



# Annual Report 2016/17

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**Wirral Community NHS Foundation Trust**  
**Annual Report and Accounts**  
**1 May 2016 - 31 March 2017**

Presented to Parliament pursuant  
to Schedule 7, paragraph 25 (4) (a) of the  
National Health Service Act 2006

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The Annual Report and a full copy of the Annual Accounts 2016-17 will be made available by July 2017 when it will be available on our website at [www.wirralct.nhs.uk](http://www.wirralct.nhs.uk). A limited number of printed copies will be sent to official statutory and non-statutory bodies. A summary of this report and accounts will be available as part of our Annual Members Meeting later in 2017.

Paper copies of the Annual Report are available to members of the public free of charge and copies of this document can be made available in other formats on request. If you require a copy in large print, audio CD or in another language, please contact the Patient Experience Officer (See below).

### **Your Experience - tell us what you think**

Your feedback will help us to improve the services we provide to everyone in our community.

If you have a compliment, comment, concern or complaint, please get in touch via:

- Tel: 0800 694 5530
- Email: [yourexperience@nhs.net](mailto:yourexperience@nhs.net)
- Or write to: FREEPOST-COMMUNITY NHS TRUST-PATIENT (no stamp needed).

# Performance Report

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## Performance overview from the Chief Executive - a review of our performance in 2016-17

Welcome to our Annual Report and Accounts 2016-17 which presents what we have achieved over the last year and demonstrates how we are continuing to develop a reputation for clinical excellence, high performance, focused service delivery, partnership working and innovation.

The performance overview provides a short summary on Wirral Community NHS Foundation Trust, our purpose, the key risks to the achievement of our objectives and how we have performed during the 11 months of our financial year as a Foundation Trust, May 2016 to March 2017.

Authorisation as a Foundation Trust (FT) on 1 May 2016 marked the start of a significant year for the Trust. Our patients are now better involved in the future of their own healthcare services and our governors and members, as their representatives, have a formal say on how services are provided. We also have more freedom to shape services to meet the needs of local people. It has been a testing and at times challenging journey and our remarkable achievement, is testament to the hard work and dedication of every member of staff.

It has been a remarkable achievement, and testament to the hard work and dedication of every member of staff.

Our vision remains clear. We have reviewed our values to reflect the priorities and changes taking place in community health care and system integration. These positive changes focus on wellbeing as well as health, emphasising our role as partners in keeping people well and out of hospital. They also reflect the enormous strides we have made in the formal integration of health and social care provision ensuring person-centred support and care for people in Wirral & Cheshire.

Our commitment to providing the best possible standards of clinical care will be delivered by listening to patients, their families, our staff and partners and we work with them to deliver services that meet the needs of the people who use them.

We have achieved a significantly high level of performance against our strategic themes. Our ambitions prioritise

- **Putting our patients and communities at the centre**
- **Leading, developing and delivering high quality services**
- **Valuing the individual, the team and the organisation**
- **Supporting sustainable delivery**

The financial environment continues to be challenging and we have worked hard to meet all of our statutory financial duties, achieve our efficiency programme and deliver a financial surplus at year-end.

We are a strong, viable and independent community FT, increasingly becoming a system leader and transformation agent to further develop the local health and social care economy, providing the focus to respond to the service and financial challenges that all partners face.

We continue to work closely with, Wirral Clinical Commissioning Group, Wirral Borough Council, Wirral University Teaching Hospital NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust. We have embraced the NHS Five Year Forward View and have fully engaged in the development of local Sustainability and Transformation Plans which will introduce a new approach to help ensure that health and care services are place-based and built around the needs of local populations.

Our staff have continued to deliver to the highest possible standards and we are delighted that their expertise and dedication has been recognised at a number of national awards. Similarly, our patients and their carers and families continue to support us with 90% of our patients, on average, recommending the trust to their family and friends.

On behalf of the Trust Board, I would like to thank all of our staff and volunteers for their dedication, energy and passion, in what has been a very successful year for Wirral Community NHS Foundation Trust.

As Accountable Officer, and on behalf of the Directors of the Trust I confirm our responsibility in preparing the Annual Report and Accounts and that they are fair, balanced and understandable and provide the necessary information for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

A handwritten signature in black ink, appearing to read 'Karen Howell', written in a cursive style.

