Shropshire Community Health
NHS Trust

Annual Report and Accounts 2021/22


Improving Lives in Our Communities
Commitment to Quality
Respect & Dignity
Working Together
Compassionate Care
Everyone Counts

Shropshire Community Health NHS Trust

Annual Report and Accounts 2021/22

Presented in accordance with the NHS Group Accounting Manual 2021/22
pursuant to the Companies Act 2006

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Annual Report and Accounts 2021/22

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, William Farr House, Mytton Oak Road, Shrewsbury, SY3 8XL.

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

Foreword

Welcome from the Chair

It is my great pleasure to welcome you to our Annual Report and Accounts for 2021/22.

In keeping with all NHS organisations, the way we delivered our services was very much impacted by the coronavirus pandemic throughout 2021/22.

It has been an enormous challenge for our teams to restore services that had been halted or cut back in previous months – but to do so in a way that keeps patients, service users and staff safe. I would like to commend all of our people, and indeed the whole of the NHS, for the way they have risen to this challenge.

The demand for health and care services has never been greater, and I have been proud to see our wonderful community teams at the forefront of the efforts to meet those challenges. It has been so inspiring to see the innovations that have been introduced to help alleviate some of the pressure that our urgent care colleagues have experienced.

Shropshire Community Health has always been an organisation committed to partnership working, and we have really led the way this past 12 months. Alongside the Annual Report I would encourage you to read our Quality Accounts which gives more detail about this kind of innovation over the last year.

Our Trust has also taken on responsibility for the vaccination programme within Shropshire, Telford and Wrekin over the past year. It is a real success story for SCHT and our health and care system – delivering some of the highest vaccination rates in the country for our population. This hard work is paying dividends in helping people to stay safe and well.

Our Chief Executive, Patricia Davies, joined us at the start of April 2021, and has really led by example and signalled an intention to be at the forefront of the Integrated Care System, which will be established on a statutory footing from the start of July 2022. I would also like to pay tribute to all members of the Trust Board, Executive and Non–Executive, who bring wisdom, experience, skills and knowledge to our work in providing our services to the population we serve. And last, but definitely not least, I wish to thank every single member of our staff teams who perform their duties with professionalism, care and compassion and demonstrate by their actions the values of our Trust. Thank you all.

I hope you enjoy this Annual Report and Accounts and I look forward to your continued support in 2022/23. If you would like to take a look at things in a bit more detail. Most of this information can also be found on our website at **www.shropscommunityhealth.nhs.uk**

Thank you,

Nuala O'Kane, Chair

Performance Report

Performance Overview

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

Chief Executive's Review of the Year

I joined Shropshire Community Health at the start of 2021/22 and it has certainly been a busy and challenging year in continuing to restore services against the backdrop of the vaccination programme, while also taking a leading role within our fledgling integrated care system.

Taking up this role was something of a homecoming for me, as I began my NHS career as a nurse in Shropshire. As I reflect on the past 12 months I do so with enormous pride and gratitude for the hard work of everyone within the Trust. It was certainly the right decision to return.

The past year has seen us focused on playing a pivotal role within the development of integrated care in our county, and in taking forward the prevention and placed-based care strategy set out in the NHS Long Term Plan. We have also been keen to drive forward important work on health inequalities and how we can proactively focus on the areas of highest inequality to start to make positive changes.

We are also aware that COVID has left its mark on waiting lists and are conscious as both receivers and deliverers of care, of how important early intervention and treatment is. We, therefore, must think differently about how and where care is delivered and with a greater focus on prevention and supporting self-care and self-management.

The focus for us in community services has never been so important and the opportunity so great. Everything I see and hear from getting out and talking to our people, is that this is an organization that is up for that.

The next couple of years we all know will be challenging, but the outcome worth it if we grasp the opportunity for our community and wider skill set.

I feel privileged to work with such talented and caring colleagues. To each of them, I say thank you for all for your continued compassion to each other and the communities we all 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 following a lot of work with our staff and stakeholders to make sure we got them right, and we have continued to work together to embed them into our everyday work and develop a shared culture.

Our Vision:

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

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

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

Our Values:

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

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

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

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

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

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

Performance Report: Performance Overview

Introducing 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 very many people who live with ongoing health problems. This is especially important in a large area such as ours, with increasing numbers of elderly people and others, including children and young people, with long-term health conditions.

We have about 750,245 community contacts each year, the vast majority of which are with people in their homes, in community centres and clinics. A very small number of people also receive inpatient care in our community hospitals.

Good community health services prevent the need for some patients to be admitted to hospital, including those with chronic conditions such as diabetes, asthma, chest disease, arthritis, hypertension, osteoporosis and stroke. People have told us that we should help patients manage their own condition and stay healthy

enough not to have to spend time in hospital, unless they really need to. This is especially important as we continue to care for an ageing population. We also have community teams that specifically work with patients who need additional or short-term care and support to help them return home from hospital as quickly as possible, or to avoid being admitted in the first place.

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

Key Facts:

Organisation formed in 2011

Serve a population of almost 500,000

Employ circa 1600 people

We had 750,245 community contacts in 2021/22

Spent £97.3m delivering services

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

Performance Report: Performance Overview

Who we are and what we do

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

We provide a wide range of community health services to about 497,000 adults and children in their own homes, local clinics, health centres, 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), 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 the majority of our income from the Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG), the organisation responsible locally for buying (commissioning) a wide range of health services for patients. As part of the move towards closer integration of health and care services, all CCGs will shortly be replaced by new Integrated Care Boards (ICBs). Our ICB will be known as NHS Shropshire, Telford and Wrekin. It will become a statutory body from 1 July 2022. In 2021/22 our total income for the year was £99.6 million. You can find out more about how we get and spend our money in the Directors Report and Annual Accounts.

The CCGs (soon to become 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 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.

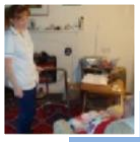
While our services are varied, many of them deliver care and treatment for children and adults, including frail elderly people, who live with long-term illnesses or disabilities and want to maintain as normal a life as possible at home. We are committed to helping them maintain independence and a good 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 three main areas, as illustrated in the tables below.

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



Adult SDG

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

Children and Families SDG

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

Corporate/Support Services

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

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

Performance Report: Performance Overview

How we are funded and how we spend our money

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

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

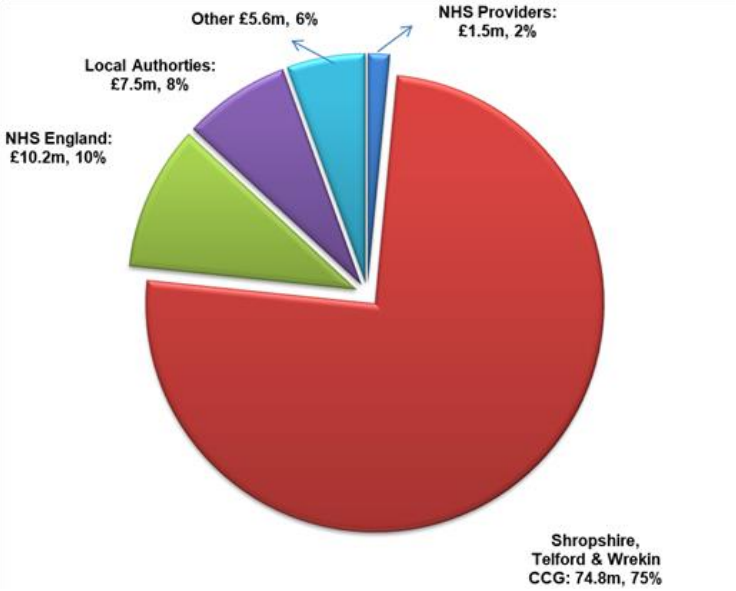
These commissioners purchase NHS care services from us for all age groups within the population they serve. This includes services such as district nursing, health visiting, rehabilitation, inpatient care at our community hospitals, outpatient appointments and home visits. We work closely with other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

For the 2021/22 year the Trust's total income was £99.6 million.

Most of our income came from our main commissioner – Shropshire, Telford & Wrekin CCG – with additional funding coming from other organisations, such as NHS England who carry out specialist commissioning and Local Authorities for which we provide services.

For 2021/22, as with 2020/21, most of the Trust's income was in the form of block contract arrangements as part of the national response to the COVID pandemic.

The chart below shows where we get our money from:



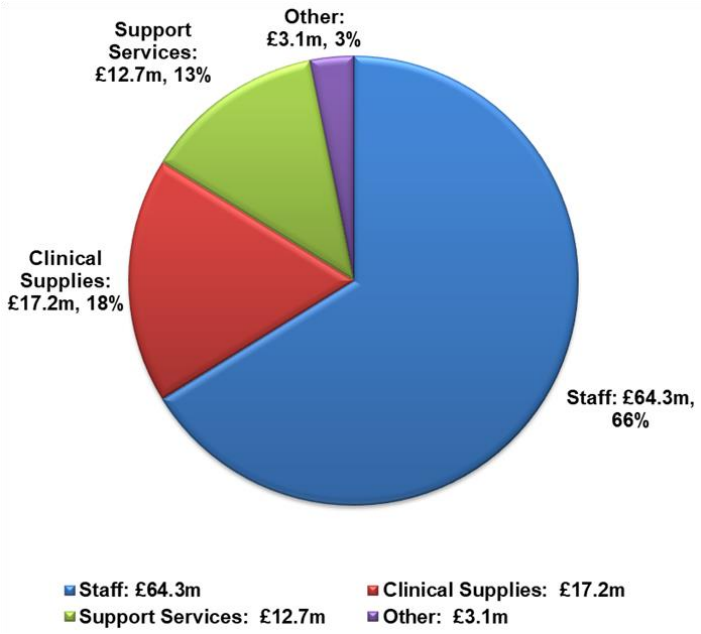
The income we receive is used to fund the services we provide the most significant element of which is to pay our staff. In 2021/22 we spent about £97.3 million delivering services.

Performance Report: Performance Overview

Overall spend has been summarised into four main areas below:

- **Our Staff** – this includes those who provide direct care (e.g. doctors, dentists, nurses, therapists, health visitors and healthcare assistants) as well as those people providing essential support and back office functions (e.g. catering, cleaning, admin, technical, HR and finance).
- **Support Services** – this refers to supporting services such as postage, telephones and staff training; non-clinical supplies (e.g. uniforms, linen, food and transport), and accommodation (e.g. rent, rates, water, gas and electricity).
- **Clinical Supplies** – such as drugs and dressings that are directly related to providing health care.
- **Other** – other essential costs such as depreciation, finance charges and our contribution to NHS Resolution risk-pooling schemes, including the Clinical Negligence Scheme for Trusts (CNST).

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



2021/22 Financial Results

Overall, in 2021/22 the Trust achieved a retained surplus of £2,389,000, which was larger than planned, in part due to late receipt of funding. This supported the overall Integrated Care System financial position.

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

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

Performance Report: Performance Overview

2021/22: 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 despite the impact of the pandemic.
- We met our planned financial targets and finished the year by achieving a surplus, as detailed above.
- We worked hard to make our services COVID secure and maintain quality of care during the pandemic.
- We continued to support strategic service change across the local health and care system by strengthen our relationship with commissioners and other partners. We engaged particularly with our local authorities and partners in mental health and primary care services to pilot new ways of working in our communities.

Key Challenges, Issues and Risks

Long term financial sustainability of the trust: Longer term future of the Trust may be threatened by failing to deliver sustainable CIPs and working within a financially challenged system, STP restricting business development opportunities.

- The Trust is a key contributor within the system and is part of the decision making to ensure the Trust's interests are well represented.
- The Trust is operating within the System Financial Framework with key decisions made at system level, supported by all organisations.
- Trust leadership under SRO arrangements for key programmes of work which support System and Trust sustainability.

A QEIA approach that ensures quality impact is considered properly for all efficiency schemes.

Clinical Quality and Safety: Risks related to the maintenance of Quality and Safety standards.

- Performance monitoring
- Audit programmes
- Adherence to standards
- Management of events (complaints and incidents)
- Safer staffing
- Monitoring of policies, procedures and care pathways e.g. audits.

Optimising use of Technology: Not effectively using technology in the management and transformation of services.

- Delivery of IMT Strategy
- Service transformation plans
- Compliance with standards

The digital team continue to actively monitor cyber threats and any risk to the digital infrastructure in line with NHS digital requirements, N365 Advanced Threat protection is now also in the process of being deployed to enhance and also future proof the Trust's defence against cyber threats.

Healthcare Systems: The Shropshire ICS system plan develops in such a way that prevents the delivery of the Trust's long term clinical transformation strategy.

The Trust actively contributes to Strategic planning forums in the ICS
Both Medical Director and the Director of People have additional system leadership roles.

- Trust NEDs sit on the ICS Board
- Engagement with stakeholders

Organisational culture does not support the values of the Trust: Not maintaining a learning culture Care is not person centred.

