members (voting and non-voting)	
Mrs Mel Duffy *Director of Strategy* (From 4 January 2016 to 23 February 2018)	None

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 the 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, recognised gains and losses and cash flows for the year. In preparing those accounts, 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.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for 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.

Ros Preen Director of Finance 25 May 2018	Jan Ditheridge Chief Executive 25 May 2018

Accountability Report: Corporate Governance Report

Statement of the Chief Executive's Responsibilities as the Accountable Officer

The Chief Executive of NHS Improvement has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of NHS Improvement. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;

- value for money is achieved from the resources available to the trust;

- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;

- effective and sound financial management systems are in place; and

- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

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

I can confirm that the Annual Report and Accounts as a whole are fair, balanced and understandable and that I take personal responsibility for the Annual Report and Accounts and the judgments required for determining that it is fair, balanced and understandable.

As far as I am aware there is no relevant audit information of which the entity's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

Jan Ditheridge
Chief Executive

25 May 2018

Accountability Report: Corporate Governance Report

Annual Governance Statement

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Shropshire Community Health NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Shropshire Community Health NHS Trust for the year ended 31 March 2018 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk

The Board consists of the Chair, five non-executive directors (currently including one vacancy) and five voting executive directors. During the year there has been one non-voting director (Director of Corporate Affairs/Board Secretary). The Director of Strategy left the Trust in February 2017.

The Board has been supported by 5 committees throughout the year:

- Resources and Performance Committee
- Quality and Safety Committee
- Audit Committee
- Nomination, Remuneration and Appointments Committee
- Charitable Funds Committee

These committees provide reports to the Board, following their meetings.

The Board's prime roles are assurance, strategy and developing organisational culture. Its meetings cover comprehensive items on quality, finance and strategy. It receives a governance report at each meeting dealing with risk assessment and the Board Assurance Framework, and corporate governance compliance. The Board receives reports relating to Finance and Quality at each meeting. These are supported by a performance management framework which highlights to the Board any potential or actual problems in meeting its objectives.

All staff undertake a programme of training related to the risks they encounter with the work they carry out. Managers, supervisors and team leaders attend risk management training, which includes explanation and familiarisation with the Trust's risk management framework, and their roles in using it to identify and mitigate risk. Managers are supported by the Corporate Risk Manager, who provides guidance on all aspects of risk management.

Accountability Report: Corporate Governance Report

The risk and control framework

The system of internal control is designed to manage risks to a reasonable level, rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The purpose of the risk and control framework is to ensure risk is managed at a level that allows the Trust to meet its strategic objectives. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives,
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.
- Where risk cannot be prevented to mitigate the consequences, e.g. by putting into place response plans, or provide deterrents e.g. awareness of sanctions relating to fraud.

The Risk Management Policy details the structure for the Trust's risk and control mechanisms. This includes the duties of individuals, groups and committees and the responsibility for the identification of risks, controls, further mitigation control and assurances.

The Quality and Safety Committee has the overall responsibility for the monitoring of the Trust's Risk Registers, which is conducted via the Quality and Safety Operational Group and Quality and Safety Service Delivery Groups (with exceptions being notified to the Quality and Safety Committee). The Audit Committee, through its work programme, scrutinises the registers and risk management processes, seeking additional assurance where necessary.

The Resources and Performance Committee considers the detailed work and reports related to finance, business and cost improvements, performance indicators and contract monitoring performance indicators. It identifies any risks associated with these areas and reports these to the Board for inclusion in the risk management framework where it is appropriate to do so. It monitors the effectiveness of any controls in place and the implementation of further controls.

The Audit Committee reviews the assurance that the Trust's internal control systems are effective. It does this by:

- Reviewing assurances relating to risks on Board Assurance Framework and Corporate Risk Register;
- Reviewing processes and performance related to Fraud and Security;
- Seeking and reviewing assurances from internal and external auditors;
- Reviewing financial systems.

The Trust's risk management arrangements are set out in the Risk Management Policy. This sets out how risks are identified, assessed and managed through the hierarchy of risk register levels, which are overseen in specific defined ways through the organisation, culminating in the Board overseeing the highest risks to achievement of strategic objectives (the Board Assurance Framework).

