



Shropshire Community Health

NHS Trust

Annual Report and Accounts 2024/25

Shropshire Community Health NHS Trust Annual Report and Accounts 2024/25

Presented in accordance with the NHS Group Accounting Manual
2024/25 pursuant to the Companies Act 2006

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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 shropcom.communications@nhs.net, or in writing from: Chief Executive's Office, Shropshire Community Health NHS Trust, Ptarmigan House, Shrewsbury Business Park, Shrewsbury, SY2 6LG

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 shropcom.customerservices@nhs.net.

Foreword

Welcome from the Chair and Chief Executive

It is our great pleasure to welcome you to our Annual Report and Accounts for 2024/25.

We are pleased to present our Annual Report and Accounts for 2024/25. During the year, we have continued to play a crucial role in the health and social care systems across Shropshire, Telford and Wrekin, and Dudley, supporting local people to have the best health possible.

Our dedicated staff have once again shown relentless commitment and passion in transforming people's lives and communities throughout and the year, and we want to start by thanking them all; administrators, estates, digital and IT, finance, communications, workforce teams, catering and domestic teams, our brilliant volunteers, our clinical teams across nursing, AHP, medical, dentistry and oral health, pharmacy & clinical psychology, our adult teams, our 0-19 and Children and Young People teams, our HMP health teams and many, many more for the work they do every day.

There are many achievements from the past year which illustrate our vision, culture, values and ethos of partnership working. We will attempt to highlight a few key examples, but throughout this report, you will see from colleagues, the outstanding innovation and commitment to delivering day-to-day services that provide the best possible outcomes for people. This is something that as Chief Executive and Joint Chair in Common we are immensely proud of.

As a community service provider, we are at the centre of the communities we serve. Over 90% of our staff are residents of the area we serve. We are, therefore, best placed to understand the needs of our very diverse communities. We are a connector and integrator of care. We recognise the crucial role our services and our staff play in ensuring health inequalities are addressed, both through service delivery and how we support local employment and create opportunities for people in more deprived communities. Our Trust vision remains to be a population-health focused organisation specialising in supporting people to live independent and healthy lives. Our common purpose statement and values reflect the voice of our staff, and what they want the future of the Trust to be.

I hope you enjoy this Annual Report and Accounts and I look forward to your continued support in 2025/26. If you would like to look at things in a bit more detail. Most of this information can also be found on our website at www.shropscommunityhealth.nhs.uk

Andrew Morgan, Chair

Patricia Davies, Chief Executive

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 summary of who we are, what we do and how we have performed against our objectives during the year.

Chief Executive's Review of the Year

Looking after our people

We understand that our people are the beating heart of our organisation and here at ShropCom we are fortunate to have a wealth of talented, innovative and passionate staff who make up our ShropCom family. It is, therefore, incredibly important to us that we look after our people and continue working towards a culture where all colleagues feel recognised, supported and rewarded.

In the last 12 months, we have continued to make strides towards this with the launch of our bi-monthly staff ACE Awards and our Long Service Awards, celebrating staff who have worked within the NHS for 25, 40 and 50 years.

Our health and wellbeing initiatives have been incredibly popular, leading to wider programmes, for example a menopause support programme and well-man initiatives. We have also worked with partners from The Shrewsbury and Telford Hospitals NHS Trust (SaTH) to offer opportunities to attend Leadership courses, including the Galvanise course for staff from Ethnic Minorities.

We had a reward and recognition calendar jam packed with key dates across the year for celebration and inclusion. A huge thank you to the workforce team for their innovation and focus on caring for our people.

Another important addition to the Trust has been our Culture Change Team, made up of colleagues from across the Trust who are passionate about developing a positive and inclusive culture.

We are pleased to say that we are already seeing and hearing the positive differences such initiatives are making, and this has been reflected in this year's Staff Survey results. We achieved our highest ever response rate, improved in nine out of nine People Promise elements and themes, whilst also improving across our other benchmarks. There are still areas we are committed to continue to improve on, however, it's fantastic to see such improvements that are testament to the hard work taking place behind the scenes to make ShropCom a fantastic place to work.

Caring for our Communities

Over the last 12 months we have focused on developing existing services and welcomed new services into ShropCom. These include the successful re-opening of inpatient beds at Bishop's Castle Community Hospital, expansion and enhancement of our Virtual Wards and wider model of sub-acute care including rehabilitation and recovery. These services continue to evolve through the collaborative work with colleagues across the system.

Our dental team have been out and about across the county with their 'Brilliant Brushers' campaign

Performance Report

once again. Over 8,000 children, in 142 targeted nurseries, mainstream schools and Special Educational Needs and Disabilities (SEND) schools are now participating in Brilliant Brushers supervised toothbrushing programme in Shropshire, Telford & Wrekin, Staffordshire and Stoke-on-Trent. The team are also successfully delivering their 'Care to Smile' oral health in care homes programme with almost 6,000 residents in 142 nursing and residential care homes participating in the programme across Shropshire, Telford & Wrekin, Staffordshire, and Stoke-on-Trent.

It has been a year since we welcomed our Dudley colleagues to ShropCom and I would like to thank everyone who made the transition a smooth and welcoming one. The last 12 months have seen exciting developments including engaging with staff to help shape the service delivery model, the development of the emotional health and wellbeing offer and the expansion of the Healthier Minds website. We have also seen a strong focus on training, education and professional development with our breastfeeding consultant training, Solihull approach 'train the trainer', Sleep practitioner course and 5 specialist community public health practitioners – It's been quite a year! Needless to say we are all looking forward to the next 12 months and the fantastic developments and pieces of work it will no doubt bring - a huge thank you to all our 0-19 colleagues.

During the last year our Family Nurse Partnership (FNP) reached a momentous milestone in celebrating 10 years of the service in October 2024. This marks a decade of delivering their evidence based intensive home visiting programme to hundreds of clients and their babies. Some key achievements have included; Supporting the integration project across Shropshire, sexual health training and the development of the sexual health pathway working in partnership with open clinic. The introduction of the young parents group developed in partnership with Shropshire Youth Association (with an emphasis on involving young dads), and Applied Suicide Intervention Skills Training (ASIST) for members of the team. They are also currently developing plans to disseminate learning from FNP to the whole of the 0-19 Service (Workforce Development Learning Packages). It is fantastic to see how committed the team are to achieving great outcomes and building great partnerships across the system.

Our prison service colleagues have had a year of innovation and developments. Their Food Behind Bars project allowing prisoners to sow, grow and cook their own food has continued and has seen the introduction of Beehives. Paramedics are now part of the service, ensuring the best possible emergency care for patients and reducing hospital admissions. Automated medication vending machines have been introduced, improving access to medications and the introduction of diabetic monitoring systems ensuring prisoners receive care that mirrors community settings.

There have also been significant developments within our frailty service, with the successful development of a pilot project in two Nursing Homes in Shropshire and Telford and Wrekin, aimed at reducing falls and hospital admissions among residents in care facilities.

As a Trust, we continue to be committed to our work in line with the ambitions of NHS Impact and have made important steps towards the goals outlined through our self-assessment. Our Quality Improvement Framework and Clinical Quality Strategy has been approved and is now in progress. We have seen an increase in staff feeling confident to use the Freedom to Speak Up Service and have standardised

Performance Report

Executive and Non-Executive Director visits to services utilising the GEMBA¹ approach. In addition, we have joined the Queen's Institute of Community Nursing as members to provide more support and information for Nurses and AHPs including opportunities to develop leadership skills.

Managing our Resources

It is vital that alongside supporting and developing our colleagues and services that we are also managing our resources effectively. With this in mind, we have carried out several operational initiatives to enable us to work as efficiently as possible.

Over the last year we have implemented the Patient Safety Incident Response Framework and transitioned to the Learning from Patient Safety Events (LFPSE) system. We have also had a strong focus on quality improvement with a rebranding of the team and 10 projects presented by staff to the QI celebration events with the QI Team continuing to support services with ongoing projects. One of the key results being a 36% reduction in falls.

Our Infection Prevention & Control status has been moved by the regional team from enhanced monitoring to routine support, which is a phenomenal achievement for the IPC Team and our operational colleagues.

Our Digital team was shortlisted for the National Health Service Journal Digital Award for 'Driving Change through AI and Automation'. The team's innovative work used Virtual Assistant and AI technology to improve consent processes and allow our clinicians to spend more time delivering care.

Our Local Counter Fraud Specialist made the finals for two national Public Sector Fraud Awards, thanks to his continued efforts raise awareness and prevent fraud across the NHS. This is important work as preventing fraud ensures taxpayers' money is spent on delivering patient care.

These fantastic areas of work are a snapshot of the innovation and hard work taking place across the Trust to ensure that we continue to develop and deliver the best possible care to our communities.

Future Goals and Objectives for 2025/26 Year Ahead

We know that 2025/26 will be a challenging year for the NHS considering the national economic position and recent Government announcement representing some of the most significant reshaping of the NHS nationally in a decade. These include changes to NHS England (NHSE) and plans to subsume its duties within the Department for Health and Social Care (DHSC). In addition, Integrated Care Boards (ICBs) have been told they must reduce their running costs by 50% later this year. The Government has also indicated that provider Trusts will be required to reduce their corporate costs, although on a smaller scale. We are progressing with our plans to review our corporate services functions and are doing this with health partners across the Shropshire, Telford and Wrekin (STW) System so we can be as efficient, productive and resilient in these core areas that support delivery and free up time to care.

¹ Gemba comes from the Japanese meaning 'the real place' in quality improvement terms it means the place where the work happens so in a hospital it is the wards or departments where patients receive treatment and care.

Performance Report

Collaboration and working differently **together** with partners will be a continued focus and crucial part of delivery this year to mitigate and address financial and operational challenges. We know intrinsically as residents, and as clinical and operational leaders this makes sense in terms of less duplication and effort, and ultimately better outcomes for patients, and we need to do this at some pace. Our three core objectives for the year ahead remain the same: Looking after our People, Caring for our communities and Managing our Resources. The priorities will describe the next phase of delivery in relation to these three objectives, and supports the underlying principles for the 10-year plan that is set to be published nationally in the spring. As a community provider we are best placed to support and continue to be the integrator and connector of care.

This leaves me to just pause, reflect and express my gratitude once again to all staff for the hard work and dedication and for the positive impact you have had on the communities we serve.