- Organisational Development Framework
- Communication plan
- Leadership visibility

Performance Report: Performance Overview

The Trust is currently undergoing a review of its values.

Unable to provide the workforce to deliver Clinical and non-clinical services: Inability to recruit, retain and deploy workforce with necessary skills and experience that meet service requirements.

- Business continuity plans in place
- Recruitment KPI monitoring
- Sickness Absence Management Policy
- Bank and agency staff engaged to support and provide cover
- Daily reporting of workforce unavailability

Health and Safety Compliance with legislation: Risk of enforcement action being taken against the Trust if it is found to be non-compliant with Health and Safety Legislation following.

- Policy documents demonstrating application of Health and Safety Legislation developed.
- Competent advisors available for Health and Safety, Security, Infection Control and Legal matters.
- Health & Safety incidents reporting and monitoring being undertaken through Datix as per Risk Management Policy.
- Risk Registers capture known and identified risks.
- External training sourced.

COVID-19 Impact: Staffing capacity to respond to surge in
demand for services due to high staff sickness and disruption to business and service continuity.

- Regular guidance and webinars being provided from NHS national teams.
- Risk assessments undertaken.
- Incident Management meetings supporting arising operation challenges.
- Staff sickness and absence reporting.
- Digital solutions to allow continuation of clinical services work where appropriate.
- The Trust has developed a COVID-19 Business Continuity Plan.

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 also monitored down through the committees that report directly to the Board and through the services and teams throughout the organisation.

Performance is monitored to assure both our Board and also 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.

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 2022/23 we have identified the following priorities underpinned by our longer-term vision and values.

Strategic Objective One: Caring for our Communities

Priority	Milestones and Outcomes	Timeframe
Meet the needs of patients with COVID-19 and deliver the NHS COVID-19 vaccination programme		
Establish a robust infrastructure to support and deliver the ongoing vaccination programme.	• COVID-19 Vaccination service embedded into Trust operational and governance structures and recruitment of core roles completed. Robust modelling supporting future vaccination booster, surged activity and outreach rollout to address inequalities and hard to reach communities.	Q2 Q4
Implement sustainable models of care to deliver care to patients including anti-viral treatments and Long Covid services.	• Sustainable models developed, staff in place and funding secured. New models of care for anti-viral treatments fully operational.	Q2 Q4
Restore and recover our services tackling the backlog and reduce long waits		
Aligned to commissioning intentions increase capacity through improved efficiency and new models of care developing robust capacity plans to deliver predicted demand and reduce waiting lists.	• As part of the planning process develop robust demand and capacity modelling to support future service redesign. Robust access policy and waiting list management processes embedded.	Q2 Q4
Embed a robust governance framework and assessment processes ensuring that Harm Assessment are undertaken, monitored and reported in a timely manner.	• Process and governance for Harm Assessments reviewed and implemented. Harm Assessment process integrated into patient pathways across Trust.	Q2 Q3
Implement system wide outpatient transformation pathways including increasing patient initiated follow ups.	• Review of current pathways completed including new: follow up ratios, virtual consultations and patient initiated follow ups. Implementation plan, reporting and governance process developed for new pathways.	Q2 Q3
Build community care capacity supporting people to stay well and out of hospital		

Performance Report: Performance Overview

Develop robust alternative to admission pathways including roll out of 2-hour rapid response service across the county.	• Recruitment process completed and staff in post. • Evaluation of new model and any changes identified with action plans.	Q2 Q3
Ensure timely discharge from all inpatient services.	• Community MADE schedule planned and linked into SaTH MADE. • Learning cycle in place for developing action plans and implementation to embed themes and learning after events and fed into next MADE.	Q1 Q2
Expand community-based treatments and increase referrals to out of hospital services.	• Process developed for scoping of opportunities and governance completed.	Q1
As part of the Local Care Programme contribute to the review of community beds.	• To be determined by development of the Local Care Programme Year 2 Priorities.	Q1 – Q4
Expand and embed pathways to maximise utilisation of Virtual Wards and non-hospital based care.	• Project governance in place and implementation plan developed including development of digital enablers. • Clinical model signed off. • Recruitment process commenced.	Q1 Q2 Q2
Aligned to the Local Care Programme, develop Anticipatory Care models for the most vulnerable patients in our communities.	• To be determined by development of the Local Care Programme Year 2 Priorities.	Q1 – Q4
Working with primary care roll out and embed Enhanced Health in Care Homes across the county	• To be determined by the developing Local Care Programme Year 2 Priorities and Virtual Ward roll out.	Q1 – Q4
Develop strong partnerships expanding the range of services provided out of hospital settings		
Aligned to the Local Care Programme work closely with our partners in Local Authority and the Acute Trust to transform community pathways including proactive care and prevention.	• To be determined by development of the Local Care Programme Year 2 Priorities.	Q1 – Q4
Develop a system wide integrated therapy model offer to provide a single out of hospital therapy service.	• To be determined by development of the Local Care Programme Year 2 Priorities.	Q1 – Q4
Seek opportunities to strengthen links with	Evaluated actions and impact associated with system SEND review and developed action plan.	Q2

Performance Report: Performance Overview

mental health services including CYP LD and SEND	• Process developed to review actions from previous LD Audits including Adult services and implement changes.	Q4
Tackle the problems of ill health, health inequalities and access to health care using data and analytics to redesign care pathways and measure outcomes		
Develop capacity and capabilities to ensure pathways and service redesign are driven by local heath need informed by population health data.	• Business Intelligence (BI) lead recruited. • Developed access to data appropriate feeds and processes to provide support to Trust planning and business developments.	Q2 Q3
Aligned to the national core areas of clinical priority develop respiratory pathways and promote uptake of vaccinations to improve health and reduce emergency admissions.	• Respiratory transformation group agreed priorities for 2022/23 (Delayed) Note: Respiratory included as a speciality in mobilisation of virtual wards	Q2
Embed robust data capture and reporting processes to measure outcomes and monitor health inequalities for all.	• Redefined the KPI metrics captured across the Trust in line with national guidance and local requirements. • Deployed Power BI dashboards with drill down for more intuitive reporting. • Developed dashboards using Population Health Analytics and Integrated Care Record processes to illustrate outcomes and health inequalities.	Q4 Q4 Q4
Strategic Objective Two: Looking After Our Staff		
Invest in our workforce addressing existing gaps ensuring a compassionate and inclusive culture for all staff		
Build on the existing staff wellbeing offer developing a compassionate and inclusive workforce.	• Refreshed our Vision, Values and Behaviours. • Improved personal health & wellbeing and reduced sickness absence. • Maximised our flexible bank workforce and used technology to help us maximise flexible working opportunities for our entire workforce. • Implemented the 6 EDI High Impact Actions and further strengthened the contribution of our staff networks. • Continued to improve the employment experience of our people by implementing our Just, Learning & Inclusive Culture and Civility programme and our Management & Leadership Progressive Development Framework. • Maximised opportunities for our people to come and work for us, stay with us, and return to our employment after retirement.	Q2 Q4 Q4 Q4 Q4 Q4

Performance Report: Performance Overview

Develop and implement a 5-year workforce plan and development programme that builds strong leadership, develops and maximises opportunities associated with new roles and provides opportunity to attract new staff via training routes.	• Supported new ways of working & delivering care through digital innovation for people processes, improved ESR data quality, expanding our recording of role specific essential training and workforce reporting. • Brought fresh focus to our development, talent management and apprenticeship approaches to support specialist skills, roles and career pathways. • Embedded the planned use of new roles and flexible employment models for our services. • Developed career pathways, succession plans and strategic workforce plans for key roles and services. • Supported service change and transformation by completing our Moving Forward Working Well programme, sharing OD models and approaches and supporting the transformation of people and services in our Local Care Programmes.	Q4 Q4 Q4 Q4 Q4
Strategic Objective Three: Managing our Finances		
Maximise the potential of digital technologies ensuring a core level of digitisation in every service across systems to transform the delivery of care and patient outcomes		
As part of the wider ICS progress the development and roll out of an integrated patient record and develop the digital patient interface.	• Implemented Integrated Care Record (ICR), data sharing arrangements and Single Sign On (SSO) from RiO and a training programme.	Q2
Development of Rio system to enhance monitoring and reporting of clinical activity.	• RiO mobilise technology deployed on most mobile devices to streamline data inputting • Created a Digital channel with Virtual Assistants for patients to book and schedule appointments, view clinical assessments and their clinical record. • Implemented Power BI to improve reporting and information dashboards.	Q2 Q3 Q4
Implement robust cyber security across all Trust systems.	• Developed and shared cyber security skills and resources across ICS. • Supported options with ICS partners and shared service in Staffs for Cyber Security and Application Development.	Q3 Q3
Make the most effective use of our resources moving back to and beyond pre-pandemic levels of productivity reviewing internal processes and reviewing pathways with our partners		
Develop 3-year cost improvement programmes informed by benchmarking intelligence.	• Completed and reviewed the analysis of efficiency opportunities and confirmed 3-year efficiency targets.	Q2 Q3

Performance Report: Performance Overview

	• Agreed efficiency targets and priorities for the next 3 years and process to reflect in future plans.	
Maximise opportunities to digitise systems and processes to support service transformation and pathway redesign increasing capacity whilst ensuring digital inclusion.	• Improved mobile access to RiO and create digital channels for appointment management and information exchange with patients. • Digitised appropriate existing paper processes and digitally interact with the population to reduce the carbon footprint, use of paper and postage. • Apply digital innovation for transforming existing services where possible and practical.	Q3 Q4 Q4
Undertake all actions associated with backlog maintenance requirements to ensure premises are safe and fit for purpose.	• Review of maintenance backlog completed with SaTH and identified targeted areas for recovery plan, including prioritisation of work. • Carried out independent assessments and audits in specialist areas. • Implemented revised maintenance regimes and schedules with service providers. • Submitted capital bids and delivered schemes, as appropriate. • Delivered training programme for awareness around safe use of buildings.	Q1 Q3 Q4 Q4 Q4
As part of the wider One Estate Programme, linked to the Local Care Programme, undertake a review of estate utilisation to reflect integrated working and alternative models of delivery.	• Data collection for Shropcom site utilisation completed. • Reviewed data collection to differentiate between COVID-19 response and new normal. • Reviewed technology required to support agile and remote working. • Reviewed lessons learned relating to estates and developed action plans from the findings. • Developed models with operational teams to optimise estate and staffing based on clinical, administrative and shared space requirements.	Q2 Q2 Q3 Q3 Q4

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 2021 and March 2022 we received 91 formal complaints compared to 68 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 of time (2021/22), we received 357 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 2021/22 PALS dealt with 164 enquiries, compared to 156 in the previous year. This total also includes queries received by PALS that were unrelated to our services and where signposting to other organisations was appropriate.

Staff Experience

We are committed to ensuring that our staff feel valued and are able to give and receive feedback through a number of mechanisms.

The annual staff survey gives us a snapshot, taken in October and November, of how are staff our feeling. We use this, along with our regular 'Shropcom Question time' and other mechanisms to keep a continuous feedback loop.

2021 brought our highest ever response rate for the national staff survey with over 900 of our staff responding to the survey.

The annual Staff Survey provides an opportunity to ask how staff feel and our most recent survey showed some very positive results along with a number of areas where staff have told us they would like to see improvement.

Our results have shown significant Improvements around reporting bullying harassment and abuse (B/H/A) and, in being able to show initiative and have retained very low levels of B/H/A, violence and discrimination.

Our staff tell us that they feel trusted to do their job, they feel that they are making a difference to patients, enjoying working with colleagues and have good relationships with their immediate managers

We can see from our results that we need to make some improvements around learning and development, recognition and reward working flexibly and we'll be working with our staff to make this happen in the coming months.

You can find the full NHS Staff Survey 2021 report at **www.nhsstaffsurveys.com**

The Environment and Sustainability

The Trust is committed to reducing its environmental impact. This commitment extends to our estate and its use. The launch of the Trusts Green Plan, recognising the aims set out for a Greener NHS, is aligning the overall strategy, and remains focused on maximising efficient use of resources including the estates portfolio where investments will be identified delivering a realistic "payback periods" for any expenditure incurred for efficiency measures to make every kilowatt of energy count by making our buildings as energy efficient as possible.

Our Estates Strategy will continue to explore benefits derived from the interrelationship with technology to drive new ways of working as well as an agile workforce. This in turn allows the Trust to develop and deliver better estate utilisation, patient accessibility, improved home life balance and therefore a reduction in our carbon footprint supporting the delivery of a sustainable service into the future. Our focus is to have less estate of higher quality that has a

Performance Report: Performance Overview

lower environmental impact, is focused on valuing necessary physical interventions for healthcare and demonstrate that we have great places to work in locations we love to visit.