**Karen Howell**  
**Chief Executive**

30 May 2017

## What our patients and their families have been saying about our services and our teams during 2016-17

*“The cardiac rehabilitation programme has played an important part in my recovery after open heart surgery. I feel I would not be at the stage I am now without the rehab team. They have been amazing”.*

Wirral Heart Support

*“To All the Community Nurses - I wish to thank most sincerely all of the nurses who were so caring and most efficient. Your care and attention was second to none. I know <he> was always happy to see you when you made your daily visits. So thank you all and bless you for doing such a wonderful care plan”*

Community Nurses, Townfield Team

*“Detailed, supportive, clear, helpful, empathetic - always ready & willing to discuss & clarify. Thank you!”*

Nutrition and Dietetics Service

*“Excellent response to my father's needs in crisis and as planned care. The Heswall team of nurses demonstrate care, compassion and commitment. They are all professional, confident and competent. The support they are providing to my dad and all our family during this difficult time is outstanding and I would like to say thank you so much for your attention to detail and the quality service that we all are receiving - patient and family.”*

Community Nursing, Heswall

*“I feel it necessary to point out how fantastic the team have been in their delivery of care. I travel across the North West in my work, watching how those at end of life are cared for and rarely have I witnessed care that is so successful, compassionate and delivered in a timely manner, It has been heart-warming and faith restoring. Please pass on my compliment to your fabulous and dedicated team”*

Pasture Road Community Nursing

*“My whole experience with the NHS has exceeded my expectation. I have received excellent service from start to finish with all concerned and wish to thank all of you in restoring my health for the future. Very many thanks”.*

Pasture Road Community Nursing Team

*“I have been delighted with the results of my physiotherapy. I am now functionally much better and the pain is reduced. It has lifted my mood. My physiotherapist has been so professional & her treatment is excellent! Thank you!”*

MSK Physiotherapy

*“From the lady on the desk, triage nurse and the DVT nurses, I couldn't have had better care, including that supplied by clinic six vascular staff. Walk-In Centre - 11 out of 10! Thank you!”*

Walk-In Centre, Arrowe Park

*"I honestly had such a lovely nurse, so much so that I enjoyed an experience I was previously dreading! She was warm, calming, informative and very professional/ skilled during my STI screening and implant replacement. She is truly an asset to the team and my most favoured nurse I have encountered to date. I would love my nurse to receive the praise displayed above or some form of recognition!"*

Sexual Health Wirral

*"The care my husband has received has been excellent. All the staff he has met have been caring and very reassuring and much progress has been achieved on his condition"*

West Wirral Community Nursing Team

## Statement of the purpose and activities of Wirral Community NHS Foundation Trust

The legislation under which we were established was the National Health Service Act 2006 and according to the establishment order, Wirral Community National Health Service Trust came into force on 1 April 2011.

We had a revised version of our Establishment Order passed by Parliament in July 2013 which is referred to in the Trust's Annual Governance Statement.

Monitor, in exercise of the powers conferred by section 35 of the National Health Service 2006, and all other powers exercisable by Monitor, authorised Wirral Community NHS Trust to become an NHS Foundation Trust from (and including) 1 May 2016.

Wirral Community NHS Foundation Trust's Head Office is at:

Chief Executive's Office  
Wirral Community NHS Foundation Trust  
St Catherine's Health Centre  
Derby Road  
Birkenhead  
CH42 0LQ

Tel: 0151 651 3939  
[www.wirralct.nhs.uk](http://www.wirralct.nhs.uk)

The accounts for the year ended 31 March 2016 have been prepared by Wirral Community NHS Trust under section 232 (15) of the National Health Service Act 2006 in the form which the Secretary of State has, with the approval of Treasury, directed.

### Who we are

Located in Wirral in North West England, we provide high-quality primary, community and public health services to the population of Wirral and parts of Cheshire and Liverpool.

We play a key role in the local health and social care economy as a high performing organisation with an excellent clinical reputation.

Our expert teams provide a diverse range of community health care services, seeing and treating people right through their lives both at home and close to home.

We employ almost 1,500 members of staff, 90% of who are in patient-facing roles. Our workforce represents close to 70% of the costs of the organisation and are our most important and valued resource. We have a turnover of approx. £70m.

Our vision recognises the important role we play in delivering integrated care with partners in the local health economy.

Our vision is:

**To be the outstanding provider of high quality, integrated care to the communities we serve**

Our refreshed values;



Our ethos is captured in the motto: **For You, With You.**

This is a promise to our communities about how we work with them to provide exceptional community health services.

## What we do

Our services are local and community-based, provided from around 50 sites across Wirral, including our main clinical bases, St Catherine's Health Centre in Birkenhead and Victoria Central Health Centre in Wallasey. We are also commissioned to deliver podiatry services outside of Wirral by West Cheshire Clinical Commissioning Group and Liverpool Clinical Commissioning Group.