The Audit Committee reviews the Board Assurance Framework and tests assurances with management. Internal Audit have reviewed the framework in place within the Trust during 2017/18 and have reported their findings as part of the Head of Internal Audit opinion. The Audit Committee reports its findings to the Board, which reviews the framework at each meeting.

Accountability Report: Corporate Governance Report

Risks are identified through:

- The recording and investigation of incidents, complaints and claims
- Specific group and committee sessions to identify and analyse risks
- Clinical, internal and external audit
- Other work carried out by groups and committees
- External and internal reports and inspections
- Other external bodies, e.g. commissioners, CQC
- Being raised by individual managers and staff
- Performance Management Framework reports
- Patient feedback

All risks are rated using a 5 by 5 risk matrix. Risk consequences are defined on the matrix using four categories:

- Injury or harm
- Finance
- Service delivery
- Reputation

Dependant on the rating, risks are recorded at 4 levels:

Departmental	Risks that are low level and can be managed locally. Risks are monitored at team level, e.g. through team meetings.
Directorate	Risks of a moderate level that impact on the directorate's service objectives. Risks are monitored at divisional/directorate quality groups, and are overseen by the Quality and Safety Delivery Group, via a sub group which considers the risk in detail.
Corporate	Risks that are moderate but Trust-wide and have impact on the Trust's strategic objectives. Risks are monitored by the Executive Team and overseen by the Audit Committee.
Board Assurance Framework	Significant risks to the Trust's corporate objectives Risks are monitored by the Board.

At each level the overseeing committee considers the risk potential, and the level of control in place, and decides whether a risk can be accepted.

The mitigation controls are identified at all risk levels, along with any actions necessary to further control or mitigate the risks. The risk management policy identifies the groups and committees whose responsibility it is to monitor risks at the four levels, the effectiveness of their controls and the implementation of actions to further mitigate the risks.

All risks are recorded on Datix, the Trust's risk management software.

Accountability Report: Corporate Governance Report

Any service change is subject to a full Equality and Quality Impact Assessment (EQIA) process, monitored by the Quality and Safety Committee. This process identifies any risks, and any mitigation or change that needs to be put into place.

The Trust has in place a well-established incident reporting system and culture. All staff use an online form which is submitted to their line manager. Risk staff provide local training to services and have an overview of all incidents. Line Managers investigate the circumstances of all incidents; serious incidents follow a more formal route with Root Cause Analysis investigations which are scrutinised by the Incident Review and Lessons Learned Group. Learning and advice, including encouragement to report are publicised through the Trust's staff communication systems, include the staff newsletter and individual alerts to staff.

The Trust has arrangements in place to manage Infection Prevention and Control and the Safeguarding of Children and Vulnerable Adults. These include external partnership arrangements with Local Authorities, Police and Shrewsbury and Telford Hospital Trust.

A key priority of the Trust is to achieve a CQC rating of Good. An assessment has been carried out measuring performance against the key lines of enquiry and an action plan has been implemented. Plans are monitored by the service delivery groups and quality and safety committee, and the process is scrutinised annually by the audit committee.

In November and January the Trust reported two Never Events. Both of these related to the extraction of the wrong adult tooth. The dental service has put into place measures to improve extraction processes, particularly related to tooth identification.

The following significant risks have been identified as applying during the whole year, and are on the Board Assurance Framework:

Title	Risk	Mitigation
Meeting Financial Targets	Trust fails to meet targets for CIPs, breakeven, external finance limit, capital expenditure or agreed surpluses	Financial monitoring Long term financial modelling Cost improvement plans evaluation and monitoring
Recruitment/Agency costs	Costs of agency staff particularly where vacancies are difficult to recruit to. Meeting national requirements for agency usage. Potential patient safety risks	Review and monitoring usage and cost. Recruitment initiatives. Ensuring sage staffing levels
Risk to transforming services as a result of local and national contexts	Competing health priorities do not allow sufficient resources to transform community services	Trust involvement in health economy service changes (Future Fit) Greater involvement of clinicians in initiatives. Development of integrated strategy and divisional plans

Accountability Report: Corporate Governance Report

Risk of delay in achieving change to organisational culture	The organisation does not develop or change quickly enough to take advantage of development opportunities	Organisational development plan. Engagement with staff by CEO and Directors.
Risk to transforming services as a result of shortfalls in Trust systems e.g. IMT	Administration systems do not support changing services	Electronic Patient Record (EPR) replacement project underway. Implementation of interim targeted solutions where need is identified.
Clinical Quality	Care does not meet the standards that the public, commissioners and regulators expect.	Defined and effective Quality Governance Structure Monitoring of quality indicators, carrying out clinical audits, investigating and learning from untoward events, complaints and claims.