As part of the Estates Strategy the integration of technology will extend into new buildings which will be designed, as a minimum requirement, to meet relevant legislation including energy efficiency. Refurbishment work will continue the use of technology such as energy efficient lighting, another example, delivered in 2021/22 include the installation of solar photovoltaic (PV) systems across our community estate aimed to reduce its carbon footprint and reliance on fossil fuels. During 2021/22 the Trust has invested in understanding its estate in order to influence its capital programme, in particular its backlog maintenance exposure across its estate, its findings will help support strategic decisions around its estate and support its ability to invest in the property best suited to providing patient care and staff well-being.

The Trust recognises the challenge posed with the availability of resources and expertise internally, addressing areas of deficiency by employing resources directly whilst continuing to build on existing relationships with organisations that able to support and deliver services that benefit the community. These relationships will continue to develop along with the Integrated Care System (ICS) develops with neighbouring public sector organisations, including other NHS providers, Local Authorities and GP practices.

As part of this approach the Trust will continue to use frameworks to procure utilities, used by other partners within the county, providing greater buying power, providing advantages for price reductions than are available to individual NHS Trust and other public sector organisations. The use of frameworks provides assurances that public monies are invested wisely whilst allowing opportunities to assess and chose the right framework as renewal points come due.

Saving and Investing

Once again we were set some challenging financial targets to meet, especially given the scarcity of resources in the current economic climate. Despite this, we were able manage our finances effectively and finished the year with a retained surplus of £2,389,000.

We recognise that the clinical and financial sustainability of our organisation is intrinsically linked to the development of new models of care and our ability to deliver these models and work in partnership with our health and social care partners. This will continue to be the focus of our planning for 2022/23.

Patricia Davies
Chief Executive
10 June 2022

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 of 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 at 31 March 2022.

Nuala O'Kane, Chair (Term: February 2019 to February 2023)

Nuala was CEO of the Donna Louise Trust Children's Hospice in Stoke on Trent from 2007 until 2014. Prior to that, she worked at Hope House Children's Hospice from 1994 until 2007. Nuala has worked in the voluntary sector for over 30 years for a number of different organisations. Nuala was a Councillor on Telford and Wrekin Council for 12 years until 2003. She was a Non-Executive Director of the Trust from July 2015 until her appointment as Chair in February 2019.

Attendance: 11 of 11

Harmesh Darbhanga, Non-Executive Director (Term: November 2018 to November 2023)

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 11

Tina Long, Non-Executive Director (Term: November 2018 to November 2023)

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.

Attendance: 10 of 11

Accountability Report: Corporate Governance Report

Peter Featherstone, Non-Executive Director (Term: November 2018 to November 2023)

Peter has worked in the public sector in a variety of senior strategic development and service improvement roles, and is currently Programme Director for Children's Services at Haringey London Borough Council. He joined the Trust as a Non-Executive Director in November 2018. Peter is the Chair of the Resource and Performance Committee and NED champion for Mortality & Learning from Deaths.

Attendance: 10 of 11

Catherine Purt, Non-Executive Director (Term: July 2021 to June 2024)

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 newly formed People Committee

Attendance: 11 of 11

Alison Sargent, Non-Executive Director (Term: Appointed 1 January 2022 to 31 December 2024)
Alison has significant experience in both public sector and charitable organisations and is experienced in running regional and corporate services including HR, IT, regulatory compliance, risk management and quality assurance. As company director for Capstone Foshe worked with a small Board, leading the overall strategy and operations of six registered fostering agencies supporting more than 800 children.

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: 3 of 3

Jill Barker, Associate Non-Executive Director (Term: Appointed 1 January 2022 to 31 December 2024)
Jill started her career in the NHS as a physiotherapist and has worked for over 30 years at a senior level in the NHS, predominantly in Community and Mental Health services.

Jill was Regional Director for Berkshire Healthcare NHS Foundation Trust and oversaw the establishment of a successful integrated community palliative care service with the local hospice, Community Mental Health teams, Local Authorities and the voluntary sector.

Following her return to Shropshire in 2018, , Jill took on a role supporting the Shropshire Telford & Wrekin Musculo Skeletal Transformation programme.

Accountability Report: Corporate Governance Report

Jill joined Shropcom in January 2022 and is a member of the Trust's Quality and Safety Committee and the Audit Committee. She is passionate about patient care and working with other partners in the system to ensure seamless care to patients.

Attendance: 3 of 3

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 now 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 11

Angie Wallace, Chief Operating Officer (Appointed November 2021)
Angie, a nurse by background, was previously the Deputy Chief Operating Officer at The Shrewsbury and Telford Hospital NHS Trust (SaTH) and is the Senior Responsible Officer for the Shropshire, Telford and Wrekin Vaccination Programme.
Prior to SaTH, Angie held a number of clinical and managerial posts in both Acute and Community Trusts including most recently Birmingham Community where she was the Director of Operations

Attendance: 5 of 5

Dr Jane Povey, Medical Director (Appointed October 2018)

Jane is a GP by background and has lived in Shropshire for over 20 years, combining clinical work with medical leadership and management roles both locally and nationally. She was the first Medical Director of Shropshire County Primary Care Trust, and then moved on to be Medical Director (Primary Care) for West Midlands Strategic Health Authority. She has worked as Deputy Medical Director for the UK Faculty of Medical Leadership and Management for the past six years

Attendance: 8 of 11

Accountability Report: Corporate Governance Report

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, Counter Fraud and Security Management.

Attendance: 11 of 11

Clair Hobbs, Director of Nursing (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: 5 of 5

In addition to the Chair, non executive directors and voting directors the Trust also has some directors that are not members of the Board:

Director of People

From April 2021 to March 2022 this role was filled by **Greg Moores**, who was seconded from Stockport NHS Foundation Trust. The Trust currently receives support with this role from **Victoria Rankin** who works for the Midlands and Lancashire Commissioning Support Unit.

Director of Governance

The role of Director of Governance was filled on an interim basis by **Michael Wuesterfeld-Gray** from January 2021 until November 2021 when **Shelley Ramtuhul** took on the role as part of a joint working arrangement with the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust.

Directors who have left the Trust

Steve Gregory was the Director of Nursing and Operations at the Trust until September 2021

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

Quality and Safety Committee

Role and Purpose:

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

Membership & Attendance: Tina Long (Chair)

Non-Executive Director

- Clair Hobbs (Executive Lead)
  Director of Nursing
- Cathy Purt
  Non-Executive Director
- Tina Long
  Non-Executive Director
- Angie Wallace
  Chief Operating Officer
- Patricia Davies
  Chief Executive
- Dr Jane Povey
  Medical Director
- Nuala O'Kane
  Chair
- Jill Barker
  Non-Executive Director

The Chairman, 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. In order to do this it reviews the work of other governance committees, making sure the systems and controls used are sound.

Membership & Attendance:

- Harmesh Darbhanga (Vice Chair)
  Non-Executive Director
- Peter Featherstone
  Non-Executive Director
- Tina Long
  Non-Executive Director
- Alison Sargent
- *Non-Executive Director*
- Jill Barker
  Associate 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.

Accountability Report: Corporate Governance Report

Resource and Performance Committee

Role and Purpose:

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

Membership & Attendance:

- Peter Featherstone (Chair)
  *Non-Executive Director*Harmesh Darbhanga
  Non-Executive Director
- Alison Sargent
  Non-Executive Director
- Steve Gregory
  Director of Nursing & Operations
- Sarah Lloyd
  Director of Finance
- Angie Wallace
  Chief Operating Officer

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, Head of Finance, Head of Informatics, Deputy Director of People, Deputy Director of Operations, Deputy Director of Nursing, Head of Development and Transformation, Information Programme Manager.

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.

Membership & Attendance:

- Nuala O'Kane (Chair)
  Chairman
- Harmesh Darbhanga
  Non-Executive Director
- Alison Sargent
  Non-Executive Director
- Tina Long
  Non-Executive Director
- Peter Featherstone
  Non-Executive Director
- Cathy Purt
  Non-Executive Director
- Jill Barker
  Associate Non-Executive Director

The Chief Executive and the Director of People 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. The Director of Governance is a standing attendee for the Committee as well.

Accountability Report: Corporate Governance Report

Charitable Funds Committee

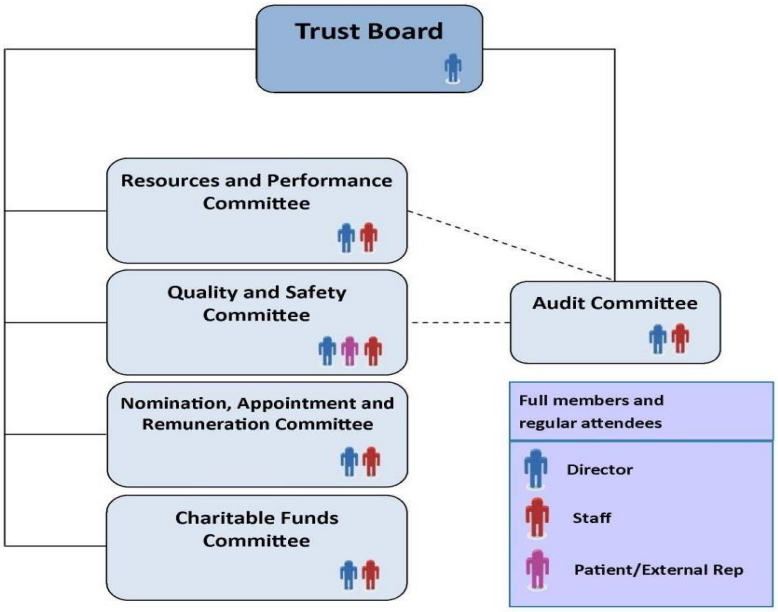
Role and Purpose:

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

Membership & Attendance:

- Nuala O'Kane
  Chair
- Peter Featherstone
  Non-Executive Director
- Sarah Lloyd (6 of 6)
  Director of Finance
- Shelley Ramtuhul
  Director of Governance

Other members of staff are invited to attend as required; David Court, Clair Hobbs, Angie Wallace,



For 2022-23 the Trust has introduced a People Committee to provide focus and oversight of all workforce matters. This meeting will be chaired by Cathy Purt, Non Executive Director and is still under development.

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 state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.
- 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
10 June 2022

Chief Executive
10 June 2022

Accountability Report: Corporate Governance Report

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

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

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

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

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

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

Chief Executive

10 June 2022

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 2022 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 organisation and has responsibility for risk in relation to corporate governance framework,

compliance and assurance including the Board Assurance Framework.

- The Director of Nursing and 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.
- 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 Chief Operating Officer has delegated responsibility for risks associated with operational management including overall emergency planning and resilience and business continuity.
- The Director of People 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 consists of the Chair, five Non-Executive Directors, and five voting Executive Directors. During the year there have been a number of attendees at the Board:

- an associate Non-Executive Director;
- the Director of People;
- the Director of Governance;

The Chief Executive came in to post on 1st April 2021 and the Director of Nursing and Operations retired during the year and the role was split in to two in the newly formed executive structure. This led to the creation and appointment of Director of Nursing and Allied Professionals and the Chief Operating Officer roles. Also, the Interim Director of Governance left the Trust during the year and was replaced on a joint working arrangement with the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust.

The Board completed its self-assessment under the Well-Led Developmental Review Framework in April 2010 and a full well led review is currently underway and will be completed in early 2022/23. The findings of the self-assessment were amalgamated with the findings of the CQC well-led inspection (rated GOOD) and an improvement plan was put in place.

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. For 2022/23 the Board has established a People Committee in addition to the existing Committees to ensure robust assurance on workforce matters:

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.

Accountability Report: Corporate Governance Report

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 Head of Governance and Risk, who provides 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 Audit Committee, through its work programme, scrutinises the registers and risk management 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 audit function providing appropriate independent assurance to the Trust Board. Reviewing the work and findings of the external auditor.
- 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.

Accountability Report: Corporate Governance Report

- 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. Internal Audit have reviewed the framework in place within the Trust during 2021/22 and have reported their findings as part of the Head of Internal Audit opinion.

Risks are identified through:

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

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

- Injury or harm
- Finance
- Service delivery
- Reputation

Accountability Report: Corporate Governance Report

Dependant 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
Directorate	Risks of a moderate level that impact on the directorate's service objectives Risks are monitored at divisional/directorate quality groups, and are overseen by the Quality and Safety Delivery Group, via a 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

Accountability Report: Corporate Governance Report

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.

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.

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 2021/22. 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 recently launched Trusts Green Plan reiterate commitment 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 being developed to produce an action plan to enable the trust to deliver its zero carbon 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.

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.

Accountability Report: Corporate Governance Report

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 2022, the Trust met these duties, as summarised below, and set out in more detail within the financial statements:

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

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

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

The Resource and Performance Committee monitor resources at its monthly meeting and prepare a report for each Board meeting. Financial systems are audited by the Trust's Internal Auditors, consistently gaining a rating of either full or substantial assurance.

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 ‘green’ overall on anti-fraud arrangements, which means the Trust meets the requirements of national anti-fraud standards.