Since October 2015 we have also provided integrated 0-19 services in Cheshire East comprising health visiting, school nursing, family nurse partnership and breastfeeding support services from 13 bases.

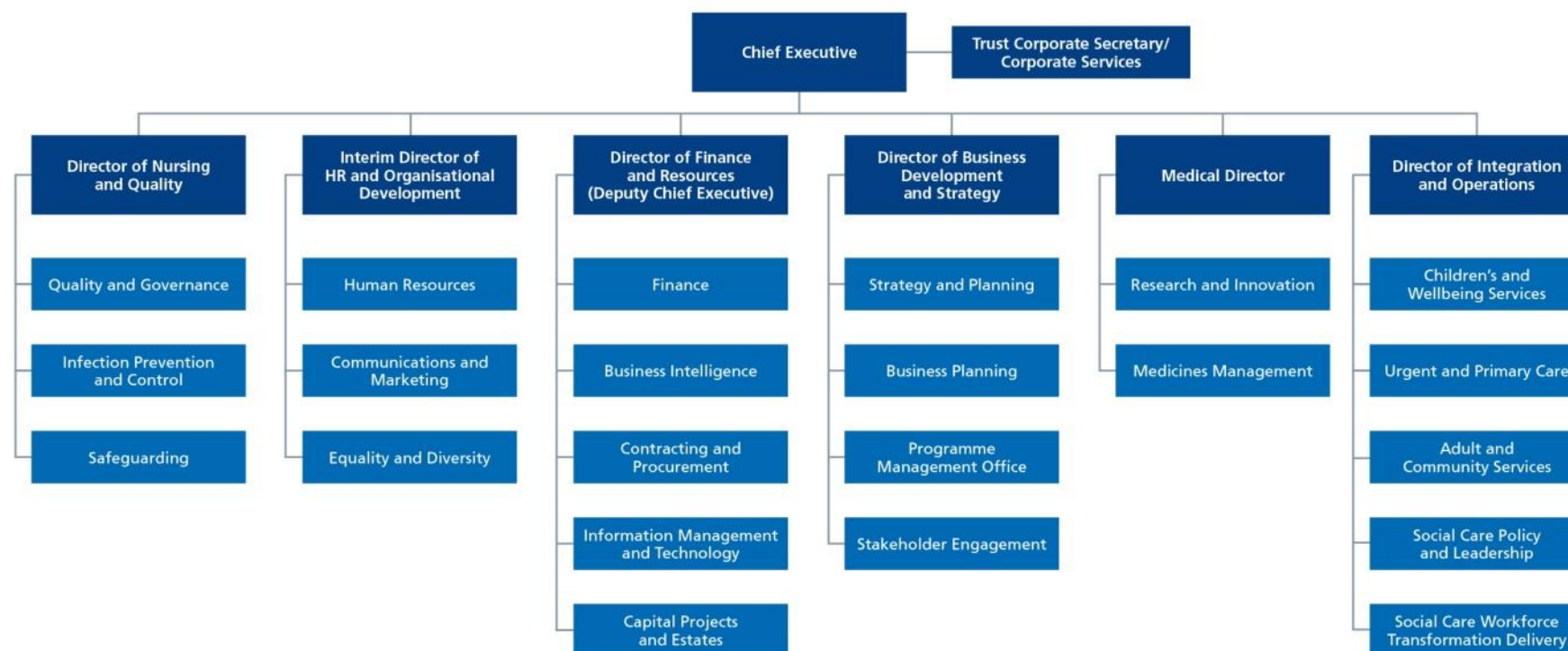
We have no inpatient beds; however we provide in-reach support into the local acute trust, residential and nursing homes across Wirral.

Our services collectively delivered around 1.1 million face to face contacts during 2016-17.

The number of patient contacts by service and division during 2016-17 are shown below;

Division	Service	Contacts 2016-17
Adult & Community	Integrated Continence	6,884
	Community Nursing/Matrons (14 teams + night service)	340,627
	Community discharge team	3,702
	Integrated Specialist Palliative Care	8,345
	Parkinson/Alzheimers	763
	Tissue Viability	502
	Heart Services (Heart Failure, Intermediate Heart Centre, Cardiac Rehabilitation)	18,552
	Speech and Language Therapy	20,907
	Community Physiotherapy & MSK	64,237
	Podiatry	49,055
	Dietetics	7,818
	Wheelchairs (West Cheshire)	1,051
	Wheelchairs (Wirral)	2,166
Primary & Unplanned Care	Phlebotomy	195,547
	Single Point of Access (Telephone Contacts)	24,462
	Deep Vein Thrombosis	14,726
	Outpatients & Minor Injuries	11,075
	Walk-in Centre	83,097
	Dental Service	10,848
	Ophthalmology	518
	GP Out of Hours	47,354
	All Day Health Centre	9,408
	Health Visitors & Family Nurse Partnership - East Cheshire	57,556
	School Nursing - Wirral	30,706
	School Nursing - East Cheshire	28,167
	Sexual Health	29,674
	Public Health	1,637
	Paediatric Continence	1,765
<b>Total</b>		<b>1,128,302</b>

The current structure of the organisation, including its corporate functions, is shown below.