The risk for Trust sustainability was removed in early 2017 and replaced with an entry for transitioning to a new organisational form. This followed the decision by the Board in November 2016 to seek a partner to acquire the Trust's services. This NHSI-led process continued until May 2018, when NHSI concluded that neither of the shortlisted bidders met the criteria sufficiently for the transaction to proceed. The risk will now be reassessed and revised in light of the current context.

A group of senior trust managers met in January 2018 to review evidence against the well led framework. The resulted in an assessment by the Board in line with NHS Improvements guidance document "Developmental reviews of leadership and governance using the well led framework: guidance for NHS trust and NHS foundation trusts" in February 2018. This document recommends external validation; the Trust has been advised by NHS Improvement not to proceed with this due to the impending transaction. This will be kept under review if the timetable gets significantly extended.

As part of the Trust's assessment against compliance with the conditions for the NHS Provider License two risks have been identified:

- The Trust has a vacancy for a Non-Executive Director with a clinical background. Following a failed recruitment in the previous year, a new process to recruit to this vacancy is in place;
- CQC inspected the Trust in March 2016 and gave a rating of "required improvement" The Trust has completed the action plan in response to this and is awaiting a follow up inspection.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Accountability Report: Corporate Governance Report

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Review of economy, efficiency and effectiveness of the use of resources

NHS Trusts are required to deliver statutory and other financial duties. For the year ended 31 March 2018, the Trust met these duties, as summarised below, and set out in more detail within the financial statements:

- to break-even on Income & Expenditure – achieved
- to maintain capital expenditure below a set limit – achieved
- to remain within an External Financing Limit (EFL) - achieved

Within this, the Trust faced significant challenge in delivering the efficiency programme for the year, with plans remaining under development throughout most of the year. However, the target was met by year end, with non-recurrent measures replacing in-year shortfalls in recurrent initiatives where required. Whilst this area remains a significant challenge, the Trust's transformational approach to generate and implement efficiency measures has been revised and strengthened.

Checking the correct discharge of statutory functions is managed via the Trust risk management system. No areas of non-compliance have been identified.

The Resource and Performance Committee monitor resources at its monthly meeting and prepare a report for each Board meeting. Financial systems are audited by the Trust's Internal Auditors, consistently gaining a rating of either full or substantial assurance; External auditors have given an unqualified Value for Money rating for each year since the Trust was formed in 2011.

Information governance

The Trust has robust measures in place to protect sensitive information. This includes paper based information and electronic data. An assessment of the risks related to information security has taken place and is reviewed annually. Where concerns are raised these are investigated thoroughly.

and further data controls are introduced where necessary. Information governance is reported to the Board through the Resources and Performance Committee and Quality and Safety Committee.

These committees are supported by operational groups which assess and test the robustness of the systems employed. All mobile electronic devices used by the Trust are fully encrypted to ensure that unauthorised personnel cannot access the data.

No serious incidents were reported relating to data security.

Accountability Report: Corporate Governance Report

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

This account looks back at performance in the last year and sets priorities for the following year. The Board approves the account prior to publication. Arrangements are in place via service delivery groups and trust wide groups to report quality and safety matters to the Quality and Safety Committee, which in turn reports to the Board. This includes progress against the priorities set out in the Quality Account.

The Trust has systems in place to verify data quality, including elective waiting time data. These include:

- Validation of data reports and results by service managers and systems users;
- Planned internal audits of data by informatics staff;
- Audits by RSM staff on selected data sets and processes. Where issues are raised action plans are developed and monitored to meet recommendations;
- Electronic data validation e.g. missed mandatory fields and data out of permitted ranges;
- Performance data monitoring by Trust groups and committees and subsequent enquiries;
- Commissioner scrutiny of activity and quality data;
- User training on systems, e.g. clinical coding.