Information Governance

The Trust has robust measures in place to protect both paper and electronic personal confidential data held 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 a number of 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.

Accountability Report: Corporate Governance Report

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.
- 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 Information Governance Operational 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 recovery plans implemented where the position is off track.
- Data Quality KPIs are reported through subgroups and 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

Accountability Report: Corporate Governance Report

review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, the Quality and Safety Committee and the 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

Overall, the Head of Internal Audit's opinion is of Moderate Assurance that there is a sound system of internal control, designed to meet the Trust's objectives and that controls are being applied consistently. "Moderate assurance" means that the auditors are satisfied from the evidence they have seen that the Trust is complying with its obligations and delivering its objectives.

The basis for forming this opinion is informed by the completion by the Trust's internal auditors of eight audits with the following assurance ratings.

- One audit received significant assurance on design and effectiveness (Key Financial Systems)
- One audit received moderate assurance (Data Quality)
- Two audits were follow-up audits with minor improvements requirements (IG Toolkit and Risk Maturity)
- Three audits received Limited Opinion (Health and Safety, Well-Led Framework (draft) and Community equipment). There are no high-risk findings on all the three audits that received limited opinion.
- The Trust has a sound financial position for 2021/22

The Head of Internal Audit's view is that if the Trust continues this level of improvement it could move closer to achieving substantial assurance overall. However, COVID19 presents control challenges for all Trusts and this may be reflected in their audit work next year.

The Trust has accepted the recommendations made by auditors in respect of all of 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
- 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

Accountability Report: Corporate Governance Report

Conclusion

It is therefore concluded that there were no significant gaps in control or significant internal control issues identified during 2021/22. The Trust continued to implement robust processes to address all recommendations arising from reviews undertaken

NHS England is responsible for leading the mobilisation of the NHS in the event of an emergency or incident and for ensuring it has the capability for NHS command, control, communication and coordination and leadership of all providers of NHS funded care. The Local Health Resilience Partnerships (LHRP) oversee health pandemic preparedness and act as a conduit for health to engage with the Local Resilience Forum (LRF) preparedness arrangements. Clinical Commissioning Groups (CCGs), Public Health England (PHE) and the Directors of Public Health (DsPH) in local authorities also have roles to play in pandemic influenza resilience in planning, response and recovery. The Trust has also put into action its business continuity and emergency planning policy which has previously been routinely tested.

Due to the impact of the COVID-19 pandemic throughout 2021/22 the Trust has acted within the national pandemic level 4 incident management and emergency planning guidance and has adapted its governance systems and processes accordingly. Human Resources also regularly monitor and provide updates on staffing and absenteeism. Non-clinical staff continue to be able to work in a hybrid agile way office and remotely, assurance meetings continue to be held through Microsoft Teams including Board and Committees. Whilst the pandemic has clearly impacted on the Trust performance across a range of measures, this has been closely monitored throughout the year.

Chief Executive
10 June 2022

Accountability Report: Corporate Governance Report

Modern Slavery Act 2015 – Annual Statement for 2021/22

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, with the exception of some larger properties shared with multiple healthcare providers which are managed by NHS Property Services.

Arrangements in place

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

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

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).

Accountability Report: Corporate Governance Report

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 2022.

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 Improvement (NHSI), which is responsible for non-executive appointments to NHS trusts on behalf of the Secretary of State for Health.

Remuneration of the Chief Executive and Trust Directors takes place within the interim *Guidance on Pay for Very Senior managers in NHS Trusts and Foundation Trusts*, issued 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 NHSI on behalf of the Secretary of State for Health in accordance with appraisal guidance provided by the NHSI. Performance review and appraisal of Non-Executive Directors is carried out by the Chair with guidance provided by NHSI. Performance review and appraisal of the Chief Executive is carried out by the Trust Chair in accordance with criteria set by the Remuneration Committee and guidance from the Department of Health. Performance review and appraisal of Directors is carried out by the Chief Executive in accordance with criteria set by the Remuneration Committee and guidance from the Department of Health.

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

More detail about the salary and pension entitlements for the Trust's VSMs for the year 2021/22 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 2021/22 (this information is subject to audit).

Remuneration : 2021/22							
				Performance	Long term	All pension	
Name and title	Dates in Post	Salary	Taxable	pay &	performance	related	
		(bands of	expense	bonuses	pay/bonuses	benefits	Total
		£5,000)	payments (to	(bands of	(bands of	(bands of	(bands of
			nearest £100)	£5,000)	£5,000)	£2,500)	£5,000)
		£000	£00	£000	£000	£000	£000
Patricia Davies (Chief Executive)	01/04/21-31/03/22	150-155				52.5-55.0	205-210
Sarah Lloyd (Director of Finance)	01/04/21-31/03/22	110-115				140.0-142.5	250-255
Jane Povey (Medical Director)	01/04/21-31/03/22	85-90				20.0-22.5	140-145
Steve Gregory (Director of Nursing & Ops)	01/04/21 - 30/09/21	55-60				0	55-60
Wasique Chaudhry (Director of Strategy)	01/04/21 - 23/07/21	15-20				0	15-20
Angela Wallace (Chief Operating Officer)	01/11/21 - 31/03/22	45-50				25.0-27.5	70-75
Clair Hobbs (Director of Nursing)	01/11/21 - 31/03/22	45-50				42.5-45.0	90-95
Victoria Rankin (Director of People)	01/04/21 - 28/05/21	10-15				0	10-15
Michael Wuesterfeld-Gray (Interim Director of Governance and Corporate Secretary)	01/04/21 - 19/05/21	25-30				0	25-30
Greg Moores (Interim Director of People and Corporate Service)	01/06/21 - 31/03/22	0				0	0
Nuala O'Kane (Chairman)	01/04/21-31/03/22	35-40				0	35-40
Peter Phillips (Non-Executive Director)	01/04/21 - 30/09/21	5-10				0	5-10
Harmesh Darbhanga (Non-Executive Director)	01/04/21-31/03/22	10-15				0	10-15
Peter Featherstone (Non-Executive Director)	01/04/21-31/03/22	10-15				0	10-15
Tina Long (Non-Executive Director)	01/04/21-31/03/22	10-15				0	10-15
Cathy Purt (Non-Executive Director)	01/04/21-31/03/22	10-15				0	10-15
Mike McDonald (Non-Executive Director)	01/04/21-31/12/21	5-10				0	5-10
Alison Sargent (Non-Executive Director)	04/01/22 -31/03/22	0-5				0	0-5
Jill Barker (Associate Non-Executive Director)	04/01/22 -31/03/22	0-5				0	0-5

Notes

1. All pension related benefits comprise 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 2021/22.
3. There were no payments/awards to past directors, or compensation on early retirement or loss of service.
4. Steve Gregory left the employment of the Trust on 30th September 2021.
5. Wasique Chaudhry left the employment of the Trust on 27th July 2021.
6. Victoria Rankin left the employment of the Trust on 19th May 2021.
7. Michael Wuesterfeld-Gray left the employment of the Trust on 19th May 2021.
8. Peter Phillips left the employment of the Trust on 30th September 2021.
9. Mike McDonald left the employment of the Trust on 31st December 2021.
10. Greg Moores was seconded from Stockport Foundation Trust and per agreement pay costs were not recharged to the Trust.
11. Both Angela Wallace and Clair Hobbs started employment with the Trust on 1st November 2021.
12. Both Alison Sargent and Jill Barker started employment with the Trust on 4th January 2022.

Accountability Report: Remuneration & Staff Report

The table below shows details about remuneration for 2020/21

Remuneration : 2020/21							
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
David Stout (Chief Executive)	01/04/20-31/03/21	145-150				0	145-150
Ros Preen (Director of Finance and Strategy)	01/04/20-31/03/21	90-95				30.0-32.5	120-125
Jane Povey (Medical Director)	01/04/20-31/03/21	110-115				27.5-30.0	160-165
Steve Gregory (Director of Nursing & Ops)	01/04/20-31/03/21	110-115				0	110-115
Sarah Lloyd (Associate Director of Finance)	01/04/20-31/03/21	90-95				22.5-25.0	110-115
Jaki Lowe (Director of People)	01/04/20-23/08/20	25-30				12.5-15.0	40-45
Victoria Rankin (Director of People)	23/08/20-31/03/21	40-45				0	40-45
Louise Brereton (Director of Governance)	20/07/20-07/01/21	40-45				10.0-12.5	50-55
Michael Wuesterfeld-Gray (Director of Governance)	07/01/21-31/03/21	25-30				0	25-30
Nuala O'Kane (Chairman)	01/04/20-31/03/21	25-30				0	25-30
Peter Phillips (Non-Executive Director)	01/04/20-31/03/21	10-15				0	10-15
Harmesh Darbhanga (Non-Executive Director)	01/04/20-31/03/21	10-15				0	10-15
Peter Featherstone (Non-Executive Director)	01/04/20-31/03/21	10-15				0	10-15
Tina Long (Non-Executive Director)	01/04/20-31/03/21	10-15				0	10-15
Cathy Purt (Non-Executive Director)	01/04/20-31/03/21	10-15				0	10-15
Mike McDonald (Non-Executive Director)	01/04/20-31/03/21	10-15				0	10-15

Notes

1. All pension related benefits comprise 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 2020/21.

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

4. Jaki Lowe left the employment of the Trust on 23rd August 202(

5. Louise Brereton left the employment of the Trust on 7th January 2021.

Accountability Report: Remuneration & Staff Report

Pension Entitlements

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

Pension entitlements 2021/22								
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 2022 (bands of £5,000)	Lump sum at pension age re accrued pension at 31 March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2021	Cash Equivalent Transfer Value at 31 March 2022	Real increase in Cash Equivalent Transfer Value
		£000	£000	£000	£000	£000	£000	£000
Patricia Davies (Chief Executive)	01/04/21-31/03/22	2.5-5.0	0.0-2.5	50-55	105-110	893	970	50
Sarah Lloyd (Director of Finance)	01/04/21-31/03/22	5.0-7.5	12.5-15.0	40-45	85-90	614	760	127
Jane Povey (Medical Director)	01/04/21-31/03/22	0.0-2.5	0	30-35	65-70	547	588	22
Steve Gregory (Director of Nursing & Ops)	01/04/21 - 30/09/21	0.0-2.5	0.0-2.5	55-60	165-170	1,225	0	0
Wasique Chaudhry (Director of Strategy)	01/04/21 - 23/07/21	0.0-2.5	0	10-15	30-35	308	316	1
Angela Wallace (Chief Operating Officer)	01/11/21 - 31/03/22	0.0-2.5	0.0-2.5	35-40	60-65	573	636	22
Clair Hobbs (Director of Nursing)	01/11/21 - 31/03/22	0.0-2.5	2.5-5.0	25-30	55-60	370	458	33
Victoria Rankin (Director of People)	01/04/21 - 28/05/21	0	0	0	0	0	0	0
Michael Wuesterfeld-Gray (Interim Director of Governance and Corporate Secretary)	01/04/21 - 19/05/21	0	0	0	0	0	0	0
Greg Moores (Interim Director of People and Corporate Service)	01/06/21 - 31/03/22	0	0	0	0	0	0	0

Notes

1. As 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. Steve Gregory left his role as Director of Nursing and Operations on the 30th of September 2021 the real increase is only for the proportion relating to this post.

5. Wasique Chaudhry left his role as Director of Strategy on the 23rd of July 2021 the real increase is only for the proportion relating to this post.

6. Angela Wallace started her role as Chief Operating Officer on the 1st of November 2021 and the real increase is only for the proportion relating to this post.

7. Clair Hobbs started her role as Chief Operating Officer on the 1st of November 2021 and the real increase is only for the proportion relating to this post.

8. Victoria Rankin chose not to be covered by the pension arrangements during the reporting year.

9. Michael Wuesterfeld-Gray chose not to be covered by the pension arrangements during the reporting year.

10. Greg Moores chose not to be covered by the pension arrangements during the reporting year.

11. **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*.

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

Accountability Report: Remuneration & Staff Report

Fair pay disclosures

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

The banded remuneration of the highest paid Director/Member in Shropshire Community Health NHS Trust in the financial year 2021/22 was £152,500* (2020/21 - £147,500).

- This was 3.8 times (2020/21 - 3.8) the 75th percentile remuneration of the workforce, which was £40,168 (2020/21 - £38,873).
- This was 4.7 times (2020/21 - 4.7) the median remuneration of the workforce, which was £32,694 (2020/21 - £31,410).
- This was 6.5 times (2020/21 – 6.4) the 25th percentile remuneration of the workforce, which was £23,545 (2020/21 - £23,100).

The percentage change in remuneration from the previous financial year in respect of the highest paid director was 3.4% (2020/21 - 7.3%). The average percentage change in remuneration from the previous financial year in respect of employees of the entity was 3.1% (2020/21 6.1%)

In 2021/22, one (2020/21, two) employee received remuneration in excess of the highest paid Director/Member. Remuneration ranged from £17,991 to £170,228 (2020/21 £18,005 to £175,662).