Thank you,

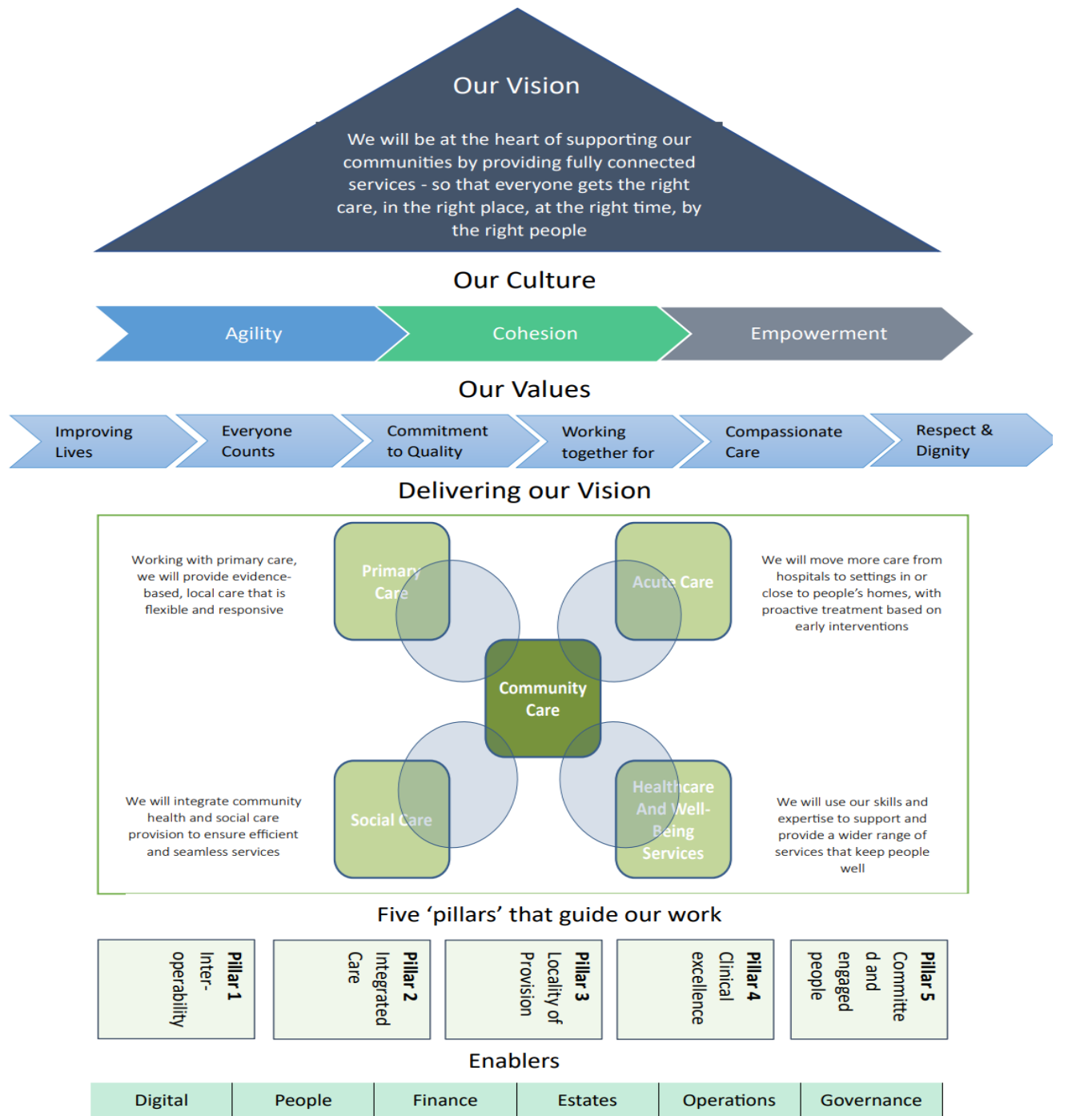
Patricia Davies, Chief Executive

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 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.



Performance Report: Performance Overview

Introducing Shropshire Community Health

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 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.



Most of our work is with people in their homes, in community centres and clinics. A very small number of people also receive inpatient care in our community hospitals. We have introduced 2 innovative services with our Virtual Ward Service and Rehabilitation and Recovery Units. Virtual Ward provides consultant led care to a patient in their own home. The team consists of Doctors, Pharmacists, Nurses, Occupational Therapists, Physiotherapists, Paramedics, and Support workers. We currently have three pathways: Frail, Complex and Respiratory. The Virtual Ward service is open to all patients over the age of 18 who are registered with a Shropshire, Telford or Wrekin GP, regardless of where they live.

We work collaboratively with our acute System partners to provide 2 Rehabilitation and Recovery Units based at the Princess Royal Hospital (PRH) and the Royal Shrewsbury Hospital (RSH). The Rehabilitation & Recovery Units provide rehabilitative care to adult patients who require ongoing nursing and medical care alongside intensive rehabilitation and support before returning to their place of home.

As a pivotal partner within the Shropshire, Telford and Wrekin integrated care system, we understand that high quality community services are vital to helping people live well within their own homes.

Key Facts:

Organisation
formed in 2011

Serve a
population of
almost 500,000

Employ circa
1600 staff

Spent £131.1 m
delivering
services

Provide services
from more than
75 sites

Performance Report: Performance Overview

Who we are and what we do

The Trust was established on 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 497,000 adults and children in their own homes, local clinics, Virtual Ward, health centres, Rehabilitation and Recovery units, GP surgeries, schools and our community hospitals in Bishop's 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) is, so it may be helpful to explain the various local NHS bodies and where we fit.

We are part of the Shropshire, Telford and Wrekin Integrated Care System. As a provider of community NHS services, we receive most of our income from the Shropshire, Telford and Wrekin Integrated Care Board (ICB), the organisation responsible locally for buying (commissioning) a wide range of health services for patients. In 2024/25 our total income for the year was £134.2 million. You can find out more about how we get and spend our money in the Directors Report and Annual Accounts.

The ICBs 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 health 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 and work closely with the other providers (The Shrewsbury and Telford Hospital NHS Trust, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust and Midland Partnership NHS Foundation Trust) and many other organisations to care for the population of Shropshire. During 2024/25 we appointed a Chair in Common with Shrewsbury and Telford Hospital NHS Trust and this marked the beginning of closer integration with our acute care colleagues with an intention announced by the Board in the latter part of 2024/25 to explore a group model with shared leadership and governance.

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.



Performance Report: Performance Overview

Our Services

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

Urgent & Emergency Care Services	Adult Community Services	Children and Young People Services	Planned Care Services	Corporate / Support Services
<ul style="list-style-type: none"> • Care Transfer Hub • Diagnostic Assessment and Access to Rehab and Treatment (DAART) • Minor Injuries Units • Outpatient Parenteral Antimicrobial Therapy (OPAT) • Radiology • Rapid Response • Single Point of Referral • Virtual Ward 	<ul style="list-style-type: none"> • Admiral Nursing • Adult Dietetics • Adult Speech and Language • Advanced Care Planning • Community Nursing • Community Respiratory • Community Therapies Service • Continence Specialist Nursing • Inpatient Rehabilitation • Moving and Handling • Pulmonary Rehab • Rehab and Recovery Units • Specialist Nursing Diabetes - Adults • Tissue Viability • Wound Healing 	<ul style="list-style-type: none"> • Child Development • Children's Audiology • Children's Continence Service • Children's Psychology • Children's Speech and Language Therapy • Community Children's Nursing • Community Paediatrics • Covid 19 Vaccination Service • Covid Medicine Delivery Unit • 0-19 Services Shropshire, Telford & Wrekin and Dudley • Looked After Children • Paediatric Occupational Therapy • Paediatric Phlebotomy • Paediatric Physiotherapy • School Age Immunisation Service • Special School Nursing • Specialist Nursing Diabetes – Children • Wheelchair Services 	<ul style="list-style-type: none"> • Musculoskeletal Services for Shropshire and Telford (MSST) • Community Consultant Outpatients • Advanced Primary Care Services (APCS) • Podiatry • Prison Healthcare • Adult Physiotherapy • Community Neuro Rehab Team (CNRT) • Day Surgery Unit (Bridgnorth) • Wheelchair Services • Community Dental Services • Falls Prevention • Long Covid Service 	<ul style="list-style-type: none"> • Administration Support • Communications • Complaints and PALS • Digital and Information • Emergency Planning • Estates • Finance • Governance • Hotel Services • Organisational Development • Patient Experience and Involvement • Pharmacy • Planning and Business Development • Programme Management Office (PMO) • Quality and Continuous Improvement • Service Development and Transformation • Workforce / People

Our Divisions manage the clinical services that provide direct care and support for our patients their families, and carers, this reflects the growth we have seen over the last two years across our incredible community services. Then, wrapped around our frontline staff, we have a range of corporate and support services.

Within the Urgent Care Service Delivery Group, we have successfully grown and embedded the Virtual Ward; Virtual wards allow patients to get the care they need at home safely and conveniently, rather than being in hospital. This has significantly enhanced the Rapid Response services that was established in SCHT in 2022.

Following the Integrated Discharge Team (IDT) joining SCHT in January 2023 last year we also opened 46 Rehab and Recovery beds across two wards based at Royal Shrewsbury Hospital and Princess Royal Hospital. This has been a great joint venture with Shrewsbury and Telford Hospital and in partnership through clinical leadership we have redesigned stroke, orthopaedic and frailty rehab pathways to enhance patient flow and further strengthen positive outcomes for our patients.

This year we welcomed the 0-19 Dudley Teams into Shropshire for 2024/25 following the award of a successful tender. This has been a great opportunity for us to further enhance and grow our children's division and strengthen our working relationships with our local authority partners across Shropshire, Telford and Dudley.

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

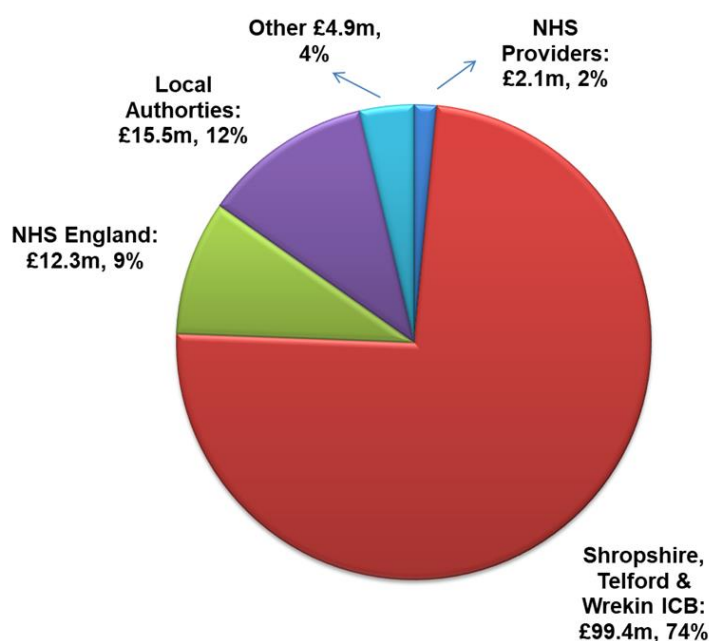
This section provides a very brief overview of how our finances are managed. You can find out more about our finances in the Remuneration Report and the Annual Accounts.