April 2017

for you,  
with you

## Who we serve

We serve a Wirral population of around 321,000 residents (ONS, 2014) across 145,000 households and Cheshire East with a population of 372,700 (July 2014) (22.2% of which are aged 0-19). It is very likely that most will come into contact with our services at some point either as a patient, carer, or relative of a patient or as one of our members or volunteers.

Wirral has a relatively high older population (aged 65 and above) compared to England and Wales as a whole. We know this is set to increase, putting greater pressure on the NHS and driving the growth in provision of community health services. As a community trust we will play a vital part in enabling people to not only live longer, but live more healthy, active and independent lives.

Variations in life expectancy are amongst the highest in England. ONS statistics (2015) show that the gap in life expectancy between the most and least affluent areas within Wirral was 14.6 years for men and 14.3 years for women, and Wirral had the largest gap in Disability Free Life Expectancy (DFLE) for males and females of any authority in England (23.9 years for men, 22.2 years for women). Damaging lifestyle behaviours such as smoking and obesity are all more prevalent in Wirral's most deprived areas.

The BME (Black and Minority Ethnic) population of Wirral increased from 3.5% (approx. 11,000 people) in 2001 to 5% (approx. 16,000 people) in 2011. More BME residents live in Birkenhead than any other part of Wirral. Local services are accessed by a lower proportion of BME residents than population estimates suggest.

We also serve Cheshire East which borders Cheshire West and Chester to the west, Greater Manchester to the north, Derbyshire to the east and Shropshire and Staffordshire to the south. Cheshire East has a population of 372,700 (July 2014) (22.2% of which are aged 0-19) and an area of 116,638 hectares, making it the third largest unitary council in the North West. Approximately 40% of the population live in rural areas and the remainder in the two major towns of Crewe and Macclesfield and smaller towns of Wilmslow, Congleton, Sandbach, Poynton, Nantwich, Middlewich, Knutsford and Alsager.

Cheshire East is a relatively affluent borough, nearly 55% of children live in areas that are amongst the 30% least deprived nationally. This overall picture of affluence can mask the 18% of children in Cheshire East who live in the most deprived 30% of areas, these children experience worse health outcomes than their peers in other parts of the borough.

Life expectancy for both men and women is higher than the England average; however life expectancy is 10.9 years lower for men and 11.3 years lower for women in the most deprived areas of Cheshire East than in the least deprived areas (ONS, 2015).

## Our business environment

We value greatly our excellent working relationships with all of our partners and commissioners. These interdependent relationships are becoming ever more important as the local health economy pursues more integrated working to improve the quality and efficiency of health and social care.

The majority of our services are provided through block contracts with the following organisations:

- NHS Wirral CCG
- NHS England (through the Local Area Team)
- Wirral Borough Council
- Cheshire East Council

Whilst the integration agenda and place-based planning have been and will continue to be, key business drivers, the trust has also considered the potential challenge in the development of the contestable market, including;

- block contracts
- outcome based commissioning
- tender and procurement practices
- commissioner led 'any qualified provider' initiatives

We have considered the competition we face from other organisations including neighbouring NHS trusts and private providers. We have also calculated the risk to our trust based on potential loss of services. No services judged at high risk pose a threat to the Trust's on-going sustainability.

## Foundation Trust Authorisation

The Trust was authorised as a Community NHS Foundation Trust with effect from 1 May 2016. This has enabled us to continue providing high quality, person-centred services, as an equal and leading partner within the health and care economy, fit for purpose and sustainable both locally and as part of a wider Sustainability and Transformation Plan (STP) footprint.

Additionally, Foundation Trust status brings greater financial freedoms, empowerment and sense of shared purpose for our staff and stakeholders.

## Our strategy for 2016-17

Our vision and values, our assessment of population need and our understanding of local and national priorities have informed our strategic themes and priorities.

Our strategic themes and objectives are highlighted below.