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 £150,000 and £155,000, 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 1,600 people who provide a wide range of services from locations across Shropshire, Telford & Wrekin and surrounding areas.

This report provides information about the make-up of our workforce, which at the end of the year 2021/22 had a headcount of 1,585.

2022	Female		Male		All	
	FTE	Headcount	FTE	Headcount	FTE	Headcount
Executive Directors	4.6	5	0.0	0	4.6	5
Senior Managers	55.8	65	15.3	17	71.0	82
Band 8A	37.8	45	9.3	11	47.1	56
Band 8B	9.0	11	4.0	4	13.0	15
Band 8C	8.9	9	2.0	2	10.9	11
Band 8D	0.0	0	0.0	0	0.0	0
Band 9	0.0	0	0.0	0	0.0	0
Other Staff	1072.1	1372	141.1	167	1213.2	1539
All Employees	**1132.5**	**1442**	**156.3**	**184**	**1288.9**	**1626**

Staff Numbers

Average number of employees (WTE basis)

	Permanent Number	Other Number	2021/22 Total Number	2020/21 Total Number
Medical and dental	23	-	**23**	24
Ambulance staff	1	-	**1**	-
Administration and estates	364	21	**385**	390
Healthcare assistants and other support staff	221	27	**248**	242
Nursing, midwifery and health visiting staff	471	43	**514**	522
Nursing, midwifery and health visiting learners	-	-	**-**	11
Scientific, therapeutic and technical staff	198	6	**204**	203
Healthcare science staff	2	-	**2**	2
Social care staff	-	-	**-**	-
Other	7	-	**7**	7
Total average numbers	**1,287**	**97**	**1,384**	**1,400**

Accountability Report: Remuneration and Staff Report

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

Staff costs

	Permanent £000	Other £000	2021/22 Total £000	2020/21 Total £000
Salaries and wages	46,901	1,249	**48,150**	46,684
Social security costs	4,069	-	**4,069**	3,901
Apprenticeship levy	215	-	**215**	206
Employer's contributions to NHS pension scheme	8,841	-	**8,841**	8,667
Pension cost - other	25	-	**25**	14
Other post employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	-
Temporary staff	-	2,917	**2,917**	2,686
Total gross staff costs	**60,051**	**4,166**	**64,217**	**62,158**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**60,051**	**4,166**	**64,217**	**62,158**

Staff Sickness Absence

For 2021/22 staff sickness absence data is not required to be disclosed in the annual report. This data will be published by NHS Digital and can be found following the below link:

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Figures Converted by DH to Best Estimates of Required Data Items		Statistics Produced by NHS Digital from ESR Data Warehouse		
Average FTE 2021	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
1,291	15,334	471,383	24,875	11.9

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

Period covered: January to December 2021

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.

Diversity & Inclusion

One of our key objectives continues to be to grow diversity support networks for staff. We have commenced the first cohort of our reverse mentoring programme and delivered Enabling Conversations training for our Managers to equip them with the skills to have quality discussions with their team. We have also been instrumental in the organization of a system wide celebration event for Cultural Diversity Day.

We have a Just, Learning and Inclusive culture group which will lead the implementation of a Just Culture within Shropcom.

Our Human Resources policies are developed with our values in mind and in particular our Safer Recruitment Policy and supporting management training is designed to eliminate discrimination on all grounds, which include disability. The policy includes the following provisions:

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

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

We continue to run diversity- and inclusion-focussed feedback and awareness sessions. These involve volunteers and representatives from protected characteristic groups. These include service visits and observations. We also run a number of initiatives focussed on volunteers and service users with dementia.

Under the Public Sector Equality Duty (PSED) of the Equality Act 2010, the Trust has developed its equality objectives.

The purpose of setting specific, measurable equality objectives is to help us to meet the general equality duty, focusing on the outcomes to be achieved.

The Trust uses the NHS Equality Delivery System (EDS) to help identity its equality objectives in partnership with staff, community groups and service users.

The Community Trust current equality objectives are:

- Raise the profile of equality, and promote diversity and being inclusive across the organisation.
- Improve our training and knowledge sharing on equality and diversity.
- Demonstrate Senior Leaders' interest in and commitment to equality and diversity.
- Further develop the workplace to feel safe and open for all staff.
- Embed equality and responsiveness into the quality improvement work of all our services.
- Develop more patient feedback and involvement around equality issues.

There is more information available on the Trusts website regarding it's work to promote equality, diversity and inclusion, in particular with regard to patient services which can be found via the following link:

https://www.shropscommunityhealth.nhs.uk/patient-services-and-equality

Trade Union Facility Time

Table 1: Relevant union officials

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

Number of employees who were relevant union officials during the relevant period	*Full-time equivalent employee number*
11	9.6

Table 2: Percentage of time spent on facility time

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

Percentage of time	*Number of employees*
0%	0
1-50%	11
51%-99%	0
100%	0

Table 3: Percentage of pay bill spent on facility time

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

First Column	*Figures*
Provide the total cost of facility time	*£14,683*
Provide the total pay bill	*£64,216,174*
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	*0.02%*

Table 4: Paid Trade Union activities

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

Time spent on paid trade union activities as a percentage of total paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	*0%*

Accountability Report: Remuneration and Staff Report

Off-Payroll Arrangements

The table below shows arrangements that the Trust had during the year with individuals who provided services for which they were paid on a self-employed basis or through their own companies. Employment through agencies is not included. Only arrangements lasting six months or more, with a value of more than £245 per day, are shown.

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as of 31 March 2022, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2022	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 2021 and March 2022, 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 2021 and 31 March 2022	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 2021 and 31 March 2022

	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 18 on payroll

There are currently 13 Board members as set out earlier in this report. The disclosure above showing 18 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 2021/22 two contractual payments in lieu of notice were made totalling £6,721. In 2020/21 the Trust did not agree or make payment for any exit packages.

Reporting of compensation schemes - exit packages 2021/22

Two contractual payments in lieu of notice were agreed and paid in the period.

Exit packages: other (non-compulsory) departure payments

	2021/22		2020/21	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	2	7	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**2**	**7**	**-**	**-**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Exit packages: other (non-compulsory) departure payments

	2021/22		2020/21	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	2	7	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**2**	**7**	**-**	**-**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

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

Expenditure on consultancy totalled £150,000 for 2021/22, compared to £67,000 for 2020/21. The largest expenditure was £51,000 for support with service reviews, £25,000 recruitment support, £23,000 for support with the cost improvement programme and £17,000 for project management support in relation to office moves.

Chief Executive
10 June 2022

Accountability Report:

Trust Accounts Consolidation (TAC) Summarisation Schedules for Shropshire Community Health NHS Trust for the year ended 31 March 2022

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2021/22 have been completed and this certificate accompanies them.

Finance Director Certificate

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

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

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

Signature: ……
Director of Finance
10 June 2022

Chief Executive Certificate

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

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

Signature: ……
Patricia Davies,
Chief Executive
10 June 2022

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

Report on the Audit of the Financial Statements

Opinion on financial statements

We have audited the financial statements of Shropshire Community Health NHS Trust (the 'Trust') for the year ended 31 March 2022, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and Notes to the Accounts, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2022 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the '*Auditor's responsibilities for the audit of the financial statements*' section of our report.

We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the Directors' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group accounting manual 2021 to 2022 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in *Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020)* on the application of *ISA (UK) 570 Going Concern* to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the Directors with respect to going concern are described in the *'Responsibilities of the Directors and Those Charged with Governance for the financial statements'* section of this report.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the guidance issued by NHS England or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of the Directors and Those Charged with Governance for the financial statements

As explained in the *Statement of Directors' Responsibilities in Respect of The Accounts* [set out on page 28], the Directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022).
- We enquired of management and the Audit Committee, concerning the Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included consideration and evaluation of the risk of management override of controls, revenue recognition and expenditure recognition, including the validity of payables. We determined that the principal risks were in relation to:
  - Large and unusual manual journals and those manual journals with a direct impact on the financial performance of the Trust; and
  - Potential management bias in determining accounting estimates, especially in relation to the calculation of the valuation of the Trust's land and buildings and accruals of income and expenditure at the end of the financial year.
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;

  - journal entry testing, with a focus on large and unusual items and significant journals at the end of the financial year which impacted on the Trust's financial performance;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and buildings valuations and expenditure accruals;
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related to land and buildings, accruals and depreciation.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's.
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the Trust operates
  - understanding of the legal and regulatory requirements specific to the Trust including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement..
  - The Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

Our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the Trust's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, they will be reported by exception in a further auditor's report. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2022

Responsibilities of the Accountable Officer

As explained in the *Statement of the Chief Executive's Responsibilities as the Accountable Officer* [set out on page 29], the Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(3)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in December 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for Shropshire Community Health NHS Trust for the year ended 31 March 2022 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Use of our report

This report is made solely to the Directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's Directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Directors as a body, for our audit work, for this report, or for the opinions we have formed.

Grant Patterson

Grant Pattersion, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Birmingham

21 June 2022

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

In our auditor's report issued on 21 June 2022, we explained that we could not formally conclude the audit and issue an audit certificate for the Trust for the year ended 31 March 2022, in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice, until we had completed our work on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

We have now completed this work, and the results of our work are set out below.

Opinion on the financial statements

In our auditor's report for the year ended 31 March 2022 issued on 21 June 2022 we reported that, in our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2022 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group accounting manual 2021 to 2022; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

Report on other legal and regulatory requirements - the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

We have nothing to report in respect of the above matter.

Responsibilities of the Accountable Officer

The Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(3)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in December 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;

- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of Shropshire Community Health NHS Trust for the year ended 31 March 2022 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the Directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's Directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Directors as a body, for our audit work, for this report, or for the opinions we have formed.

Grant Patterson

Grant Patterson, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Birmingham

30 September 2022

Shropshire Community Health
NHS Trust

Annual accounts for the year ended 31 March 2022

Statement of Comprehensive Income

	Note	2021/22 £000	2020/21 £000
Operating income from patient care activities	3	93,824	89,512
Other operating income	4	5,796	7,040
Operating expenses	5, 7	(96,644)	(95,676)
Operating surplus/(deficit) from continuing operations		**2,976**	**876**
Finance income	10	21	0
Finance expenses	11	0	(6)
PDC dividends payable		(595)	(367)
Net finance costs		**(574)**	**(373)**
Other gains / (losses)	12	(13)	(27)
Surplus / (deficit) for the year from continuing operations		**2,389**	**476**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations		0	0
Surplus / (deficit) for the year		**2,389**	**476**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(247)	0
Revaluations	16	1,853	604
Other reserve movements		1	(1)
Total comprehensive income / (expense) for the period		**3,996**	**1,079**

Statement of Financial Position

	Note	31 March 2022 £000	31 March 2021 £000
Non-current assets			
Intangible assets	13	41	51
Property, plant and equipment	14	30,553	26,707
Receivables	18	137	51
Other assets		0	0
Total non-current assets		**30,731**	**26,809**
Current assets			
Inventories	17	606	659
Receivables	18	3,824	1,923
Non-current assets for sale and assets in disposal groups	19	189	189
Cash and cash equivalents	20	18,664	17,838
Total current assets		**23,283**	**20,609**
Current liabilities			
Trade and other payables	21	(10,687)	(10,103)
Provisions	22	(617)	(352)
Other liabilities		0	0
Total current liabilities		**(11,304)**	**(10,455)**
Total assets less current liabilities		**42,710**	**36,963**
Non-current liabilities			
Provisions	22	(1,149)	0
Total non-current liabilities		**(1,149)**	**0**
Total assets employed		**41,561**	**36,963**
Financed by			
Public dividend capital		2,368	1,766
Revaluation reserve		8,709	7,448
Income and expenditure reserve		30,484	27,749
Total taxpayers' equity		**41,561**	**36,963**

The notes on pages 7 to 46 form part of these accounts.

Name Patricia Davies
Position Chief Executive
Date 10 June 2022

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**1,766**	**7,448**	**27,749**	**36,963**
Surplus/(deficit) for the year	0	0	2,389	**2,389**
Transfer from revaluation reserve to income and expenditure reserve for impairments arising from consumption of economic benefits	0	(338)	338	**0**
Impairments	0	(247)	0	**(247)**
Revaluations	0	1,853	0	**1,853**
Transfer to retained earnings on disposal of assets	0	(7)	7	**0**
Public dividend capital received	602	0	0	**602**
Other reserve movements	0	0	1	**1**
Taxpayers' and others' equity at 31 March 2022	**2,368**	**8,709**	**30,484**	**41,561**

The Public dividend capital received in 2021/22 of £602k relates to Government awards from Targeted Investment Fund (TIF) (£552k) and Cyber Security (£50k) funding. The TIF funding was used to enhance the Electronic Patient Record system by deploying artificial intelligence into the day to day operations of the Trust and extending the use of robotic technology in patient care. The Cyber Security funding was used to increase network access control for network enabled devices. See note 16 for change in revaluation reserve.