We receive most of our income from NHS commissioners, including Integrated Care Boards, NHS England, and Local Health Boards in Wales as well as from Local Authorities.

Our commissioners purchase healthcare services from us covering all age groups, including health visiting, district nursing, dentistry, rehabilitation, inpatient care at our community hospitals, outpatient appointments and prison healthcare. We work closely with our health and social care partners to prevent unnecessary hospital admissions and support early discharge where appropriate to do so.

For the 2024/25 financial year the Trust's total income was £134.2 million and most of this came from Shropshire, Telford & Wrekin ICB, with additional income received from organisations including Local Authorities and NHS England. As in previous years, much of the Trust's income was in the form of block contract arrangements.

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 people. In 2024/25 we spent about £131.1 million on delivering services.

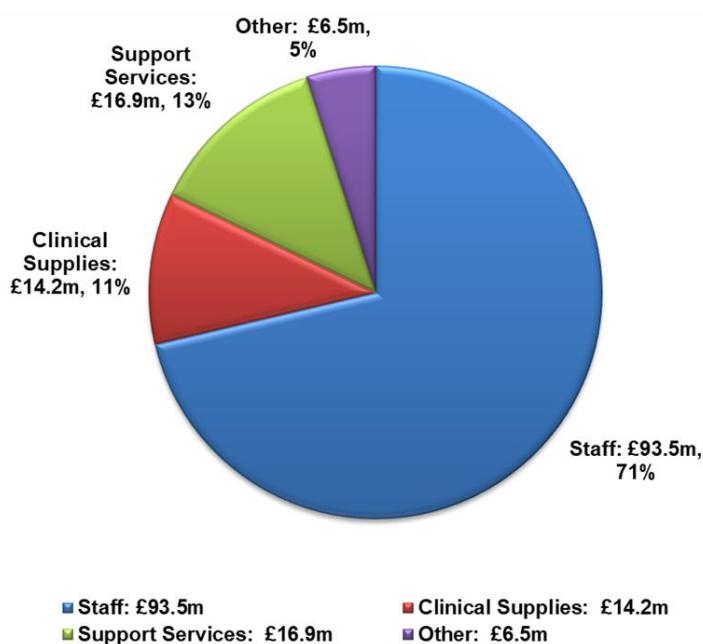
Overall spend has been summarised into four main areas below:

- **Our People** – this includes those who provide direct care (e.g. nurses, therapists, doctors, dentists, and healthcare assistants) as well as those people providing essential support (e.g. catering, cleaning, administration, technical, HR and finance).
- **Clinical Supplies** – such as drugs and dressings that are directly related to providing health care.

Performance Report: Performance Overview

- **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).
- **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:



2024/25 Financial Results

The Trust delivered an adjusted surplus of £3,572k for the year compared to our plan of £1,768k surplus. After allowing for the revaluation of our land and buildings and the I&E charges from the Trusts Donated assets and Peppercorn Leases, the retained surplus for the year was £3,128k.

The Trust is pleased to have again met all statutory financial duties for the year.

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

Performance Report: Performance Overview

2024/25: A Performance Summary

It has been another challenging year, which has left us with plenty to celebrate whilst continuing to learn and 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:

- The Trust has maintained its rating of Good overall for its services, working with the CQC to assess ourselves against the regulator's standards.
- We met our planned financial targets.
- We continued to successfully deliver our Covid Vaccination Service
- We successfully welcomed the Dudley 0-19 Service into the Trust
- Strong focus on staff reward and recognition with the launch of our bi-monthly staff ACE awards and the celebration of our Long Service Awards.
- In our Staff Survey we achieved our highest ever response rate, improved in all 9 of the People Promise elements and themes, whilst also improving across our other benchmarks.
- We have welcomed new services alongside the development of services and the successful re-opening of inpatient beds at Bishop's Castle Community Hospital.
- Continued to develop & strengthen joint partner working across the system on several programmes of work.
- The Trust and staff have been recognised with a series of national awards and work of the Trust recognised nationally.
- The Trust has continued its work on the Armed Forces Covenant
- We are focusing more on recruitment and retention.

Key Challenges, Issues and Risks

- **Recruitment challenges and restrictions impacting on staff morale:** Additional scrutiny of non-patient facing roles resulting in vacancies not being recruited to / recruitment temporarily paused with an impact on the remaining staff. Corporate areas being significantly affected. Inability to meet safe staffing standards and reduce reliance on agency staff.
- **Ability to transition to the Learning from Patient Safety Events system:** Potential for noncompliance with patient safety standards and limitations to external reporting when National Reporting and Learning System is taken down.
- **Reliance on volunteer input for key patient experience workstreams such as observe and act:** Loss of volunteers would impact on ability to delivery key workstreams
- **Demand exceeds capacity:** Inability to restore activity levels resulting in increased waiting times and poor patient experience. Inability to meet national waiting time standards, potential for patient harm due to waiting times
- **Internal governance and operational oversight arrangements for system programmes:** System programmes are taken through system governance and don't have links into the Trust's governance and operational oversight arrangements, potential for risks to not be identified and mitigated from a Trust perspective when SROs sit outside of the organisation

Performance Report: Performance Overview

- **Workforce Capacity:** Inability to progress with key programmes of work due to workforce capacity in key areas such as the people team, digital team and quality team
- **Costs exceeding plan:** Non delivery of plan resulting in escalation within the system oversight framework, inability to invest in and transform services.
- **Insufficient capital funding:** Potential for there to be insufficient funding for all required projects, where there are safety concerns there is potential for the Trust to breach statutory duty by exceeding capital resource limit

Performance and Managing Risk

Our Board is responsible for the corporate governance of the organisation by maintaining the quality and safety of care, setting the direction and standards, and ensuring that the necessary systems and processes are in place to deliver the objectives. The Trust's structures, systems and processes are key to ensuring that standards are upheld.

The Trust recognises the importance of effective risk management and our Board Assurance Framework (BAF) details risks and controls related to all areas of quality, safety and financial. A Corporate Risk Register is also held within the Trust for risks that are trust-wide but are not assessed as high enough to be on the BAF and are mainly operational risks that will be a contributory factor to the level of risk for entries on the BAF.

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

For furthermore detailed information about the Trust's risk management controls, please refer to the Corporate Governance Statement contained within this report.

Performance is monitored to assure both our Board and our commissioners and regulators that the services we are delivering are of high quality and 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.

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

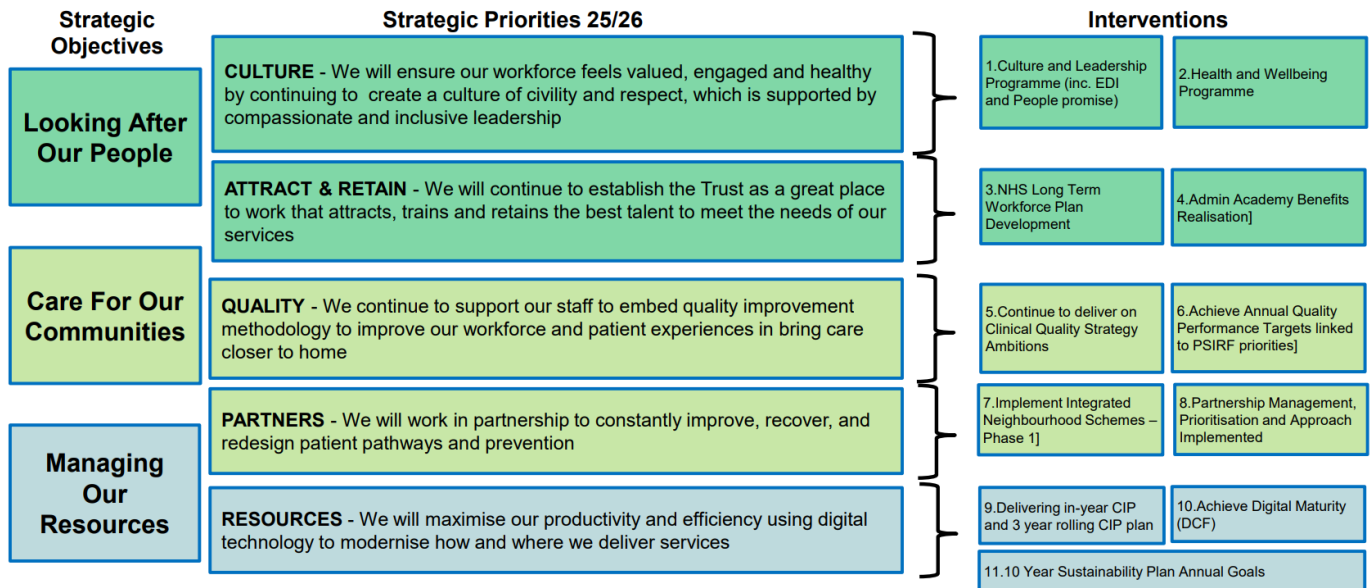
In addition, the Trust has in place processes to ensure it is able to respond to unexpected events and mitigate any potential impacts. The Trust has made the following commitment in this regard:

'The Trust is committed to Emergency Preparedness, Resilience and Response (EPRR) and business continuity management. We will work internally and with partner organisations to increase and test our organisational resilience. Better resilience and collaboration with responder agencies will enable the Trust to continue to deliver quality healthcare services throughout incidents and disruptive events.

Performance Report: Performance Overview

Our Priorities

We are committed to continuing 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 2025/26 we have identified the following priorities underpinned by our longer-term vision and values.



Performance Report: Performance Overview

Listening to 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.

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 2024 and March 2025, we received 92 formal complaints compared to 110 for the previous year 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. By way of contrast, during the same period (2024/25), we received 644 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. In 2024/25 PALS dealt with 123 enquiries, compared to 117 in the previous year. This total also includes queries received by PALS that were unrelated to our services and were signposted to other organisations.

Staff Experience

In keeping with the Trust’s strategic objective of *Looking After Our People*, our workforce continues to be our most valued asset, with engagement being at the forefront of our priorities.