In 2016 the Trust began implementation of a new Electronic Patient Record. A phased implementation began March 2017 within services. This system provides front end functionality for managing both waiting lists and referral to treatment pathways.

As part of the implementation services migrated patient related information including current waiting lists. This was validated as part of the migration strategy.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee, the quality and safety committee and the resources and performance committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

Review of the effectiveness of risk management and internal control

The Head of Internal audit provides an opinion on the effectiveness of the System of Internal Control.

The opinion for 2017/18 is:

The organisation has an adequate and effective framework for risk management, governance and internal control.

Accountability Report: Corporate Governance Report

However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.

The opinion highlights two areas where further work is necessary:

- Estates and Facilities Service Level Agreement – Monitoring Arrangements
- Clinical Audit against the Healthcare Quality Improvement Plan

For both of these the Trust has accepted the recommendations made by auditors and has put in place action plans to address the control issues.

The systems for providing assurance that risks are being managed effectively are monitored by the Audit Committee. Assurance sources include:

- Audit Committee programmes and reviews
- Internal and External Audits
- Counter Fraud and Security Management
- Risk Management Reports
- Staff and Patient Surveys
- Clinical Audit Reports
- CQC Self-Assessment, inspections and reviews
- Counter Fraud Reports
- Management Reports
- Performance and Quality Reports
- Review of Governance Arrangements

The above and any other sources of assurance are reviewed by the Trust Board, Audit Committee, Resources and Performance Committee, Quality and Safety Committee and individual members of staff who contribute to the system for internal control.

Following review of the above the Audit Committee has confirmed that there is an effective risk management process in place.

Conclusion

No significant control issues have been identified for the year ended 31 March 2018.

Jan Ditheridge
Chief Executive

25 May 2018

Accountability Report: Corporate Governance Report

Trust Accounts Consolidation (TAC) Summarisation Schedules for Shropshire Community Health NHS Trust for the year ended 31 March 2018

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2017/18 have been completed and this certificate accompanies them.

Finance Director Certificate

1.   I certify that the attached TAC schedules have been compiled and are in accordance with:

- the financial records maintained by the NHS trust
- accounting standards and policies which comply with the Department of Health and Social Care's Group Accounting Manual and
- the template accounting policies for NHS trusts issued by NHS Improvement, or any deviation from these policies has been fully explained in the Confirmation questions in the TAC schedules*.*

2.   I certify that the TAC schedules are internally consistent and that there are no validation errors.

3.   I certify that the information in the TAC schedules is consistent with the financial statements of the NHS Trust.

Ros Preen
Director of Finance

25 May 2018

Chief Executive Certificate

1.   I acknowledge the attached TAC schedules, which have been prepared and certified by the Director of Finance, as the TAC schedules which the Trust is required to submit to NHS Improvement.

2.   I have reviewed the schedules and agree the statements made by the Director of Finance above.

Jan Ditheridge
Chief Executive

25 May 2018

Accountability Report: Corporate Governance Report

Modern Slavery Act 2015 – Annual Statement for 2017/18

Background

The Modern Slavery Act was passed into UK law on 26th March 2015. The Act introduces offences relating to holding another person in slavery, servitude and forced or compulsory labour and about human trafficking. It also makes provision for the protection of victims.

Organisations such as Shropshire Community Health NHS Trust, that supply goods or services, and have a total turnover of £36m or more are required under Part 6, (Transparency in supply chains), to publish an annual statement setting out the steps that they have taken to ensure that slavery and human trafficking do not exist in their business OR their supply chains.

Shropshire Community Health NHS Trust

Shropshire Community Health NHS Trust provides community health services from well over 50 bases within Shropshire and the West Midlands.

We are committed to ensuring that there is no modern slavery or human trafficking in any part of our activity and where possible, to requiring our suppliers to subscribe to a similar ethos. Any incidence will be acted upon immediately, and any required local or national reporting carried out.

All consumable goods and most contracts are purchased through Shropshire Healthcare Procurement Service (SHPS), a consortium of Shropshire healthcare providers, hosted by the Shrewsbury and Telford Hospitals NHS Trust.

Estates maintenance services are provided by South Staffordshire and Shropshire Healthcare NHS Foundation Trust for Trust properties, with the exception of some larger properties shared with multiple healthcare providers which are managed by NHS Property Services.