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**727**	**6,876**	**27,242**	**34,845**
Surplus/(deficit) for the year	0	0	476	**476**
Impairments	0	0	0	**0**
Revaluations	0	604	0	**604**
Transfer to retained earnings on disposal of assets	0	(32)	32	**0**
Public dividend capital received	1,039	0	0	**1,039**
Other reserve movements	0	0	(1)	**(1)**
Taxpayers' and others' equity at 31 March 2021	**1,766**	**7,448**	**27,749**	**36,963**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2021/22 £000	2020/21 £000
Cash flows from operating activities			
Operating surplus / (deficit)		2,976	876
Non-cash income and expense:			
Depreciation and amortisation	5	1,919	1,675
Net impairments	6	188	(15)
Income recognised in respect of capital donations	4	0	(265)
(Increase) / decrease in receivables and other assets		(2,047)	1,991
(Increase) / decrease in inventories		53	(225)
Increase / (decrease) in payables and other liabilities		(508)	2,305
Increase / (decrease) in provisions		1,414	72
Net cash flows from / (used in) operating activities		**3,995**	**6,414**
Cash flows from investing activities			
Interest received		11	4
Purchase of intangible assets		(13)	7
Purchase of PPE and investment property		(3,254)	(3,796)
Sales of PPE and investment property		10	0
Receipt of cash donations to purchase assets		0	265
Net cash flows from / (used in) investing activities		**(3,246)**	**(3,520)**
Cash flows from financing activities			
Public dividend capital received		602	1,039
PDC dividend (paid) / refunded		(525)	(446)
Net cash flows from / (used in) financing activities		**77**	**593**
Increase / (decrease) in cash and cash equivalents		**826**	**3,487**
Cash and cash equivalents at 1 April - brought forward		**17,838**	**14,351**
Cash and cash equivalents at 31 March	20	**18,664**	**17,838**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Consolidation

NHS Charitable Fund

Under the provisions of IFRS 10 Consolidated Financial Statements, those charitable funds that fall under common control with NHS Trusts are consolidated within the entity's financial statements. As the Trust is the corporate trustee of the linked NHS Charity (Shropshire Community Health NHS Trust General Charitable Fund), it effectively has the power to exercise control so as to obtain economic benefits. However, the balance and transactions are immaterial in the context of the group and transactions have not been consolidated. Details of the transactions with the charity are included in Note 27: related party transactions.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

The Trust has a very small number of contracts that cross financial years with the vast majority of income and performance obligations satisfied in year. Performance obligations are invoiced on a monthly basis with 30-day credit terms and hence the contract balances at year end mainly relate to obligations completed in March.

This year end the Trust has had some performance obligations with NHS Shropshire, Telford and Wrekin CCG, Shropsire Council and Telford Council for specific projects and with the Clinical Research Network for Research and Development funding. In previous years, excluding 2020/21, the Trust has had performance obligations in relation to incomplete spells and the Provider Sustainability Fund (PSF). However, the way the Trust has been funded means there are no incomplete spells in 2021/22 and PSF ended in 2020/21.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at an Integrated Care System level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In 2021/22, the Elective Recovery Fund enabled systems to earn income linked to the achievement of elective activity targets including funding any increased use of independent sector capacity. Income earned by the system is distributed between individual entities by local agreement. Income earned from the fund is accounted for as variable consideration.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use. Where a piece of equipment has a life of more than 10 years and a net book value in excess of £30,000 it is indexed using the inflation figure quoted in the NHS planning guidance for the year.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	2	82
Plant & machinery	5	15
Transport equipment	5	8
Information technology	2	10
Furniture & fittings	5	15

The minimum useful economic life on Buildings is skewed by the Trust vacating William Farr House.

The useful economic life for Information technology is usually 2 to 8 years. However, telephone systems have a life of 10 years which has skewed the maximum life.

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Software licences	2	8
Other (purchased) - Website	2	8

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets and financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

DHSC group bodies will not recognise stage 1 or stage 2 impairments. This is due to the fact DHSC will provide a guarantee of last resort against the debts of DHSC group bodies. Therefore, receivables relating to NHS bodies will not be impaired. With Non-NHS debt the Trust will use the expected loss model of impairment. This model will use historical receivable information as at 31st March in previous years to compile expected loss rates. These expected loss rates will be applied to aged receivables at year end adjusting for any forward-looking information available at this time to calculate the lifetime expected loss allowance as at the year end.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases

All Trust leases held are classified as operating leases.

The trust as a lessee

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

The trust as a lessor

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

The Trust has not applied the Treasury's discount rates to the majority of the provisions as settlement is expected within one year and the impact of discounting is not material. In year payables of £1.215m relating to dilapidations have been transferred to provisions and the Treasury's discount rates are likely to be applied in the future. The provision arising from the 2019/20 clinicians' pensions scheme has been calculated by NHS England and the discount rates have been used as cashflows are expected later than five years.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 22.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 23 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 23, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at

https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.18 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

A Prior Period Adjustment (PPA) has been made in relation to Overtime Corrective Payments (Flowers) for 2020/21. Per the 2020/21 guidance these costs were accrued into Staff and executive directors costs (note 5). However, these payments are now considered special payments and NHS England has sought special payment approval from HM Treasury on the Trusts behalf.

This has affected the 2020/21 losses and special payment (note 26) by increasing ex-gratia payments by 1 case from 4 to 5 and increasing the value of cases from £0 to £283k. This has also affected 2020/21 expenditure (note 5) by decreasing Staff and executive directors costs by £283k and increasing Losses, ex gratia & special payments by £283k.

Note 1.20 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

Note 1.21 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases. The valuation of the Trusts peppercorn leases has started in 2021/22 and will be completed in 2022/23 by the District Valuer.

For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust has made judgements and estimates in implementing IFRS 16 for building leases with NHS Property Services as no formal agreement exists. In this case the Trust has made judgements for lease terms by either using the term on the head lease, commercial reality or the length of time the Trust anticipates it will provide services from the property.

The Trust plans to implement a Lease Register in 2022/23 which will be used to record, monitor, control, update, calculate and implement the new standard.

The Trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	8,770
Additional lease obligations recognised for existing operating leases	(8,635)
Changes to other statement of financial position line items	-
Net impact on net assets on 1 April 2022	**135**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(1,296)
Additional finance costs on lease liabilities	(98)
Lease rentals no longer charged to operating expenditure	1,340
Other impact on income / expenditure	-
Estimated impact on surplus / deficit in 2022/23	**(54)**
Estimated increase in capital additions for new leases commencing in 2022/23	**3,360**

The increase in capital additions assumes that the Trust will have 8 new building leases in 2022/23. One for a new headquarters, one to replace a property the Trust has vacated and six leases that are currently leased through NHS Property Services but the Trust wishes to establish an agreement directly with the landlord.

The Trust has six peppercorn Leases. Three of which have been valued in year by the District Valuer. These valuations have been used to estimated the value of the other three which will be valued in 2022/23. However, the value of these leases is not estimated to be material.

Other standards, amendments and interpretations

IFRS 17 Insurance Contracts (replacing IFRS 4) – is expected to apply to the public sector from 2022, this has not yet been adopted by the FReM: early adoption is not therefore permitted. This is unlikely to have a material impact on the Trust.

Note 1.22 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1. Determining whether substantially all the significant risks and rewards of ownership of leased assets have transferred to determine whether a lease is a finance lease or an operating lease.

2. Determining whether charitable funds are a subsidiary of the Trust, and whether they are material, to determine whether or not to consolidate.

3. Determining that the Electronic Patient Record (EPR) software is integral to the operation of the purchased hardware so is classed as a tangible asset.

Note 1.23 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

1. Land and Buildings (£25.7m) are valued periodically by an external valuation specialist who makes assumptions concerning values, and estimates are also made concerning the remaining lives of these assets. If the valuations were 1% different, this would amount to £0.26m. The valuations would have to be different by 6.5% (£1.7m) to be considered material.

Note 1.24 Auditors Liability

The auditors liability under the Shared Business Services Framework - Lot 1 subject to clauses 12.2, 13.1, 13.3, and 13.5 of schedule 2 of the standard framework, the total liability of each Party to the other under or in connection with the Framework Agreement whether arising in contract, tort, negligence, breach of statutory duty or otherwise shall be limited in aggregate to one million GBP (£1,000,000).

Note 2 Operating segments

The Trust has one operating segment being healthcare services, this is in line with the organisations management reporting structure.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)	2021/22	2020/21
	£000	£000
Community services		
Block contract / system envelope income	82,378	75,495
Income from other sources (e.g. local authorities)	8,759	10,824
All services		
Additional pension contribution central funding*	2,687	2,637
Other clinical income	0	556
Total income from activities	**93,824**	**89,512**

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

	2021/22	2020/21
Income from patient care activities received from:	**£000**	**£000**
NHS England	10,690	9,751
Clinical commissioning groups	74,375	68,937
Department of Health and Social Care	0	0
Other NHS providers	974	1,177
NHS other	0	0
Local authorities	7,024	9,030
Non-NHS: private patients	0	0
Non-NHS: overseas patients (chargeable to patient)	0	0
Injury cost recovery scheme	40	72
Non NHS: other	721	545
Total income from activities	**93,824**	**89,512**
Related to continuing operations	93,824	89,512
Related to discontinued operations	0	0

Note 4 Other operating income

	2021/22			2020/21		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	124	0	**124**	81	0	**81**
Education and training	958	129	**1,087**	778	77	**855**
Non-patient care services to other bodies	82		**82**	79		**79**
Reimbursement and top up funding	2,141		**2,141**	2,338		**2,338**
Income in respect of employee benefits accounted on a gross basis	80		**80**	81		**81**
Receipt of capital grants and donations		0	**0**		265	**265**
Charitable and other contributions to expenditure		193	**193**		1,903	**1,903**
Rental revenue from operating leases		175	**175**		175	**175**
Other income	1,914	0	**1,914**	1,263	0	**1,263**
Total other operating income	**5,299**	**497**	**5,796**	**4,620**	**2,420**	**7,040**
Of which:						
Related to continuing operations			5,796			7,040
Related to discontinued operations			0			0

An additional analysis of significant items of income included in 21/22 Other operating income - £1914k (20/21 £1,263k) : Property Rentals £330k (20/21 £358k), Catering £23k (20/21 £23k), DHSC IT Grant £66k (20/21 £66k), Local Authority Contributions to Running Costs £76k (20/21 £75k), Estates Recharge to Foundation Trust £70k (20/21 £112k), Occupational Health Income Generation Scheme £459k (20/21 £374k), IT Funding - UTF DA Seed Funding £250K (20/21 £0K), Pharmacy Staffing Income £165K (20/21 £0K), FCP Physio Staffing Income £109K (20/21 £0k)

Note 5 Operating expenses

	2021/22	2020/21
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	3,045	2,953
Purchase of healthcare from non-NHS and non-DHSC bodies	719	924
Purchase of social care	0	0
Staff and executive directors costs	64,217	61,875
Remuneration of non-executive directors	124	106
Supplies and services - clinical (excluding drugs costs)	12,266	14,418
Supplies and services - general	570	636
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,168	1,055
Inventories written down	0	26
Consultancy costs	150	67
Establishment	2,603	2,289
Premises	5,885	6,088
Transport (including patient travel)	0	0
Depreciation on property, plant and equipment	1,896	1,626
Amortisation on intangible assets	23	49
Net impairments	188	(15)
Movement in credit loss allowance: contract receivables / contract assets	(5)	3
Movement in credit loss allowance: all other receivables and investments	0	0
Increase/(decrease) in other provisions	126	82
Change in provisions discount rate(s)	0	0
Fees payable to the external auditor		
audit services- statutory audit	74	62
other auditor remuneration (external auditor only)	0	0
Internal audit costs	53	52
Clinical negligence	199	142
Legal fees	66	30
Insurance	79	121
Research and development	101	84
Education and training	793	386
Rentals under operating leases	1,487	1,550
Early retirements	0	0
Redundancy	0	0
Car parking & security	68	51
Hospitality	1	1
Losses, ex gratia & special payments	3	283
Grossing up consortium arrangements	0	0
Other services, eg external payroll	258	253
Other	487	479
Total	**96,644**	**95,676**
Of which:		
Related to continuing operations	96,644	95,676
Related to discontinued operations	0	0

An additional analysis of significant items of expenditure included in 21/22 Other £487k (20/21 £479k): Ministry of Justice Bedwatch & Escort Scheme £226k (20/21 £223k), Care Quality Commission Subscription £61k (20/21 £58k), Other Organization Subscriptions £70k (20/21 £77k) , Mayfair Centre Revenue Grant £48k (20/21 £47k)

See note 1.19 on the Prior Period Adjustment for Overtime Corrective Payments (Flowers). This has decreased the 2020/21 staff and executive directors costs by £283k and increased the losses, ex gratia & special payments by £283k.