We are continuously striving for a culture where our staff feel heard. We receive feedback on staff experience through a variety of methods; the annual NHS Staff Survey (NSS), the National Quarterly Pulse Survey, Shropcom Question Time, and the desktop feedback / suggestion button, all of which serve to inform our direction of travel.

We achieved our highest response rate to the NHS National Staff Survey of 62% a total of 1,192 staff had their voices heard. We are pleased to see an improvement in all of the People Promise themes and elements.

Our results have been shared widely, and managers and team leads have been empowered to identify local actions to ensure what matters to staff is incorporated into local actions with the help of a newly created Manager’s Toolkit.

The time we spend listening to what our staff are feeling and need at work is crucial. We know there are positive correlations between staff engagement and patient experience, and we are determined to improve morale and the working experiences of our staff by listening to our people to identify meaningful actions to support an engaged workforce.

You can find the full NHS Staff Survey 2024 report at www.nhsstaffsurveys.com

Environment and Sustainability

The Trust remains committed to reducing the impact its services on the environment. The Trust is reviewing its green plan, along with system partners. The Green Plan remains a focal point for the estates strategy to make every kilowatt of energy count. We continue to develop our prime estate through investments to reduce our carbon emissions, focusing on the internal environment such as LED lighting in our community estate, the continuation of upgrades to ventilation systems in its Community Hospitals and energy controls and explore options across our freehold estate for solar power arrays as we continue towards a decarbonized estate.

To date we continue to report a reduction in our Measured Carbon Footprint year on year.

During 2024-25 the Trust continued to invest in understanding and managing its backlog maintenance exposure through improving its infrastructure and internal environment to improve compliance against current standards in both its freehold and leasehold estate.

Performance Report: Performance Overview

Investments into our Community Hospitals enable the estate to support necessary physical interventions for healthcare and that we have great places to work in locations we love to visit.

The Capital programme for 2025-26 continues to focus on value for money initiatives that improve our estate, reduce operating costs contribute to a reduction in backlog maintenance liabilities. As we continue to review our estate and look to build on existing relationships with our landlords to identify investments that benefit the community and staff across our portfolio as we continue to transition to a greener estate.

Throughout 2024-25 the Trust continued its review of its estate portfolio and relocated services to optimize space more efficiently resulting in a reduction in its overall operational floor area at the end of the current year. This rationalization has resulted in several properties being fully vacated and plans to vacate a number during 2025-25.

Saving and Investing

Once again, the Trust was set some challenging financial targets for the year in line with the current NHS financial environment and the wider economic climate in the country. Despite this we were able to manage our finances and our risks effectively and finished the year with an adjusted surplus of £3,572k. After allowing for the revaluation of our land and buildings and the I&E charges from the Trusts Donated assets and Peppercorn Leases, the retained surplus for the year was £3,128k.

We recognise that the clinical and financial sustainability of our organisation is intrinsically linked to the development of new models of care, attracting and retaining staff, and working in close partnership with our health and social care colleagues.



Patricia Davies Chief Executive 25 June 2025



Accountability Report: Corporate Governance Report

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 the organisation's Non-Executive Directors, including the Chair. The Chief Executive is appointed by the Chair and Non-executive Directors. The Executive Directors are recruited by the Chief Executive and supported by the Nominations and Remuneration Committee which is a wholly Non-Executive Director committee. This report provides information about the membership of our Board as of 31 March 2025.



Andrew Morgan, Chair in Common (Term: October 2024 - October 2027)

Andrew was appointed Chair in Common of both ShropCom and The Shrewsbury and Telford Hospital NHS Trust (SaTH) in October 2024. Andrew has more than 40 years' experience across many NHS sectors. He retired from full-time executive roles in the NHS in June 2024, including the last 20 years as a Chief Executive Officer (CEO). His most recent role was as Group CEO for Lincolnshire Community Health Services NHS Trust and United Lincolnshire Hospitals NHS Trust.

Attendance: 6 of 6



Tina Long, Acting Chair / Non-Executive Director (Term: November 2018 to November 2025)

Tina has over 40 years of experience in clinical and strategic nursing roles. She has worked as Chief Nurse of the Greater Manchester Health and Social Care Partnership until June 2019. Her appointment as a non-executive director brings her full circle, having started her career as a Ward Sister for the old Shropshire Health Authority in 1979. She joined the Trust as a Non-Executive Director in November 2018. Tina is the Chair of the Quality, Equality, and Inclusion Assessment (QEIA) Panel and is the NED champion for Emergency Planning and was Acting Chair February 2023 – November 2024.

Attendance: 11 of 12



Harmesh Darbhanga, Non-Executive Director (Term: November 2018 to June 2025)

Harmesh brings a strong background of accountancy and financial management to the role, having spent more than 20 years working in senior roles at Wrexham County Borough Council. He also has extensive experience as a Non-Executive Director, including at The Shrewsbury and Telford Hospital NHS Trust. He joined the Trust as a Non-Executive Director in November 2018 and is the Chair of the Audit Committee. Harmesh is also the NED champion for Freedom to Speak Up and Diversity & Inclusion.

Attendance: 11 of 12

Accountability Report: Corporate Governance Report



Catherine Purt, Non-Executive Director (Term: July 2021 to December 2025)

Cathy has worked in both the private and public sector and has held Accountable Officer posts at two Clinical Commissioning Groups (CCGs) as well as Executive Director posts in Acute Hospitals. She has also worked for the European Commission in the Middle East, where she specialised in the delivery of healthcare projects to vulnerable communities. Cathy is also a trained chef and works sessionally in a cookery school. Cathy is the NED champion for Workforce and is Chair of the People Committee

Attendance: 8 of 12



Alison Sargent, Non-Executive Director (Term: Appointed January 2022 to December 2025)

Alison has significant experience in public sector and charitable organisations and is experienced in HR, IT, regulatory compliance, risk management and quality assurance services. As company director for Capstone Foster Care, she worked with a small Board, leading the overall strategy and operations of six registered fostering agencies supporting more than 800 children. Alison is currently CEO for Adullam Homes a charitable benefit society supporting those at risk of homelessness and providing support for mental health and addiction issues.

Alison joined Shropcom in 2022 as a Non-Executive Director and is the Trust's Non-Executive lead for Safeguarding. As an experienced strategic thinker who is passionate about ensuring the most vulnerable people receive the right care and support, Alison brings with her a wealth of experience coupled with fresh ideas and perspectives.

Attendance: 9 of 12



Jill Barker, Non-Executive Director (Term: Appointed 1 January 2022 to November 2025)

Jill has worked for over 30 years at Board and senior level in the NHS, predominantly in Community and Mental Health services in North Wales, West Sussex, Surrey, and Berkshire. She has been committed to close collaboration with partner organisations to establish successful admission avoidance services with primary care, local authorities, and acute hospitals. In Berkshire she established an integrated community palliative care service with the local hospice and an integrated Community Mental Health team with the Local Authorities and

the voluntary sector. Jill returned home to Shropshire in 2018 where she originally trained as a physiotherapist.

Jill joined Shropcom in January 2022 and now chairs the Trust's Quality and Safety Committee and is a member the Audit and People Committees. Jill is passionate about patient care and working with other partners in the system to ensure seamless care to patients and in particular for those living in rural communities. Jill is the Trust's Rural Health Champion.

Attendance: 10 of 12

Accountability Report: Corporate Governance Report

Patricia Davies, Chief Executive. (Appointed April 2021)



Patricia took up the post of Chief Executive for Shropshire Community Trust in April 2021, marking a return to Shropshire, as she grew up in Wolverhampton and began her career as a district nurse in Shrewsbury.

Over the last 20 years Patricia has mainly worked in clinical managerial roles in the acute sector, in community, mental health and latterly the Accountable Officer for CCGs in North Kent and, most recently, in Bedfordshire, Luton and Milton Keynes, where she has led a system transformation programme and successfully brought together the three clinical commissioning groups. Patricia is, however, very proud of the fact that she is still a registered nurse and practices clinically.

Patricia is keen to look at how the Trust can build on the effective services that already in place across our adult and children's teams, how the Trust can deliver more integrated services which are wrapped around primary care, and to continue for Shropshire Community Health to maintain its track record as a very forward-thinking organisation.

Attendance: 11 of 12

Dr Ganesh Mahadeva, Medical Director (Appointed as Interim October 2022 and substantively February 2024)



Ganesh is a Consultant Paediatrician by background and has lived in Shropshire for over 23 years, combining clinical work with medical leadership and management roles both locally and as an advisor to the Newborn Hearing programme nationally. He worked as the designated doctor for safeguarding for Shropshire and took strategic and professional lead on all aspects of the health service contribution to safeguarding children across all the providers. He led the New-born Hearing Screening programme for Shropshire and established balance services for children.

Attendance: 11 of 12

Sarah Lloyd, Director of Finance (Appointed April 2021)



Sarah has extensive experience working in healthcare settings including mental health, commissioning and community services and is a member of the Chartered Institute of Management Accountants. She is an executive board member and is responsible for advising the Board and wider organisation on financial matters including financial governance and stewardship. Sarah is also the Trust lead for Contracting, Procurement, Estates Services, Digital Services, Planning and Counter Fraud.

Attendance: 11 of 12

Accountability Report: Corporate Governance Report



Clair Hobbs, Director of Nursing, Quality and Clinical Delivery (Appointed November 2021)

Clair, a registered Nurse, has experience of both acute Trusts and community services. Prior to Shropcom Clair was the Deputy Director of Nursing at Shrewsbury and Telford Hospital (SaTH).

Previous roles have included Ward Manager in Cardiology, Community Matron for long-term conditions, Senior Matron in Adult Community Services across the city of Wolverhampton, and Head of Nursing at New Cross Hospital. She is passionate about improving patient care.

Attendance: 11 of 12



Shelley Ramtuhul, Director of Governance (Appointed October 2022)

Shelley initially joined the Trust on an interim basis in November 2021 as part of a joint arrangement with the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust before being appointed substantively in October 2022. Shelley is a non-voting member of the Board.

Shelley started her career in legal private practice representing defendants in civil litigation before joining NHS Resolution in 2006 where she represented NHS Trusts across the country. She has since worked in several NHS Trusts with experience of leading a variety of corporate and governance services.

Attendance: 11 of 12



Claire Horsfield, Director of Operations and Chief AHP (Appointed May 2023)

Claire, a registered physiotherapist, is a member of the Board. Claire was previously the Deputy Director of Quality and Chief AHP within the Trust.

Claire has a special interest in MSK and is also responsible for Allied Health Professionals within the Trust.