Arrangements in place

Procurement: All contracts established by SHPS use either NHS Framework Agreements for the Supply of Goods and Services, the NHS Terms and Conditions for Supply of Goods or the NHS Terms for Supply of services. All have Anti-Slavery clauses, which require providers/contractors to comply with Law and Guidance, use Industry Good Practice and to notify the authority if they become aware of any actual or suspected incident of slavery or human trafficking.

In addition to the above SHPS will investigate any concern raised with the service. This could be by national or local media publicity, through supply chain contacts or by individuals. SHPS will be developing a specific policy related to Modern Slavery.

Estates: South Staffordshire and Shropshire Healthcare NHS Foundation Trust, our provider of estates services, have produced a statement regarding slavery setting out measures they have in place to ensure that slavery and trafficking do not exist in their activity.

Accountability Report: Corporate Governance Report

All cleaning staff are either directly employed by Shropshire Community Health NHS Trust, or by South Staffordshire and Shropshire Healthcare Foundation Trust, who comply with the NHS employment check standard.

Employment: As an NHS Employer we are required to comply with the NHS employment check standard for all directly recruited staff.

The six checks which make up the NHS Employment Check Standards are:
1. Verification of identity checks
2. Right to work checks
3. Professional registration and qualification checks
4. Employment history and reference checks
5. Criminal record checks
6. Occupational health checks

No individual is permitted to commence employment with the Trust without these checks having been completed. The checks are carried out centrally by the recruitment team and recorded on the Trust workforce information system (ESR).

All recruiting managers are trained in safer recruitment practices. Where other staffing methods (e.g. agency) are used, contracts include a requirement to comply with the NHS employment check standard.

Training and Awareness: All SHPS staff have, or are working towards, professional purchasing qualifications.

The issues relating to Modern Slavery have been raised through articles in the Trust staff magazine Inform and by other briefing mechanisms. These will be repeated periodically. If staff have concerns about the supply chain or any other suspicions related to modern slavery they will be encouraged to raise these concerns through line management and report the issues to appropriate agencies. This will be raised particularly with clinical staff that may be in contact with vulnerable people.

Conclusion

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ending 31 March 2018.

Jan Ditheridge
Chief Executive

25 May 2018

Accountability Report: Corporate Governance Report

Remuneration Report

This report describes the remuneration of Very Senior Managers (VSM) at the Trust, namely members of the Board.

The remuneration of the Chair and Non-Executive Directors is determined during the year by NHS Improvement (NHSI), which is responsible for non-executive appointments to NHS trusts on behalf of the Secretary of State for Health.

Remuneration of the Chief Executive and Trust Directors takes place within the interim *Guidance on Pay for Very Senior managers in NHS Trusts and Foundation Trusts*, issued February 2017.

The combined population of Shropshire and Telford & Wrekin is used as a guide for setting the salary of the Chief Executive. Other VSM salaries are determined as a proportion of the Chief Executive salary as defined in the *Guidance*, although flexibility is exercised in recruiting to hard-to-fill director posts. VSM salaries are scrutinised and approved by the Nomination, Appointments and Remuneration Committee (more details about this committee can be found in the Corporate Governance Report).

Performance review and appraisal of the Chair was undertaken during the year by the Chair of NHSI on behalf of the Secretary of State for Health in accordance with appraisal guidance provided by the NHSI. Performance review and appraisal of Non-Executive Directors is carried out by the Chair with guidance provided by NHSI. Performance review and appraisal of the Chief Executive is carried out by the Trust Chair in accordance with criteria set by the Remuneration Committee and guidance from the Department of Health. Performance review and appraisal of Directors is carried out by the Chief Executive in accordance with criteria set by the Remuneration Committee and guidance from the Department of Health.

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid Director/Member in their organisation and the median remuneration of the organisation's workforce. The information provided on 'pay multiples' is subject to audit.

The banded remuneration of the highest paid Director/Member in Shropshire Community Health NHS Trust in the financial year 2017/18 was £132,500* (2016/17 - £132,500). This was 4.6 times (2016/17 - 4.65) the median remuneration of the workforce, which was £28,746 (2016/17 - £28,462).