Note 6 Impairment of assets

	2021/22	2020/21
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	188	(15)
Other	0	0
Total net impairments charged to operating surplus / deficit	**188**	**(15)**
Impairments charged to the revaluation reserve	247	0
Total net impairments	**435**	**(15)**

The £188k impairment relates to tenant improvements completed in previous years at the Trusts current headquarters. With the expectation the Trust will vacate the entire site by 31.03.2023 these assets now have a nominal market value. The £247k mainly relates to assets at Whitchurch Hospital that have reduced in value following a desktop revaluation by the District Valuer as at 31.03.2022.

Note 7 Employee benefits

	2021/22 Total £000	2020/21 Total £000
Salaries and wages	48,150	46,684
Social security costs	4,069	3,901
Apprenticeship levy	215	206
Employer's contributions to NHS pensions	8,841	8,667
Pension cost - other	25	14
Termination benefits	0	0
Temporary staff (including agency)	2,917	2,686
Total gross staff costs	**64,217**	**62,158**
Recoveries in respect of seconded staff	0	0
Total staff costs	**64,217**	**62,158**
Of which		
Costs capitalised as part of assets	0	0

Note 7.1 Retirements due to ill-health

During 2021/22 there were 6 early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £555k (£57k in 2020/21).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 8 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

Note 9 Operating leases

lessor

This note discloses income generated in operating lease agreements where Shropshire Community Health NHS Trust is the lessor.

There are 6 properties that the Trust leases out being Bridgnorth Health Centre with 83 years remaining, Wem Professional Centre 1.4 years remaining, Bridgnorth and Whitchurch Maternity Units 1 year remaining, Hadley Health Centre 0.25 years remaining and Whitchurch Hospital 0.08 years remaining.

	2021/22 £000	2020/21 £000
Operating lease revenue		
Minimum lease receipts	175	175
Other	0	0
Total	**175**	**175**

	Land £000	Buildings £000	Other £000	Total 31 March 2022 £000	Land £000	Buildings £000	Other £000	Total 31 March 2021 £000
Future minimum lease receipts due:								
- not later than one year;	0	158	0	158	0	124	0	124
- later than one year and not later than five years;	0	183	0	183	0	190	0	190
- later than five years.	0	3,504	0	3,504	0	3,549	0	3,549
Total	**0**	**3,845**	**0**	**3,845**	**0**	**3,863**	**0**	**3,863**

lessee

This note discloses costs and commitments incurred in operating lease arrangements where Shropshire Community Health NHS Trust is the lessee.

The most significant lease payments are to NHS Property Services. A number of premises used by the Trust transferred from local PCTs to NHS Property Services in 2013/14. Under DH guidance, the Trust was not permitted to own/lease these properties, mainly because they are non-clinical. Whilst no leases have yet been agreed with NHS Property Services, invoices have been received by the Trust and payments have been made.

The remaining building leases are for properties leased by the Trust directly, lease cars, and a franking machine.

	2021/22 £000	2020/21 £000
Operating lease expense		
Minimum lease payments	1,487	1,550
Less sublease payments received	0	0
Total	**1,487**	**1,550**

	Land £000	Buildings £000	Other £000	Total 31 March 2022 £000	Land £000	Buildings £000	Other £000	Total 31 March 2021 £000
Future minimum lease payments due:								
- not later than one year;	0	1,516	26	1,542	0	1,413	36	1,449
- later than one year and not later than five years;	0	1,779	8	1,787	0	1,416	25	1,441
- later than five years.	0	908	0	908	0	2,574	0	2,574
Total	**0**	**4,203**	**34**	**4,237**	**0**	**5,403**	**61**	**5,464**
Future minimum sublease payments to be received	0	0	0	0	0	0	0	0

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2021/22	2020/21
	£000	£000
Interest on bank accounts	21	0
Total finance income	**21**	**0**

Note 11 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2021/22	2020/21
	£000	£000
Other finance costs	0	6
Total finance costs	**0**	**6**

Note 12 Other gains / (losses)

	2021/22	2020/21
	£000	£000
Gains on disposal of assets	10	1
Losses on disposal of assets	(23)	(28)
Total gains / (losses) on disposal of assets	**(13)**	**(27)**
Other gains / (losses)	0	0
Total other gains / (losses)	**(13)**	**(27)**

Note 13.1 Intangible assets - 2021/22

	Software licences	Intangible assets under construction	Other (purchased)	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021 - brought forward	**152**	**0**	**17**	**169**
Additions	13	0	0	**13**
Impairments	0	0	0	**0**
Revaluations	0	0	0	**0**
Reclassifications	0	0	0	**0**
Disposals / derecognition	(70)	0	0	**(70)**
Valuation / gross cost at 31 March 2022	**95**	**0**	**17**	**112**
Amortisation at 1 April 2021 - brought forward	**115**	**0**	**3**	**118**
Provided during the year	20	0	3	**23**
Impairments	0	0	0	**0**
Revaluations	0	0	0	**0**
Reclassifications	0	0	0	**0**
Disposals / derecognition	(70)	0	0	**(70)**
Amortisation at 31 March 2022	**65**	**0**	**6**	**71**
Net book value at 31 March 2022	**30**	**-**	**11**	**41**
Net book value at 1 April 2021	**37**	**-**	**14**	**51**

Note 13.2 Intangible assets - 2020/21

	Software licences	Intangible assets under construction	Other (purchased)	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - as previously stated	**160**	**0**	**17**	**177**
Additions	(7)	0	0	**(7)**
Impairments	0	0	0	**0**
Revaluations	0	0	0	**0**
Reclassifications	0	0	0	**0**
Disposals / derecognition	(1)	0	0	**(1)**
Valuation / gross cost at 31 March 2021	**152**	**0**	**17**	**169**
Amortisation at 1 April 2020 - as previously stated	**69**	**0**	**0**	**69**
Provided during the year	46	0	3	**49**
Impairments	0	0	0	**0**
Revaluations	0	0	0	**0**
Reclassifications	0	0	0	**0**
Disposals / derecognition	0	0	0	**0**
Amortisation at 31 March 2021	**115**	**0**	**3**	**118**
Net book value at 31 March 2021	**37**	**0**	**14**	**51**
Net book value at 1 April 2020	**91**	**0**	**17**	**108**

Note 14.1 Property, plant and equipment - 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2021 - brought forward	**4,095**	**19,401**	**823**	**3,580**	**24**	**4,375**	**57**	**32,355**
Additions	0	1,103	1,409	162	0	1,673	0	**4,347**
Impairments	0	(247)	0	0	0	0	0	**(247)**
Reversals of impairments	0	0	0	0	0	0	0	**0**
Revaluations	205	803	0	10	0	0	0	**1,018**
Reclassifications	0	823	(823)	0	0	0	0	**0**
Transfers to / from assets held for sale	0	0	0	0	0	0	0	**0**
Disposals / derecognition	0	(22)	0	(103)	0	(1,742)	(35)	**(1,902)**
Valuation/gross cost at 31 March 2022	**4,300**	**21,861**	**1,409**	**3,649**	**24**	**4,306**	**22**	**35,571**
Accumulated depreciation at 1 April 2021 - brought forward	**0**	**91**	**0**	**2,355**	**24**	**3,124**	**54**	**5,648**
Transfers by absorption	0	0	0	0	0	0	0	**0**
Provided during the year	0	991	0	201	0	703	1	**1,896**
Impairments	0	188	0	0	0	0	0	**188**
Reversals of impairments	0	0	0	0	0	0	0	**0**
Revaluations	0	(835)	0	0	0	0	0	**(835)**
Reclassifications	0	0	0	0	0	0	0	**0**
Transfers to / from assets held for sale	0	0	0	0	0	0	0	**0**
Disposals / derecognition	0	(2)	0	(100)	0	(1,742)	(35)	**(1,879)**
Accumulated depreciation at 31 March 2022	**0**	**433**	**0**	**2,456**	**24**	**2,085**	**20**	**5,018**
Net book value at 31 March 2022	**4,300**	**21,428**	**1,409**	**1,193**	**0**	**2,221**	**2**	**30,553**
Net book value at 1 April 2021	**4,095**	**19,310**	**823**	**1,225**	**0**	**1,251**	**3**	**26,707**

Note 14.2 Property, plant and equipment - 2020/21

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - as previously stated	**4,247**	**16,980**	**697**	**3,555**	**25**	**4,407**	**74**	**29,985**
Additions	0	1,910	823	377	0	302	0	**3,412**
Impairments	0	(2)	0	0	0	(2)	0	**(4)**
Reversals of impairments	0	19	0	0	0	0	0	**19**
Revaluations	0	(144)	0	1	0	0	0	**(143)**
Reclassifications	0	685	(697)	12	0	0	0	**0**
Transfers to / from assets held for sale	(152)	(37)	0	0	0	0	0	**(189)**
Disposals / derecognition	0	(10)	0	(365)	(1)	(332)	(17)	**(725)**
Valuation/gross cost at 31 March 2021	**4,095**	**19,401**	**823**	**3,580**	**24**	**4,375**	**57**	**32,355**
Accumulated depreciation at 1 April 2020 - as previously stated	**0**	**80**	**0**	**2,486**	**25**	**2,806**	**70**	**5,467**
Provided during the year	0	759	0	216	0	650	1	**1,626**
Impairments	0	0	0	0	0	0	0	**0**
Reversals of impairments	0	0	0	0	0	0	0	**0**
Revaluations	0	(747)	0	0	0	0	0	**(747)**
Reclassifications	0	0	0	0	0	0	0	**0**
Transfers to / from assets held for sale	0	0	0	0	0	0	0	**0**
Disposals / derecognition	0	(1)	0	(347)	(1)	(332)	(17)	**(698)**
Accumulated depreciation at 31 March 2021	**0**	**91**	**0**	**2,355**	**24**	**3,124**	**54**	**5,648**
Net book value at 31 March 2021	**4,095**	**19,310**	**823**	**1,225**	**0**	**1,251**	**3**	**26,707**
Net book value at 1 April 2020	**4,247**	**16,900**	**697**	**1,069**	**0**	**1,601**	**4**	**24,518**

Note 14.3 Property, plant and equipment financing - 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2022								
Owned - purchased	4,300	20,999	1,409	623	0	2,221	2	**29,554**
Finance leased	0	0	0	0	0	0	0	**0**
Owned - donated/granted	0	429	0	570	0	0	0	**999**
NBV total at 31 March 2022	**4,300**	**21,428**	**1,409**	**1,193**	**0**	**2,221**	**2**	**30,553**

Note 14.4 Property, plant and equipment financing - 2020/21

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021								
Owned - purchased	4,095	18,855	823	562	0	1,248	3	**25,586**
Finance leased	0	0	0	0	0	0	0	**0**
Owned - donated/granted	0	455	0	663	0	3	0	**1,121**
NBV total at 31 March 2021	**4,095**	**19,310**	**823**	**1,225**	**0**	**1,251**	**3**	**26,707**

Note 15 Donations of property, plant and equipment

The Trust did not receive donations of plant and equipment during the year.

Note 16 Revaluations of property, plant and equipment

The last 5 yearly full land and buildings revaluation was undertaken by the Valuation Office Agency (VOA) with an effective date of 31st March 2019.

A desktop valuation exercise was carried out in year with a valuation date of 31 March 2022. Although, the pandemic and the measures taken to tackle COVID-19 continue to affect economies and real estate markets globally as at the valuation date some property markets have started to function again. With transaction volumes and other relevant evidence returning to levels where an adequate quantum of market evidence exists upon which to base opinions of value. Accordingly, the valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

Of the £20.2m net book value of land and buildings subject to valuation by the Valuer, £4.3m relates to land and £15.6m relates to specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Trust of replacing the service potential of the assets. £0.3m relates to non specialised assets and these are valued at Existing Use Value (EUV).

Land values include £1,103k for non-operational land at Ludlow.

BCIS indices, provided to the Trust by the Valuation Office Agency were used to reflect changes in value of other building assets with the Net Book Value of £3.3m and that are over a year old increasing the Net Book value to £3.5m. Those Building assets purchased in year have not been revalued with most assets procured in the last quarter of 2021/22.

Land and buildings revaluation amounted to a change in the value of land of £205k and an increase of £1,417k for buildings, an increase for indexation using BCIS indices of £222k. Revaluation values overall increased by 7.9% for buildings and for buildings that were indexed the BCIS indices was 6.7%. An impairment of £247k was charged to the revaluation reserve in relation to the desktop valuation by the District valuer and £188k was charged to I&E (see note 6 - Impairment of assets £435k).

The gross carrying amount of fully depreciated assets still in use was £3.1m.

Indexation of 2.7% was applied to equipment assets with a net book value of £30k and an economic life greater than 10 years, being 3 assets resulting in an increase of £9k.