Attendance: 11 of 12

Accountability Report: Corporate Governance Report



Rhia Boyode, Director of People (Appointed via SLA with Shrewsbury and Telford Hospital NHS Trust May 2024)

Rhia has spent most of her career in Organisational Development in the private sector supporting Global FTSE companies.

She went on to pursue a career in Human Resources which progressed to her leading the full range of HR and OD services for many years as a Head of HR Globally within Transportation, Automotive and Aerospace before joining the NHS as a Deputy Director going on to become a Board level Executive Director.

She has a Master of Science degree in Human Resource Management from Salford University of Manchester (Business School) and is a Fellow of the Chartered Institute of Personnel and Development (CIPD).

In addition to her role at Shropshire Community Trust, Rhia is Director of People and OD for The Shrewsbury and Telford NHS Trust.

Attendance: 8 of 12

Directors who have left the Trust.

Peter Featherstone, Non-Executive Director left the Trust in November 2024

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.

Accountability Report: Corporate Governance Report

Committee Membership and Attendance

There are several 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 & Attendance:

- **Jill Barker** (Chair) (9 of 9)
Non-Executive Director
- Clair Hobbs (Executive Lead) (8 of 9)
Director of Nursing, Quality and Clinical Delivery
- Cathy Purt (6 of 9)
Non-Executive Director
- Alison Sargent (4 of 9)
Non-Executive Director
- Tina Long (7 of 9)
Acting Chair/Non-Executive Director
- Claire Horsfield (8 of 9)
Director of Operations
- Patricia Davies (7 of 9)
Chief Executive
- Dr Ganesh Mahadeva (9 of 9)
Medical Director
- Shelley Ramtuhul (7 of 9)
Director of Governance

The Chair, Chief Executive and all other Non-Executive Directors are invited to attend, and other Executive Directors, senior managers, and health professional staff attend for specific items.

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. To do this, it reviews the work of other governance committees, making sure the systems and controls used are sound.

Membership & Attendance:

- Harmesh Darbhanga (Chair) (6 of 7)
Non-Executive Director
- Peter Featherstone (4 of 4)
Non-Executive Director
- Cathy Purt (2 of 7)
Non-Executive Director
- Alison Sargent (0 of 7)
Non-Executive Director
- Jill Barker (6 of 7)
Non-Executive Director
- Tina Long (2 of 3)
Non-Executive Director

The Director of Governance is a standing attendee at the Audit Committee. All other Non- Executive Directors (excluding the Chairman) are invited to attend as are the External and Internal Auditors, and the Director of Finance.

Other Executive Directors including the CEO and other senior managers of the Trust are regularly invited to attend meetings of the Audit Committee for specific items.

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 & Attendance:

- Peter Featherstone (Chair until September 2024) (3 of 3)
Non-Executive Director
- Tina Long (Chair from September 2024) (4 of 5)
Non-Executive Director
- Harmesh Darbhanga (4 of 5)
Non-Executive Director
- Alison Sargent (1 of 5)
Non-Executive Director
- Sarah Lloyd (5 of 5)
Director of Finance
- Claire Horsfield (5 of 5)
Director of Operations
- Clair Hobbs (4 of 5)
Director of Nursing, Quality and Clinical Delivery

- Shelley Ramtuhul (5 of 5)
Director of Governance

Other Trust Directors and managers and health professional staff attend for specific items. The members will be supported by the following who will attend when required: Medical Director, Deputy Director of Finance, Associate Director of Workforce, Deputy Director of Operations, Deputy Director of Nursing Quality and Clinical Delivery, Head of Information.

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 and the conditions of service for the Chief Executive, Executive Directors and Senior Managers. During the year 2024-25 it has approved the appointment of the Deputy Chief Executive.

Membership & Attendance

- Andrew Morgan (Chair) (2 of 2)
Non-Executive Director
- Tina Long (4 of 4)
Acting Chair / Non-Executive Director
- Harmesh Darbhanga (3 of 4)
Non-Executive Director
- Alison Sargent (4 of 4)
Non-Executive Director
- Peter Featherstone (3 of 3)
Non-Executive Director
- Cathy Purt (3 of 4)
Non-Executive Director
- Jill Barker (2 of 4)
Associate Non-Executive Director

The Chief Executive and Director of Governance attend 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.

People Committee

Role and Purpose:

The People Committee has delegated authority from the Board to oversee, co-ordinate, review and assess the workforce strategy and management arrangements within the Trust. The Committee assists in ensuring that Board members have a sufficiently robust understanding of key performance relating to workforce matters to ensure service delivery.

Membership & Attendance:

- Alison Sargent (Chair) (5 of 6)
Non-Executive Director
- Jill Barker (7 of 7)
Non-Executive Director
- Tina Long (5 of 5)
Non-Executive Director

- Rhia Boyode (4 of 7)
Chief People Officer
- Sarah Lloyd (2 of 7)
Director of Finance
- Claire Horsfield (6 of 7)
Director of Operations
- Shelley Ramtuhul (4 of 7)
Director of Governance

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 & Attendance:

- Alison Sargent (Chair) (3 of 3)
Non-Executive Director
- Sarah Lloyd (3 of 3)
Director of Finance
- Clair Hobbs (3 of 3)
Director of Nursing, Quality and Clinical Delivery

Other members of staff are invited to attend as required, David Court, Claire Horsfield, Jonathan Gould

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

You can see a register of Board member and attendees' interests at <https://www.shropscommunityhealth.nhs.uk/foi-lists-and-registers>

Accountability Report: Corporate Governance Report

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 situation 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.
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

By order of the Board.



Director of Finance
25 June 2025



Chief Executive
25 June 2025

Accountability Report: Corporate Governance Report

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

The Chief Executive of NHS England 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 situation as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

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.

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 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.



Chief Executive

25 June 2025

Accountability Report: Corporate Governance Report

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 risks 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 2025 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Management of risk underpins achievement of the Trust's Strategy and related priorities. Risk management is the responsibility of all staff and imperative to providing safe quality care for patients and staff. Risk plays a key role in informing decision making and is significant for the Trust's business planning process where public accountability in delivering health services is required.

The Trust Board has overall responsibility for the management of risk. The Board provides leadership by ensuring that the Trust has an effective Risk Management Strategy and clear assurance reporting pathways. The Board monitors strategic risks through bi-monthly review of the Board Assurance Framework (BAF) through receipt of Audit Committee reports providing assurance on the effectiveness of Trust's internal risk control systems.

All Board Sub-Committees are responsible for monitoring and reviewing risks relevant to their remit including extent to which they are assured by the evidence presented with respect to the management of the risk. Each Committee has responsibility for escalating identified concerns to the Board.

The Trust has clear set out roles in its Risk Management Policy in relation to risk management.

- Chief Executive is the accountable officer for the management of risk, responsible for maintaining sound internal control systems that supports the achievement of the Board's policies, aims and objectives, whilst safeguarding funds and assets.
- The Trust Secretary supports the Chief Executive in the role as accounting officer of the

Accountability Report: Corporate Governance Report

organisation and has responsibility for risk in relation to corporate governance framework, compliance and assurance including the Board Assurance Framework.

- The Director of Nursing, Quality and Clinical Delivery and the Medical Director are responsible for ensuring that arrangements are in place to identify, mitigate and monitor risks associated with clinical care and treatment, patient involvement, serious incidents, safeguarding, infection control and professional standards for nursing and allied health professional's staff. The Director of Nursing, Quality and Clinical Delivery is also the accountable officer for Emergency Planning, Preparedness and Resilience.
- The Director of Finance has delegated responsibility for risks associated with the management, development and implementation of systems of financial risk management, performance, strategy and estate.
- The Director of Operations has delegated responsibility for risks associated with operational management including overall emergency planning and resilience and business continuity.
- The Director of Nursing, Quality and Clinical Delivery has delegated responsibility for risk associated with workforce planning, staff welfare, recruitment and retention.
- The Trust Chair and Non-Executive Directors exercise non-executive responsibility for the promotion of risk management through participation in the Trust Board and its Committees. They are responsible for scrutinising systems of governance and have a particular role in this Trust for chairing Board Committees. The Trust provides mandatory and statutory training that all staff is required to complete, in addition new staff attend mandatory induction that encompasses key elements of risk. There are many ways that the organisation seeks to learn from good practice, and this includes incident reporting procedures and debriefs, complaints, claims and proactive risk assessment.

The Board is constituted to consist of the Chair, five Non-Executive Directors, and five voting Executive Directors. During the 2022-23 the Chair stood down (February 2023) and one of the Non-Executive Directors was made Acting Chair until the appointment of the current Chair in October 2024. There have been other regular attendees at the Board:

- An associate Non-Executive Director (who has since been appointed as a Non-Executive Director).
- The Director of Governance.
- The Director of Workforce

The Board completed a full Well-Led Developmental Review 2022/23 which was undertaken by the Good Governance Institute to assess the Trust's performance against CQC well led requirements and specifically the NHS England Well Led Framework. The findings of the were translated into an improvement action plan and overseen by the Audit Committee and the Board of Directors to completion. The Trust is planning to undertake a further well led review during 2025/26 and has a draft specification for this with a view to progressing this in Q2.

The Board has been supported by the five committees set out above throughout the year and these committees, except the Nominations and Remuneration Committee, provide reports to the Board, following their meetings.

Accountability Report: Corporate Governance Report

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 Governance Team who provide guidance on all aspects of risk management.

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 profile as it related to the quality and safety of services and the working environment.

The Resource 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 People Committee has the overall responsibility for all workforce issues and overseeing performance against the workforce metrics. The committee has a particular focus on staffing, recruitment and retention, staff wellbeing, staff development as well as oversight of statutory employment responsibilities.

The Audit Committee, through its work programme, scrutinises the registers and riskmanagement

Accountability Report: Corporate Governance Report

processes, seeking additional assurance where necessary.

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

- Reviewing assurances relating to the 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.
- Ensuring that there is an effective internal and external audit function providing appropriate independent assurance to the Trust Board. Reviewing the work and findings of the external auditor. Receiving an annual review of effectiveness of the auditors.
- Reviewing the findings of other significant assurance functions, both internal and external to the Trust.
- Reviewing the work of other committees within the Trust, whose work can provide relevant assurance to the Audit Committee's own scope of work.
- Requesting and reviewing reports and positive assurances from Directors and managers on the overall arrangements for governance, risk management and internal control.
- Reviewing and approving the Annual Report and financial statements (as a delegated responsibility of the Board) and ensuring that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

The Audit Committee reports to the Board of Directors on an annual basis on its work in support of the Annual Governance Statement, specifically commenting on whether the Board Assurance Framework (BAF) is fit for purpose and governance arrangements are fully integrated.