*(*Banded remuneration is the mid-point between £130,000 and £135,000, which is the band within which the remuneration of the highest paid Director falls).*

In 2017/18, one (2016/17, one) employees received remuneration in excess of the highest paid Director/Member. Remuneration ranged from £15,404 to £161,403 (2016/17 £15,251 - £172,727). The total remuneration of the highest paid employee fell in 2017/18 because of the transfer of a member of staff to another organisation.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

More detail about the salary and pension entitlements for the Trust's VSMs for the year 2017/18 can be found in the Annual Accounts section of this report.

Accountability Report: Corporate Governance Report

Senior Manager Remuneration

The table below shows details about remuneration for 2017/18 (this information is subject to audit).

Name and title	Salary (bands of £5,000)	Taxable expense payments (to nearest £100)	Performance pay & bonuses (bands of £5,000)	Long term performance pay/bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000
Jan Ditheridge (Chief Executive)	130-135				17.5-20	150-155
Ros Preen (Director of Finance)	110-115				22.5-25	130-135
Mahadeva Ganesh (Medical Director)	160-165				67.5-70	230-235
Steve Gregory (Director of Nursing & Operations)	100-105				-12.5-15	85-90
Julie Thornby (Director of Corporate Affairs)	85-90				32.5-35	120-125
Mel Duffy (Director of Strategy)	80-85				35-37.5	115-120
Mike Ridley (Chairman)	20-25					20-25
Rolf Levesley (Non-Executive)	5-10					5-10
Peter Phillips (Non-Executive)	5-10					5-10
Nuala O'Kane (Non-Executive)	5-10					5-10
Steve Jones (Non-Executive)	5-10					5-10

Notes

1. All pension related benefits comprises the NHS Pensions Agency assessment of future pension benefits, excluding inflation, less employee contributions.

2. There was no remuneration waived by directors or allowances paid in lieu to directors in 2017/18.

3. There were no payments/awards to past directors, or compensation on early retirement or loss of service.

4. The remuneration for Mahadeva Ganesh includes the clinical medical consultant role (£90-95k) as well as the Medical Director board position (£65-70k).

5. Mel Duffy left the employment of the Trust on 23 February 2018.

Accountability Report: Corporate Governance Report

The table below shows details about remuneration for 2016/17 (this information is subject to audit).

Name and title	Salary (bands of £5,000)	Taxable expense payments (to nearest £100)	Performance pay & bonuses (bands of £5,000)	Long term performance pay/bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
	£000	£00	£000	£000	£000	£000
Jan Ditheridge (Chief Executive)	130-135				25-27.5	155-160
Ros Preen (Director of Finance)	110-115				12.5-15	125-130
Mahadeva Ganesh (Medical Director)	165-170				82.5-85	245-250
Steve Gregory (Director of Nursing & Operations)	100-105				45-47.5	145-150
Julie Thornby (Director of Corporate Affairs)	85-90				22.5-25	105-110
Mel Duffy (Director of Strategy)	90-95				65-67.5	155-160
Mike Ridley (Chairman)	20-25					20-25
Rolf Levesley (Non-Executive)	5-10					5-10
Jane Mackenzie (Non-Executive)	5-10					5-10
Peter Phillips (Non-Executive)	5-10					5-10
Nuala O'Kane (Non-Executive)	5-10					5-10
Steve Jones (Non-Executive)	5-10					5-10

Notes

1. All pension related benefits comprises the NHS Pensions Agency assessment of future pension benefits, excluding inflation, less employee contributions.

2. There was no remuneration waived by directors or allowances paid in lieu to directors in 2017/18.

3. There were no payments/awards to past directors, or compensation on early retirement or loss of service.

4. The remuneration for Mahadeva Ganesh includes the clinical medical consultant role (£95-100k) as well as the Medical Director board position (£65-70k).

Accountability Report: Remuneration and Staff Report

Pension Entitlements

The table below shows information about pension entitlements (this information is subject to audit).