Note 16.1 Useful economic lives of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life Years	**Max life Years**
Buildings, excluding dwellings	2	82
Plant & machinery	5	15
Transport equipment	5	8
Information technology	2	10
Furniture & fittings	5	15

The minimum useful economic life on Buildings is being skewed by the Trust vacating William Farr House.

The useful economic life for Information technology is usually 2 to 8 years. However, telephone systems have a life of 10 years which has skewed the maximum life.

Note 17 Inventories

	31 March 2022 £000	31 March 2021 £000
Drugs	0	0
Work In progress	0	0
Consumables	305	356
Energy	0	0
Other	301	303
Total inventories	**606**	**659**
of which:		
Held at fair value less costs to sell	0	0

Inventories recognised in expenses for the year were £3,634k (2020/21: £4,462k). Write-down of inventories recognised as expenses for the year were £0k (2020/21: £26k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £193k of items purchased by DHSC (2020/21: £1,903k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 18.1 Receivables

	31 March 2022 £000	31 March 2021 £000
Current		
Contract receivables	3,026	1,212
Allowance for impaired contract receivables / assets	(17)	(22)
Prepayments (non-PFI)	639	469
Interest receivable	10	0
PDC dividend receivable	9	79
VAT receivable	85	81
Other receivables	72	104
Total current receivables	**3,824**	**1,923**
Non-current		
Allowance for impaired contract receivables / assets	(23)	(23)
Prepayments (non-PFI)	8	5
Other receivables	152	69
Total non-current receivables	**137**	**51**
Of which receivable from NHS and DHSC group bodies:		
Current	1,722	841
Non-current	76	0

The increase in contract receivables mainly relates to new Vaccination service where reimbursement from NHSE of £0.95m and outstanding invoices with Councils of £0.75m

Note 18.2 Allowances for credit losses

	2021/22		2020/21	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**45**	**0**	**48**	**0**
New allowances arising	0	0	4	0
Reversals of allowances	(5)	0	(1)	0
Utilisation of allowances (write offs)	0	0	(6)	0
Allowances as at 31 Mar 2022	**40**	**0**	**45**	**0**

The credit losses in 2021/22 also include an allowance of £34k for unsuccessful compensation claims in relation to the NHS injury cost recovery scheme.

Note 18.3 Exposure to credit risk

Credit loss provision - Non NHS contract receivables	**Gross Amount**	**Expected Loss Allowance**
	£'000	£'000
Days past invoice date		
0-30 days	521	0
31-60 days	350	0
61-90 days	48	0
Over 90 days	21	6
Total	**940**	**6**

Note 19 Non-current assets held for sale and assets in disposal groups

	2021/22	2020/21
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**189**	**-**
Assets classified as available for sale in the year	-	189
Assets sold in year	-	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**189**	**189**

The non current asset held for sale relates to Much Wenlock Clinic - Lady Forester. This asset has a net book value of £189k consisting of £152k land and £37k buildings. Services are no longer carried out at this site and management have made the decision to sell the asset. The sale is expected in the financial year 2022/23.

Note 20 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2021/22	2020/21
	£000	£000
At 1 April	**17,838**	**14,351**
Net change in year	826	3,487
At 31 March	**18,664**	**17,838**
Broken down into:		
Cash at commercial banks and in hand	5	11
Cash with the Government Banking Service	18,659	17,827
Other current investments	0	0
Total cash and cash equivalents as in SoFP	**18,664**	**17,838**
Bank overdrafts (GBS and commercial banks)	0	0
Drawdown in committed facility	0	0
Total cash and cash equivalents as in SoCF	**18,664**	**17,838**

Note 21 Trade and other payables

	31 March 2022 £000	31 March 2021 £000
Current		
Trade payables	2,702	2,778
Capital payables	1,597	505
Accruals	3,424	4,130
Receipts in advance and payments on account	733	262
Social security costs	667	655
VAT payables	0	0
Other taxes payable	431	409
PDC dividend payable	0	0
Other payables	1,133	1,364
Total current trade and other payables	**10,687**	**10,103**
Of which payables from NHS and DHSC group bodies:		
Current	3,346	2,555
Non-current	0	0

Note 22.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Equal Pay (including Agenda for Change)	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2021	**0**	**0**	**91**	**0**	**0**	**0**	**261**	**352**
Change in the discount rate	0	0	0	0	0	0	0	**0**
Arising during the year	0	0	7	0	0	0	1,543	**1,550**
Utilised during the year	0	0	(3)	0	0	0	0	**(3)**
Reversed unused	0	0	(5)	0	0	0	(128)	**(133)**
Unwinding of discount	0	0	0	0	0	0	0	**0**
At 31 March 2022	**0**	**0**	**90**	**0**	**0**	**0**	**1,676**	**1,766**
Expected timing of cash flows:								
- not later than one year;	0	0	90	0	0	0	**527**	**617**
- later than one year and not later than five years;	0	0	0	0	0	0	**750**	**750**
- later than five years.	0	0	0	0	0	0	**399**	**399**
Total	**0**	**0**	**90**	**0**	**0**	**0**	**1,676**	**1,766**

The provisions in the "Legal Claims" class relate to expected NHS Resolution Employers/Public Liability Claims and one further Legal Claim

The provision in Other (£1,676k) relates to 4 provisions:

1) £1,215k relates to dilapidation provisions for leased properties. These have been reclassified from payable liabilities. As this move is not material the adjustment has occured in year.

2) £252k is the estimated probable impact of service reviews.

3) £133k for an on-going assessment of payroll payments and the potential impact this may have on the Trust. As the assessment is on-going, a provision has been made.

4) A £76k provision relating to the 2019/20 clinicians' pensions scheme and this is the Trusts estimated liability as at 31 March 2022 provided by NHS England.

Note 22.2 Clinical negligence liabilities

At 31 March 2022, £357k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Shropshire Community Health NHS Trust (31 March 2021: £257k).

Note 23 Contingent assets and liabilities

	31 March 2022 £000	31 March 2021 £000
Value of contingent liabilities		
NHS Resolution legal claims	(6)	(10)
Employment tribunal and other employee related litigation	0	0
Redundancy	0	0
Other	0	0
Gross value of contingent liabilities	**(6)**	**(10)**
Amounts recoverable against liabilities	0	0
Net value of contingent liabilities	**(6)**	**(10)**
Net value of contingent assets	**0**	**0**

Note 24 Contractual capital commitments

	31 March 2022 £000	31 March 2021 £000
Property, plant and equipment	829	194
Intangible assets	0	0
Total	**829**	**194**

Note 25 Financial instruments

Note 25.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.
Since the financial instruments are all short term in nature, the Trust considers that the carrying amounts disclosed are a reasonable approximation of fair value and no further estimate of fair value is reported.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

Currently the Trust has no loans. However, it could borrow from the government for capital expenditure, subject to affordability as confirmed by NHS England and NHS Improvement. The borrowings would be for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has a very low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2022 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with clinical commissioning organisations, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 25.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	3,208	0	0	**3,208**
Cash and cash equivalents	18,664	0	0	**18,664**
Total at 31 March 2022	**21,872**	**0**	**0**	**21,872**

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	1,339	0	0	**1,339**
Cash and cash equivalents	17,838	0	0	**17,838**
Total at 31 March 2021	**19,177**	**0**	**0**	**19,177**

Note 25.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Trade and other payables excluding non financial liabilities	8,011	0	**8,011**
Provisions under contract	1,766	0	**1,766**
Total at 31 March 2022	**9,777**	**0**	**9,777**

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Trade and other payables excluding non financial liabilities	7,961	0	**7,961**
Provisions under contract	352	0	**352**
Total at 31 March 2021	**8,313**	**0**	**8,313**

Note 25.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2022	31 March 2021
	£000	£000
In one year or less	8,628	8,313
In more than one year but not more than five years	750	0
In more than five years	399	0
Total	**9,777**	**8,313**

Note 26 Losses and special payments

	2021/22		2020/21	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	1	0	0	0
Fruitless payments and constructive losses	1	0	0	0
Bad debts and claims abandoned	0	0	1	6
Stores losses and damage to property	0	0	1	0
Total losses	**2**	**0**	**2**	**6**
Special payments				
Ex-gratia payments	5	3	5	283
Total special payments	**5**	**3**	**5**	**283**
Total losses and special payments	**7**	**3**	**7**	**289**
Compensation payments received		0		0

The 2020/21 Ex-gratia now includes a payment that relates to 1 case for an overtime corrective payment (Flowers judgement) of £283k and these amounts should have been disclosed in 2020/21 accounts. The payments are considered special payments for which HMT approval was sought nationally by NHS England on local employers' behalf. The corrective settlements for current and potential back pay claims are special payments. Ongoing costs are not special payments as these entitlements are now in employment contracts. Also see note 1.19

Note 27 Related parties

During the year none of the Department of Health and Social Care Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with the Trust.

The Department of Health and Social Care is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are:

Health Education England
Midlands Partnership NHS Foundation Trust
NHS England and Improvement
NHS Pension Scheme
NHS Property Services
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Shrewsbury & Telford Hospitals NHS Trust
Shropshire, Telford & Wrekin CCG
HM Revenue and Customs

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Shropshire Council and Telford & Wrekin Council.

The Trust has also received revenue payments from charitable funds, the trustees for which are also members of the Trust board by way of corporate trustee. The charitable funds are not consolidated into the Trust accounts as there is a separate annual accounts and annual report for the charity.

Note 28 Better Payment Practice code

Non-NHS Payables	2021/22 Number	2021/22 £000	2020/21 Number	2020/21 £000
Total non-NHS trade invoices paid in the year	21,724	25,676	20,882	25,055
Total non-NHS trade invoices paid within target	21,259	25,375	20,654	24,825
Percentage of non-NHS trade invoices paid within target	97.9%	98.8%	98.9%	99.1%
NHS Payables				
Total NHS trade invoices paid in the year	839	14,261	861	13,348
Total NHS trade invoices paid within target	816	13,965	846	13,229
Percentage of NHS trade invoices paid within target	97.3%	97.9%	98.3%	99.1%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 29 External financing limit

The trust is given an external financing limit against which it is permitted to underspend

	2021/22 £000	2020/21 £000
Cash flow financing	(224)	(2,448)
Finance leases taken out in year		
Other capital receipts		
External financing requirement	**(224)**	**(2,448)**
External financing limit (EFL)	(224)	599
Under / (over) spend against EFL	**-**	**3,047**

Note 30 Capital Resource Limit

	2021/22 £000	2020/21 £000
Gross capital expenditure	4,360	3,405
Less: Disposals	(23)	(28)
Less: Donated and granted capital additions	0	(265)
Plus: Loss on disposal from capital grants in kind	0	0
Charge against Capital Resource Limit	**4,337**	**3,112**
Capital Resource Limit	4,337	3,112
Under / (over) spend against CRL	**0**	**0**

Note 31 Breakeven duty financial performance

	2021/22 £000
Adjusted financial performance surplus / (deficit) (control total basis)	2,761
Remove impairments scoring to Departmental Expenditure Limit	0
Add back non-cash element of On-SoFP pension scheme charges	0
IFRIC 12 breakeven adjustment	0
Breakeven duty financial performance surplus / (deficit)	**2,761**

Adjusted financial performance (control total basis):	2021/22 £000	2020/21 £000
	2,389	476
Remove net impairments not scoring to the Departmental expenditure limit	188	(15)
Remove (gains) / losses on transfers by absorption	0	0
Remove I&E impact of capital grants and donations	128	(138)
Prior period adjustments	0	0
Remove non-cash element of on-SoFP pension costs	0	0
Remove net impact of inventories received from DHSC group bodies for COVID response	56	(79)
Remove loss recognised on return of donated COVID assets to DHSC	0	0
Adjusted financial performance surplus / (deficit)	**2,761**	**244**

Note 32 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	0	0	0	1,397	1,496	234	352
Breakeven duty cumulative position	0	0	0	1,397	2,893	3,127	3,479
Operating income	0	0	0	80,802	79,679	76,105	75,286
Cumulative breakeven position as a percentage of operating income	0.0%	0.0%	0.0%	1.7%	3.6%	4.1%	4.6%

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	1,355	2,596	2,758	2,492	971	244	2,761
Breakeven duty cumulative position	4,834	7,430	10,188	12,680	13,651	13,895	16,656
Operating income	78,940	79,377	77,861	80,942	88,443	96,552	99,620
Cumulative breakeven position as a percentage of operating income	6.1%	9.4%	13.1%	15.7%	15.4%	14.4%	16.7%

Adjustments are made in respect of accounting policy changes (impairments and the removal of the donated assets) to maintain comparability year to year.

Larger surpluses in 2015/16 due to an agreed capital to revenue transfer, also in 2016/17, 2017/18 due to STF funding and PSF Funding for 2018/19 and 2019/20.

Note 32.1 Capital cost absorption rate

The dividend payable on public dividend capital is based on the actual (rather than forecast) average relevant net assets based on the pre audited accounts and therefore the actual capital cost absorption rate is automatically 3.5%