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 and tests assurances with management related to the Board Assurance Framework entries. The Audit Committee reports its findings to the Board, which reviews the framework entries at each meeting.

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

Accountability Report: Corporate Governance Report

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

Dependent on the rating, risks are recorded at four levels:

Departmental	Risks that are low level and can be managed locally. Risks are monitored at team level, e.g., through team meetings
Divisional	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 subgroup 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.

Any service change is subject to a full Quality and Equality Impact Assessment (QEIA) 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.

Accountability Report: Corporate Governance Report

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 is fully compliant with the registration requirements of CQC and operates to the standards of the NHS England well led framework.

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.

The Trust has not reported any Never Events during the year 2024/25 and in strengthening its policies and procedures around patient safety has transitioned to the Patient Incident Safety Response Framework in line with NHS England requirements.

The Trust is committed to openness and transparency in its work and decision making. As part of that commitment the trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

Board members are required to notify and record any interests relevant to their role on the Board. The register is presented to the Board for review at each meeting of the board or its committees, members are asked to declare any interests in relation to agenda items being considered, abstaining from involvement if required, and advise the Company Secretary of any new interests which need to be included on the register.

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

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust is entering its third year of its Green Plan and continues to commit to driving sustainable development to deliver our strategic objectives, enable delivery of high-quality care, to be the employer of choice and to make the best use of our resources. Plans are under review to support and enable the Trust to deliver on its carbon reduction plans into the future as we transition to a net zero economy across the Shropshire County working collaboratively with our partners in the public sector and the wider Shropshire community.

There is significant work undertaken to ensure we have the right workforce in place to support service delivery. We have several mechanisms in place which allow us to monitor staffing levels and

Accountability Report: Corporate Governance Report

competencies to provide safe and effective care. Information about staffing levels is reviewed on a monthly basis at the People Committee and the Board via its Workforce Performance Report. The Trust also undertakes a nursing establishment reviews every six months, which is reported to the Board of Directors. The Guardian of Safe Working regularly reports Junior Doctor compliance to safe working hours and formally notifies the Board of Directors of any exception reports. We continue to explore and develop new roles, including widening our offer of Apprenticeships across the organisation, which will support care delivery. We currently have several new roles and programmes in place including Nursing Associates, Nurse Apprentices, and Advanced Clinical Practitioners. We have also undertaken several system collaboration projects including international recruitment for nursing..

In accordance with the recommendations of 'Developing Workforce Safeguards' the Trust uses a triangulated approach to maintaining assurance around workforce strategies and safe staffing systems.

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.

NHS Provider Licence section 4 (governance)

The NHS Provider Licence is the main tool for regulating providers of NHS services. Oversight of all NHS trusts, NHS foundation trusts and Integrated Care Boards is undertaken by NHS England using the System Oversight Framework. Following the publication of the new Code of Governance for NHS Providers which applied to all NHS Trusts from 1 April 2023, the Trust adheres to the Code on a 'comply or explain' basis. The Board has undertaken a review of its Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions during the year, along with reviewing the terms of reference of its committees. With reference to the requirements of the Trust's Standing Orders and Standing Financial Instructions, no gaps in legal compliance have been identified during the year.

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 2025, the Trust met these duties, as summarised below, and set out in more detail within the financial statements:

- to break-even at adjusted level on Income & Expenditure – achieved.
- to maintain capital expenditure below a set limit – achieved
-

Within this, the Trust delivered a challenging efficiency programme of £4.5m compared to our target of £3.6m for the year. The recurrent savings delivered in the year was £2.8m, £0.3m below target, however the full year effect of the schemes met our target. Non-recurrent savings delivered were £1.4m which exceeded target by £1.2m, more than offsetting the shortfall on recurrent schemes in year. Whilst this area remains a significant challenge, the Trust's will continue to develop our transformational approach to generating and implementing efficiency measures. All efficiency programmes undergo a Quality, Equality Impact Assessment prior to implementation, to ensure that quality of care is not adversely affected.

Checking the correct discharge of statutory functions is managed via the Trust risk management system.

Accountability Report: Corporate Governance Report

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.

The Trust monitors performance against quality standards via a performance framework, reporting through Board committees to the Board. These standards include quality of care, efficiency of service delivery, performance against national standards, contract delivery and finance. Where indicated recovery plans are formulated, actioned and monitored.

The Trust has a strong track record in relation to Value for Money and no matters have been brought to the attention of our External Auditors in this regard.

Fraud

The Trust has been rated as overall green on anti-fraud arrangements, which means the Trust meets the requirements of national anti-fraud standards.

Information Governance

The Trust has robust systems and processes in place to protect personal confidential information held both in paper and digital format by the Trust.

The Trust completes the Data Security and Protection Toolkit (DSPT) which sets out the National Data Guardian's (NDG) data security standards. By completing this Toolkit self-assessment, the Trust provides evidence to demonstrate that it is working towards or meeting the NDG standards. The NDG standards are aligned to the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

Through the Data Security and Protection Assurance Group and reporting framework the Trust Board receives assurance that progress is being made and is also notified of any risks regarding data protection and security. The Data Security and Protection Assurance Framework includes several sub-groups whose membership include specialist staff who can support assessment and testing of the robustness of the systems employed. All Trust issued electronic devices issued by the Trust are encrypted and have their access appropriately managed to protect against unauthorised personnel accessing data.

For the period 2024-2025 the Trust will assess themselves against the new Data Security and Protection Assessment / Cyber Assurance Framework; the baseline was submitted on the 31 December 2024 and the final submission will be made on 30 June 2025. The new assessment will require a significant amount of work by the Trust to apply the guidance, assess compliance and evidence to successfully complete the assessment for this year.

For the period 01 April 2024 to 31 March 2025 the Trust reported four data breaches to the Information Commissioner's Office (ICO). The findings of the cases were that; one case was not reportable to the ICO, one case was not a data breach and the two other cases where a data breach did occur appropriate actions have taken place to mitigate future risks, there was no action taken by the ICO. The cases are summarised below:

Case 1: Reported on the 06/04/2024 and the outcome was that this was not reportable. In accordance

Accountability Report: Corporate Governance Report

with the Trust's Lone Worker Policy a record is kept of personal confidential information in case a member of staff does not return from a patient visit at the end of the day and the next of kin needs to be contacted in an emergency. The Lone Worker folder went missing. The investigation found that it was unlikely that the information had left the secure area of the service office and that it had been destroyed by mistake. The office is secure with authorised access only for Trust staff. A new robust secure digital solution is now in place.

Case 2: Reported on the 04/07/2024. An SD card went missing from a Dictaphone. The investigation found that a data breach had occurred, and the SD card could not be found. The 10 patients were informed by letter. A new and robust process is now in place to keep Dictaphones and the information secure.

Case 3: Reported on the 22/10/2024. The e-Roster Team notified the system supplier that access restrictions were not in place for a User. The investigation found that a data breach had not occurred and the ICO was informed. The User thought that their access level was incorrect, and they could see more information than they should, however, on review it was found that the access level was appropriate and correct.

Case 4: Reported on the 08/11/2024. Personal email addresses disclosed when a communication was sent out using the cc rather than the Bcc (blind) email feature at the end of a patient group clinical session that is run by the service. This resulted in personal email addresses being exposed to the other group members who attended the session. The patients are known to each other as they attend the clinical group, however they would not necessarily know each other's personal email addresses. The investigation found that a data breach had occurred, and all members of the group were notified. A communication to all Trust staff was sent out to raise awareness.

Data Quality and Governance

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.

Shropshire Community Health NHS Trust recognises the importance of reliable information as a fundamental requirement for the speedy and effective treatment of patients.

Data quality is crucial, and the availability of complete, accurate and timely data is important in supporting key functions such as patient care and healthcare planning.

The following are some of the key points that support data quality processes:

- Data quality checks using a wide spectrum of measures and indicators, which ensure that data is meaningful and fit for purpose.

Accountability Report: Corporate Governance Report

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- Data Quality/Validation exercises are undertaken with services on both a regular and ad hoc basis.
 - Functionality within RiO, the Trust's main clinical system, allows services to monitor and manage certain data quality items real time and manage waiting lists and Referral to Treatment via the front end.
 - Compliance with the Data Security and Protection Toolkit.
 - An Information Quality Assurance policy exists defining roles and responsibilities for data quality including audits.
 - There is a Data Quality Subgroup that reports to the Data Security and Protection Assurance Group
 - Information Systems and any associated procedures are updated in line with national requirements e.g., Information Standards Board (ISB) notifications.
 - External Data Quality metrics are reviewed, and action plans implemented where the position is off track.
 - Data Quality KPIs are reported through operational groups and overall Data Quality Maturity Index is reported to Committees/Board.

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, the People Committee and the Resource 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

Internal Audit 2024/25

During 2024/25 the Trust's internal auditors undertook the following audits to provide an overview of the effectiveness of the controls in place for the full year. The following reports were issued for this financial year:

- Medicines Management
- Cultural Maturity
- Revalidation
- Mandatory Training
- Key Financial Systems
- Data Security & Protection Toolkit (issued in draft)

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-
- Patient Safety Incident Response Framework

The internal audit work for the 12-month period from 1 April 2024 to 31 March 2025 was carried out in accordance with the internal audit plan approved by management and the Audit Committee. The plan was based upon discussions held with management and was constructed in such a way as to gain a level of assurance on the main financial and management systems reviewed. There were no restrictions placed upon the scope of the audit and the work complied with Public Sector Internal Audit Standards.

Head of Internal Audit Opinion

The role of internal audit is to provide an opinion to the Board, through the Audit Committee (AC), on the adequacy and effectiveness of the internal control system to ensure the achievement of the organisation's objectives in the areas reviewed. Overall, the Head of Internal Audit opinion was one of **moderate assurance** that there is a sound system of internal controls, designed to meet the Trust's objectives, that controls are being applied consistently across various services. In forming this opinion Internal Audit took into account that:

- They similar to the prior year
- Their six assurance reports for the year resulted in a total of 19 recommendations (High: none, Medium: 15 and Low: seven), compared to 27 recommendations in the assurance reports the year before (High: 2 Medium: 12 and Low: 13)
- Their one advisory report for the year resulted in a total of 2 medium recommendations
- The Trust has displayed strong controls in relation to its Key Financial Services and its Patient Safety Incident Response Framework (PSIRF)
- The Trust has performed reasonably in implementing internal audit recommendations within the specified timeframes. As at the end of February 2025, there are no outstanding recommendations overdue from the prior year when taking into account adjusted recommendation dates and completion rates have improved
- As of March 13 2025 the Shropshire NHS Trusts are facing a significant financial deficit, across the health economy. However, the position is positive for Shropshire Community NHS health Trust expected to achieve an adjusted surplus above initial estimations.