Name and title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2018 (bands of £5,000)	Lump sum at pension age re accrued pension at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2017	Cash Equivalent Transfer Value at 31 March 2018	Real increase in Cash Equivalent Transfer Value
	£000	£000	£000	£000	£000	£000	£000
Jan Ditheridge (Chief Executive)	0-2.5	5-7.5	50-55	150-155	982	1,082	89
Ros Preen (Director of Finance)	0-2.5	0-2.5	30-35	80-85	511	567	50
Mahadeva Ganesh (Medical Director - shared post)	2.5-5	12.5-15	35-40	115-120	792	923	123
Steve Gregory (Director of Nursing & Operations)	0-2.5	0-2.5	50-55	150-155	891	955	55
Julie Thornby (Director of Corporate Affairs)	0-2.5	5-7.5	35-40	110-115	672	759	80
Mel Duffy (Director of Strategy)	0-2.5	0-2.5	25-30	65-70	375	431	53

1. As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for these members.
2. There are no additional benefits that will become receivable by the individual if they retire early.

3. There were no employer's contributions to stakeholder pensions.
4. Mel Duffy left the Trust employment on 23 February 2018.

5. **Cash Equivalent Transfer Values**

   A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 200823.

6. **Real Increase in CETV**

   This reflects the increase in CETV effectively funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Accountability Report: Renumeration and Staff Report

Staff Report

We employ nearly 1,600 people who provide a wide range of services from locations across Shropshire, Telford & Wrekin and surrounding areas.

This report provides information about the make-up of our workforce, which at the end of the year 2017/18 had a headcount of 1,529.

	Female		Male		All	
	FTE	**Headcount**	**FTE**	**Headcount**	**FTE**	**Headcount**
Directors	4	4	5.5	6	9.5	10
Senior Managers	43.6	51	18.2	20	61.8	71
Band 8A	28.3	35	12.2	14	40.5	49
Band 8B	6.6	7	5.0	5	11.6	12
Band 8C	7.9	8	1.0	1	8.9	9
Band 8D	0.8	1	0.0	0	0.8	1
Other Staff	1016.5	1313	112.3	135	1128.9	1448
All Employees	**1064.1**	**1368**	**136.0**	**161**	**1200.2**	**1529**

Staff Numbers

Staff Numbers (average full time equivalent)	Total	Permanent	Other
Medical and dental	27	25	2
Ambulance staff			
Administration and estates	335	319	16
Healthcare assistants and other support staff	217	186	31
Nursing, midwifery and health visiting staff	519	485	34
Nursing, midwifery and health visiting learners			
Scientific, therapeutic and technical staff	187	182	5
Healthcare science staff	1	1	
Social care staff			
Other	5	5	0
Total Average Staff Numbers	1,291	1,203	88

Accountability Report: Renumeration and Staff Report

Staff Costs (the analysis of staff costs below is subject to audit)

Staff costs			2017/18
	Permanent	**Other**	**Total**
	£000	**£000**	**£000**
Salaries and wages	38,752	1,222	39,974
Social security costs	3,260	-	3,260
Apprenticeship levy	180	-	180
Employer's contributions to NHS pensions	5,204	-	5,204
Pension cost - other	3	-	3
Other post employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	-	-	-
Temporary staff		2,066	2,066
Total gross staff costs	**47,399**	**3,288**	**50,687**

Staff Sickness Absence

Total Days Lost	14,080
Total Staff Years	1,203
Average Working Days Lost	11.7

Equality and Diversity

Our Recruitment Policy and supporting management training is designed to eliminate discrimination on all grounds which includes disability. The policy includes the following provisions:

- Guaranteed interview if declaring a disability meet the essential application criteria of the job specification.
- Any required adaptations for interview are made.
- Values-based recruitment. (the training for Values based interviewing includes unconscious bias)
- In terms of continued employment we make every effort to retain employees if they are disabled or become disabled. The Managing Attendance policy promotes reasonable adjustments for individuals as required.

Our Policy and Procedure on Equality and Diversity 'Everyone Counts' explains how the Trust will not discriminate against any member of staff with regards to training, promotion and career development.

We are a Disability Confident employer. We work closely with Jobcentre Plus and Enable to ensure there is appropriate support for employees who are disabled, or become disabled. Where possible, we also offer work experience placements to individuals through these organisations.

We are currently working on a Equality, Diversity and Human Rights strategy which includes developing a Diversity Network for staff to strengthen the work we currently do in relation to equality opportunities.