The Trust has accepted the recommendations made by auditors in respect of all the internal audit reviews during the year and has put in place action plans to address the recommendations made. These recommendations are tracked for completion and re-audited where appropriate.

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

Accountability Report: Corporate Governance Report

- CQC Self-Assessment, inspections and reviews
- Counter Fraud Reports
- Management Reports
- Performance and Quality Reports
- Review of Governance Arrangements
- Ensuring that policies and procedures are embedded and acted on locally.

Conclusion

It is therefore concluded that there were no significant gaps in control or significant internal control issues identified during 2024/25. The Trust continued to implement robust processes to address all recommendations arising from reviews undertaken.



Chief Executive
25 June 2025

Accountability Report: Corporate Governance Report

Modern Slavery Act 2015 – Annual Statement for 2024/25

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 sites 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 Midlands Partnership NHS Foundation Trust for Trust properties, except for 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.

Estates: Midlands Partnership 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.

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 2025.

Accountability Report: Remuneration & Staff 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 England (NHSE), 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 March 2018.

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 NHSE on behalf of the Secretary of State for Health in accordance with appraisal guidance provided by the NHSE. Performance review and appraisal of Non-Executive Directors is carried out by the Chair with guidance provided by NHSE. 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.

More detail about the salary and pension entitlements for the Trust's VSMs for the year 2024/25 can be found in the Annual Accounts section of this report.

Accountability Report: Remuneration & Staff Report

Senior Manager Remuneration

The table below shows details about remuneration for 2024/25 (this information is subject to audit).

Remuneration : 2024/25							
Name and title	Dates in Post	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
Patricia Davies (Chief Executive)	01/04/24-31/03/25	175-180				22.5-25.0	200-205
Sarah Lloyd (Director of Finance)	01/04/24-31/03/25	135-140				15.0-17.5	150-155
Dr Mahadeva Ganesh (Medical Director)	01/04/24-31/03/25	100-105				27.5-30.0	125-130
Clair Hobbs (Director of Nursing and Clinical Delivery)	01/04/24-31/03/25	125-130				17.5-20.0	145-150
Shelley Ramtuhul (Director of Governance and Company Secretary)	01/04/24-31/03/25	105-110				0	105-110
Claire Horsfield (Director of Operations and Chief AHP)	01/04/24-31/03/25	105-110				22.5-25.0	130-135
Rhia Boyode (Chief People Officer)	01/05/24-31/03/25	60-65				0	60-65
Andrew Morgan (Chair)	01/10/24-31/03/25	20-25				0	20-25
Tina Long (Acting Chair)	01/04/24-30/09/24	20-25				0	20-25
Tina Long (Non-Executive Director)	01/10/24-31/03/25	15-20				0	15-20
Harmesh Darbhanga (Non-Executive Director)	01/04/24-31/03/25	10-15				0	10-15
Peter Featherstone (Non-Executive Director)	01/04/24-11/11/24	5-10				0	5-10
Cathy Purt (Non-Executive Director)	01/04/24-31/03/25	10-15				0	10-15
Alison Sargent (Non-Executive Director)	01/04/24-31/03/25	10-15				0	10-15
Jill Barker (Associate Non-Executive Director)	01/04/24-31/03/25	10-15				0	10-15

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 2024/25.
3. There were no payments/awards to past directors, or compensation on early retirement or loss of service.
4. Peter Featherstone left the employment of the Trust on 11th November 2024.
5. Rhia Boyode started employment with the Trust on the 1st of May 2024, a shared post with Shrewsbury and Telford Hospital and the above figures relate to her employment at this Trust.
6. Andrew Morgan started employment with the Trust on the 1st of October 2024, a shared post with Shrewsbury and Telford Hospital and the above figures relate to his employment at this Trust.
7. Tina Long was Acting Chair until the 1st of October 2024 and then a Non-Executive Director for the rest of the reporting year.
8. Dr Mahadeva Ganesh (Medical Director) worked part time during 2024/25 for the Trust and worked for the ICB as Interim Chief Medical Officer for part of the year. The above figures only relate to his role with this Trust.

Accountability Report: Remuneration & Staff Report

The table below shows details about remuneration for 2023/24

Remuneration : 2023/24							
Name and title	Dates in Post	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
Patricia Davies (Chief Executive)	01/04/23-31/03/24	165-170				0	165-170
Sarah Lloyd (Director of Finance)	01/04/23-31/03/24	125-130				0	125-130
Dr Mahadeva Ganesh (Acting Medical Director)	01/04/23-31/03/24	95-100				0.0-2.5	100-105
Angela Wallace (Chief Operating Officer)	01/04/23-04/06/23	80-85				0	80-85
Clair Hobbs (Director of Nursing and Workforce)	01/04/23-31/03/24	120-125				27.5-30.0	150-155
Shelley Ramtuhul (Director of Governance and Company Secretary)	01/04/23-31/03/24	100-105				0	100-105
Claire Horsfield (Director of Operations and Chief AHP)	01/06/23-31/03/24	100-105				90.0-92.5	190-195
Tina Long (Acting Chair)	01/04/23-31/03/24	40-45				0	40-45
Harmesh Darbhanga (Non-Executive Director)	01/04/23-31/03/24	10-15				0	10-15
Peter Featherstone (Non-Executive Director)	01/04/23-31/03/24	10-15				0	10-15
Cathy Purt (Non-Executive Director)	01/04/23-31/03/24	10-15				0	10-15
Alison Sargent (Non-Executive Director)	01/04/23-31/03/24	10-15				0	10-15
Jill Barker (Associate Non-Executive Director)	01/04/23-31/03/24	10-15				0	10-15

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 and the Chief Operating Officer received allowances paid in lieu (£65-£70k) in 2023/24.
3. There was a one-off payment in relation to loss of office to a past Director for (£25-£30k), there were no other payments/awards to past directors, or compensation on early retirement or loss of service.
4. Angela Wallace left the employment of the Trust on 4th June 2023.
5. Claire Horsfield was appointed to the Trust Board on the 1st of June 2023.

Pension Entitlements

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

Pension entitlements 2024/25								
Name and title	Dates in Post	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 2025 (bands of £5,000)	Lump sum at pension age re accrued pension at 31 March 2025 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2024	Cash Equivalent Transfer Value at 31 March 2025	Real increase in Cash Equivalent Transfer Value
		£000	£000	£000	£000	£000	£000	£000
Patricia Davies (Chief Executive)	01/04/24-31/03/25	0.0-2.5	0	65-70	165-170	1,354	1,496	29
Sarah Lloyd (Director of Finance)	01/04/24-31/03/25	0.0-2.5	0	55-60	145-150	1,184	1,303	23
Dr Mahadeva Ganesh (Medical Director)	01/04/24-31/03/25	0.0-2.5	0	0-5	0	0	41	29
Clair Hobbs (Director of Nursing and Clinical Delivery)	01/04/24-31/03/25	0.0-2.5	0	40-45	105-110	801	891	20
Claire Horsfield (Director of Operations and Chief AHP)	01/04/24-31/03/25	0.0-2.5	0	30-35	80-85	594	670	22
Shelley Ramtuhul (Director of Governance and Company Secretary)	01/04/24-31/03/25	0	0	0	0	0	0	0
Rhia Boyode (Chief People Officer)	01/05/24-31/03/25	0	0	0	0	0	0	0

Notes

Accountability Report: Remuneration & Staff Report

1. Non-executive directors do not receive pensionable remuneration, there are no entries in respect of pensions for these directors.
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. Dr Mahadeva Ganesh has re-joined the 2015 Pension scheme in 2024/25. The pension regulations changed in year and those who have taken 1995 benefits can now re-join the 2015 scheme.
5. Shelley Ramtuhul and Rhia Boyode chose not to be covered by the pension arrangements during the reporting year.
6. **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](#).
7. **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.
8. The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

Fair pay disclosures

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid Director/Member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid Director/Member in the organisation in the financial year 2024-25 was £177,500* (2023-24, £167,500). The relationship to the remuneration of the organisation's workforce is disclosed in the below table. These disclosures exclude the costs of non-executive directors. The information provided on 'pay multiples' is subject to audit.

Accountability Report: Remuneration & Staff Report

2024 to 2025	25th percentile	Median	75th percentile
Total remuneration (£)	28,066	37,338	45,586
Salary component of total remuneration (£)	28,066	37,338	45,586
Pay ratio information	6.3	4.8	3.9
2023 to 2024	25th percentile	Median	75th percentile
Total remuneration (£)	25,357	35,392	43,742
Salary component of total remuneration (£)	25,357	35,392	43,742
Pay ratio information	6.6	4.7	3.8

The above table shows that the banded remuneration of the highest paid Director/Member in Shropshire Community Health NHS Trust in the financial year 24/25 was:

- 3.9 times (2023/24 - 3.8) the 75th percentile remuneration of the workforce, which was £45,586 (2023/24 - £43,742).
- 4.8 times (2023/24 - 4.7) the median remuneration of the workforce, which was £37,338 (2023/24 - £35,392).
- 6.3 times (2023/24 - 6.6) the 25th percentile remuneration of the workforce, which was £28,066 (2023/24 - £25,357).

The percentage change in remuneration from the previous financial year in respect of the highest paid director was 6.0% (2023/24 - 6.3%). The average percentage change in remuneration from the previous financial year in respect of employees of the entity was 4.4% (2023/24 1.5%). This increase in director pay and employee pay is due to the national pay award and reflects the changes to the staff mix.

In 2024/25, seven (2023/24, nine) employees received remuneration more than the highest paid Director/Member. Remuneration ranged from £23,615 to £268,769 (2023/24 £21,066 to £289,648).

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.

(*Banded remuneration is the mid-point between £175,000 and £180,000, which is the band within which the remuneration of the highest paid Director falls).

Accountability Report: Remuneration and Staff Report

Staff Report

We employ nearly 2,000 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 2024/25 had a headcount of 1,988.

Staff Numbers

2025	Female		Male		All	
	FTE	Headcount	FTE	Headcount	FTE	Headcount
Executive Directors	4.0	4.0	0.6	1.0	4.6	5.0
Senior Managers	72.2	77.0	22.9	23.0	95.1	100.0
Band 8A	50.9	54.0	10.0	10.0	60.9	64.0
Band 8B	8.4	10.0	7.9	8.0	16.3	18.0
Band 8C	8.8	9.0	2.0	2.0	10.8	11.0
Band 8D	3.0	3.0	2.0	2.0	5.0	5.0
Band 9	1.0	1.0	1.0	1.0	2.0	2.0
Other Staff	1342.8	1683.0	180.3	200.0	1523.0	1883.0
All Employees	1419.0	1764.0	203.8	224.0	1622.8	1988.0

2024	Female		Male		All	
	FTE	Headcount	FTE	Headcount	FTE	Headcount
Executive Directors	4.0	4.0	0.6	1.0	4.6	5.0
Very Senior Managers	1.0	1.0	0.0	0.0	1.0	1.0
Senior Managers	61.6	69.0	19.3	20.0	80.9	89.0
Band 8A	39.2	46.0	6.4	7.0	45.6	53.0
Band 8B	9.4	10.0	7.9	8.0	17.3	18.0
Band 8C	8.0	8.0	3.0	3.0	11.0	11.0
Band 8D	3.0	3.0	1.0	1.0	4.0	4.0
Band 9	2.0	2.0	1.0	1.0	3.0	3.0
Other Staff	1188.0	1496.0	171.3	192.0	1359.3	1688.0
All Employees	1254.6	1570.0	191.2	213.0	1445.8	1783.0

Staff Numbers by Staff Group**Average number of employees (WTE basis)**

			2024/25	2023/24
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	20	6	26	27
Ambulance staff	0	0	0	0
Administration and estates	387	21	408	413
Healthcare assistants and other support staff	294	35	329	281
Nursing, midwifery and health visiting staff	629	52	681	532
Nursing, midwifery and health visiting learners	18	0	18	20
Scientific, therapeutic and technical staff	239	11	250	231
Healthcare science staff	0	0	0	0
Social care staff	0	0	0	0
Other	6	0	6	0
Total average numbers	1,593	125	1,718	1,504

Accountability Report: Remuneration and Staff Report

Staff Numbers by Ethnicity

Ethnicity	Headcount	FTE
A White - British	1680	1357.4
B White - Irish	6	4.0
C White - Any other White background	29	25.9
C3 White Unspecified	6	4.1
CA White English	7	5.5
CC White Welsh	1	0.6
CD White Cornish	1	0.4
CP White Polish	7	6.3
CX White Mixed	3	2.5
CY White Other European	4	3.1
D Mixed - White & Black Caribbean	8	6.8
E Mixed - White & Black African	1	1.0
F Mixed - White & Asian	3	3.0
G Mixed - Any other mixed background	4	3.8
H Asian or Asian British - Indian	53	47.4
J Asian or Asian British - Pakistani	14	11.9
L Asian or Asian British - Any other Asian background	4	3.0
LG Asian Sinhalese	1	1.0
LK Asian Unspecified	6	5.8
M Black or Black British - Caribbean	11	10.0
N Black or Black British - African	58	55.5
P Black or Black British - Any other Black background	1	0.6
PC Black Nigerian	4	4.0
PE Black Unspecified	1	1.0
R Chinese	4	3.9
S Any Other Ethnic Group	2	2.0
SB Japanese	1	0.8
SC Filipino	1	1.0
SE Other Specified	5	5.0
Z Not Stated	62	45.7
Grand Total	1988	1622.8

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

Staff costs

	Permanent	Other	2024/25 Total	2023/24 Total
	£000	£000	£000	£000
Salaries and wages	66,765	790	67,555	55,613
Social security costs	6,199	0	6,199	5,330
Apprenticeship levy	312	0	312	266
Employer's contributions to NHS pension scheme	14,369	0	14,369	10,380
Pension cost - other	24	0	24	23
Other post employment benefits	0	0	0	0
Other employment benefits	0	0	0	0
Termination benefits	0	0	0	0
Temporary staff	0	4,909	4,909	5,881
Total gross staff costs	87,669	5,699	93,368	77,493
Recoveries in respect of seconded staff	0	0	0	0
Total staff costs	87,669	5,699	93,368	77,493

Staff Sickness Absence

Figures Converted by DH to Best Estimates of Required Data Items			Statistics Produced by NHS Digital from ESR Data	
Average FTE 2024	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days Lost to Sickness Absence
1,560	18,573	11.9	569,408	30,130

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse

Period covered: January to December 2024

Data items: ESR does not hold details of the planned working/non-working days for employees so days lost and days available are reported based upon a 365-day year. For the Annual Report and Accounts the following figures are used:

The number of FTE-days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365. The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure. The average number of sick days per FTE has been estimated by dividing the FTE Days by the FTE days lost and multiplying by 225/365 to give the Cabinet Office measure. This figure is replicated on returns by dividing the adjusted FTE days lost by Average FTE.

Equality, Diversity & Inclusion

Our vision is for diversity and inclusion to be at the heart of everything we do, working together to deliver sustainable, high-quality, patient care to communities we serve. We ensure that our staff are at the centre

of initiatives to promote a positive culture that tackles workforce related inequalities and strives to achieve a greater sense of belonging for all staff. It is a key priority to become a truly inclusive organisation which celebrates its diverse workforce, and where staff feel they are treated equally.

We have made progress over the last twelve months, we have continued to embed equality, diversity and inclusion for our staff and patients. We continue to engage with our staff voice networks who contribute to identifying improvements that we can make in the Trust, and work with the networks to co-create actions and material; this year the networks supported the development of additional reasonable adjustment guidelines for our line managers; this will further enhance our line manager capability and support individuals in being able to thrive at work. Our staff networks also review our EDI related data and support the development of our relevant action plans to improve equality diversity and inclusion. We continue to review our practices and policies to ensure we make Shropcom a fairer and more inclusive place to work. We know there is still much more we can do to embed our commitment to equality, diversity and inclusion within all our processes and to ensure we provide opportunities for all our staff to thrive and progress.

We report annually on the Workforce Race Equality Standard (WRES), Gender Pay Gap, and Workforce Disability Equality Standard (WDES). The data, alongside other equality monitoring information enables us to understand how well we are performing, and to take positive action to ensure all employees, regardless of race, gender or disability have equality of pay, career progression opportunities and fair treatment in the workplace leading to improved experiences.

Our People policies are developed with our values in mind and management training is designed to eliminate discrimination on all grounds, which includes disability. 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.

There is more information available on the Trusts website regarding its work to promote equality, diversity and inclusion for our workforce and service users.

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?

<i>Number of employees who were relevant. union officials during the relevant period</i>	<i>Full-time equivalent employee number</i>
6	5.31

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?

<i>Percentage of time</i>	<i>Number of employees</i>
0%	2
1-50%	4
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.

<i>First Column</i>	<i>Figures</i>
Provide the total cost of facility time	£7,900
Provide the total pay bill	£9,3367,901
Provide the percentage of the total pay bill spent on facility time, calculated as: (Total cost of facility time ÷ total pay bill) x 100	0.008%

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?

<i>Total hours spent on paid facility time</i>	373.85
<i>Total hours spent on paid union activities</i>	50
<i>Time spent on paid trade union activities as a percentage of total paid trade union facility time by relevant union officials during the relevant period ÷ total paid facility time hours) x 100</i>	13.4%

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 £245 per day, are shown.

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as of 31 March 2025, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2025	0

The standard contract for off payroll 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.

Deductions are made for PAYE for off payroll workers where appropriate in accordance with IR35 guidance.

The contractor's agreement to these terms is judged to constitute an appropriate level of risk assessment and management.

Table 2: New Off-payroll engagements

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2024 and March 2025, 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 2024 and 31 March 2025	0
Of which...	
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	0
No. engaged directly (via PSC contracted to department) and are on the departmental payroll	0
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

Accountability Report: Remuneration and Staff Report

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 2024 and 31 March 2025

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year.	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.	0 off-payroll 13 on payroll

There are currently 12 Board members as set out earlier in this report. The disclosure above showing 13 individuals reflects changes during the year where some officers held post for part of the year.

Exit Packages

The information relating to Exit Packages is subject to audit. Redundancy and other departure costs are paid in accordance with the provisions of NHS Agenda for Change rules on pay. Exit costs 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. In 2024/25 one redundancy payment was agreed totalling £65,882 and one contractual payment in lieu of notice was made totalling £2,872.

Reporting of compensation schemes - exit packages 2024/25

One redundancy payment and one contractual payments in lieu of notice was agreed in the period

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	0	1	1
£10,000 - £25,000	0	0	0
£25,001 - 50,000	0	0	0
£50,001 - £100,000	1	0	1
£100,001 - £150,000	0	0	0
£150,001 - £200,000	0	0	0
>£200,000	0	0	0
Total number of exit packages by type	1	1	2
Total cost (£)	65,882	2,872	£68,754

Shropshire Community Health NHS Trust Annual Report and Accounts 2024/25

Reporting of compensation schemes - exit packages 2023/24

Four redundancy payments and two contractual payments in lieu of notice was agreed in the period

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<£10,000	1	1	2
£10,000 - £25,000	1	0	1
£25,001 - 50,000	2	0	2
£50,001 - £100,000	0	1	1
£100,001 - £150,000	0	0	0
£150,001 - £200,000	0	0	0
>£200,000	0	0	0
Total number of exit packages by type	4	2	6
Total resource cost (£)	98,135	67,101	£165,236

Exit packages: other (non-compulsory) departure payments

	2024/25		2023/24	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	1	3	2	67
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
Total	1	3	2	67
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	0	0	0	0

Other departures

A single exit package can be made up of several components each of which need to be counted for separately.

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

There was no expenditure on consultancy in 2024/25 and no expenditure on consultancy in 2023/24.



Chief Executive
25 June 2025


Accountability Report:

Trust Accounts Consolidation (TAC) Summarisation Schedules for Shropshire Community Health NHS Trust for the year ended 31 March 2025

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2024/25 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 NHS provider accounting policies issued by NHS England, 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.

Signature:  ...
Sarah Lloyd
Director of Finance
25 June 2025

Chief Executive Certificate

1. I acknowledge the attached TAC schedules, which have been prepared and certified by the Finance Director, as the TAC schedules which the Trust is required to submit to NHS England.
2. I have reviewed the schedules and agree the statements made by the Director of Finance above.

Signature: 
Patricia Davies,
Chief Executive
25 June 2025

To be updated when received

Independent auditor's report to the Directors of Shropshire
Community Health NHS Trust

Report on the Audit of the Financial Statements

**Annual accounts for the year ended
31 March 2025**