Accountability Report: Renumeration and Staff Report

Trade Union Facility Time

Table 1
Relevant union officials

What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
15	12.37

Table 2
Percentage of time spent on facility time
How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
0%	3
1-50%	12
51%-99%	0
100%	0

Table 3
Percentage of pay bill spent on facility time
Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

First Column	Figures
Provide the total cost of facility time	£22,465
Provide the total pay bill	£50,686,744
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.04%

Table 4
Paid Trade Union activities
As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

Time spent on paid trade union activities as a percentage of total paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	2.55%

Accountability Report: Renumeration and Staff Report

Off-Payroll Arrangements

The table below shows arrangements that the Trust had during the year with individuals who provided services for which they were paid on a self-employed basis or through their own companies. Employment through agencies is not included. Only arrangements lasting six months or more, with a value of more than £220 per day, are shown.

Table 1 Off-payroll engagements longer than 6 months
For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2018	1
Of which, the number that have existed:	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

The standard contract for self-employed workers contains binding clauses requiring the contractor to comply with all relevant statutes and regulations relating to income tax and national insurance contributions in respect of fees paid by the Trust, and indemnifying the Trust against any liabilities incurred in respect of such contributions. It also requires the contractor to demonstrate to the Trust his/her compliance with such legislation on request. The contractor's agreement to these terms is judged to constitute an appropriate level of risk assessment and management.

Accountability Report: Renumeration and Staff Report

Table 2: New Off-payroll engagements

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and March 2018, for more than £245 per day and that last for longer than six months

	Number
No. of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	1
Of which...	
No. assessed as caught by IR35	1
No. assessed as not caught by IR35	0
No. engaged directly (via PSC contracted to department) and are on the departmental payroll	1
No. of engagements reassessed for consistency / assurance purposes during the year.	0
No. of engagements that saw a change to IR35 status following the consistency review	0

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 2017 and 31 March 2018

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year (1)	0
Total no. 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 must include both on payroll and off-payroll engagements.(2)	0 off-payroll 11 on payroll

There are no off-payroll arrangements for Board members.

There are currently 10 Board members as set out earlier in this report. The disclosure above showing 11 individuals reflects one change during the year where an officer held post for part of the year.

Accountability Report: Renumeration and Staff Report

Exit Packages

The information relating to Exit Packages in the following tables is subject to audit.

2017/18

Exit packages

Exit package cost band (including any special payment element)	*Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments were made	Cost of special payment element incl in exit packages
	Number	£s	Number	£s	Number	£s	Number	£
Less than £10,000								
£10,000-£25,000								
£25,001-£50,000								
£50,001-£100,000								
£100,001 - £150,000								
£150,001 - £200,000								
>£200,000								
Total	0	0	0	0	0	0	0	0

2016/17

Exit package cost band (including any special payment element)	*Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments were made	Cost of special payment element incl in exit packages
	Number	£s	Number	£s	Number	£s	Number	£
Less than £10,000			1	2,942	1	2,942		
£10,000-£25,000								
£25,001-£50,000								
£50,001-£100,000								
£100,001 - £150,000								
£150,001 - £200,000								
>£200,000								
Total	0	0	1	2,942	1	2,942	0	0

Redundancy and other departure costs have been paid in accordance with the provisions of NHS Agenda for Change rules on pay. Exit costs in these tables are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the tables.

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This disclosure reports the number and value of exit packages agreed in the years stated. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Analysis of other departure

Analysis of other departures	2017/18		2016/17	
	Agreements	Total Value	Agreements	Total Value
	Number	£000s	Number	£000s
Voluntary redundancies including early retirement contractual costs				
Mutially agreed resignations (MARS) contractual costs				
Early retirements in the efficiency of the service contractual costs				
Contractual payments in lieu of notice				
Exit payments following Employment Tribunals or court orders				
Non-contractual payments requiring HMT approval				
Total	0	0	0	0

As a single exit package can be made up of several components each of which will be counted separately in this note, the total number above will not necessarily match the total.

The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report.

There were no non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary.

Expenditure on Consultancy

Expenditure on consultancy totalled £137,000 for 2017/18, compared to £270,000 for 2016/17. The most significant spend of £78,000 being to KPMG for facilitating the bidder and evaluation activities of the transaction.

Jan Ditheridge
Chief Executive

25 May 2018