<b>1. Our Patients and Community</b> <b>Putting our patients and communities at the centre</b> <ul style="list-style-type: none"> <li>♥ we will deliver safe and effective patient care</li> <li>♥ we will deliver a positive experience of our services</li> <li>♥ we will engage effectively with the patients and communities we serve</li> <li>♥ reducing inequalities will be integral to all service development and delivery</li> </ul>	<b>2. Our Services</b> <b>Leading, developing and delivering high quality services</b> <ul style="list-style-type: none"> <li>♥ we will effectively manage and develop our relationships with our current and new commissioners and stakeholders</li> <li>♥ we will defend and grow our core business</li> <li>♥ we will lead the delivery of out of hospital integrated care</li> <li>♥ we will deliver to the expectations of our commissioners and demonstrate quality and value</li> </ul>
<b>3. Our People</b> <b>Valuing the individual, the team and the organisation</b> <ul style="list-style-type: none"> <li>♥ we will further develop and maintain a competent, caring and flexible workforce</li> <li>♥ we will develop leadership at every level of the organisation</li> <li>♥ we will continuously develop the organisation and its governance framework</li> </ul>	<b>4. Our Sustainability</b> <b>Supporting sustainable delivery</b> <ul style="list-style-type: none"> <li>♥ we will optimise the use of our resources</li> <li>♥ our support and infrastructure services will operate to enhance the delivery of our services, and secure future sustainability</li> <li>♥ we will effectively manage our finances and fully deliver our efficiency programmes</li> <li>♥ we will deliver transformation supported by innovation and research</li> </ul>

## Strategic and operational risk

The trust's corporate strategy for risk management is preventative, aimed at influencing behaviour and developing a culture within which risks are recognised and addressed.

Strategic risks affecting the trust are identified and managed through the Board Assurance Framework (BAF), which is aligned to the Risk Management Framework, and linked to the organisation's Performance Management Framework.

The strategic risks noted against each strategic theme are detailed in the Annual Governance Statement.

During 2016-17, the Board of Directors had oversight of the following major risk areas;

- Commissioning intentions and contracting decisions preventing organisational development, putting services at risk
- Ability to respond and deliver competitively to market changes
- The scale of organisational and transformational change and the impact of significant service developments on organisational capacity
- Cultural transformation

## Going Concern

The Trust Board has reviewed the financial performance in 2016-17 and after making enquiries have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

## Performance Analysis

The Trust has achieved a high level of performance against the key performance indicators that we are measured against.

There are a number of sources of performance measures that are both internally and externally imposed.

The key areas of performance targets are as follows:

- **Strategic** - our overall balanced scorecard measures our performance against strategic objectives linked to our overall vision
- **Operational** - internal targets related to our day-to-day operational performance and delivery of individual services
- **Contractual** - a series of trust wide and service level KPIs defined within the contract for clinical services
- **Care Quality Commission (CQC)** - ensuring compliance with all CQC guidance and regulations
- **NHS Improvement** - ensuring compliance with the Single Oversight Framework which replaced Monitor's Risk Assessment Framework in 2016.

These are consolidated in our balanced scorecard management framework which provides a consistent process to measure and monitor performance across different levels of the organisation aligned around our vision and strategic themes.

Service delivery against our Key Performance Indicators is closely monitored across our divisions. Any KPI reported at 'red' will initiate two streams of actions:

- understanding the reasons for underperformance and,
- drawing up action plans to deal with these issues









Once an area of underperformance has been identified, progress is monitored monthly at an Integrated Performance Group which reports to the Trust Board via the Finance & Performance Committee of the Board.

The tables on the following pages provide an analysis of performance against each strategic theme together with some key achievements or developments during 2016-17.

## Our Patients and Community

The first of our four strategic themes focuses on our patients and community and the needs of commissioners. The table below illustrates the key performance indicators (KPIs) identified for this theme in 2016-17.

The KPIs range from national targets requiring us to see patients in our walk in centres and minor injuries units within 4 hours of arrival, through to nationally defined "never" events.

Our Patients and Community 				
Period	KPI	Month	Trend*	YTD
Mar-17	18 Week Wait	G		G
Mar-17	A & E Access Indicators	G		G
Mar-17	Zero Avoidable Healthcare Acquired Infections	G		G
Mar-17	Serious Untoward Incidents (STEIS)	G		G
Mar-17	Complaints acknowledge in 3 working days	G		G
Mar-17	Information Governance Incidents (IG Toolkit Level 2)	G		G
Mar-17	Zero Never Events**	G		G

## Diabetes

The Trust took over the operational and project management of the Healthy Wirral diabetes pilots in July 2016. The pilots were run in partnership between Wirral Community NHS Foundation Trust, Wirral University Teaching Hospital NHS Foundation Trust, GPs, Wirral Council, Wirral CCG and Healthwatch. The overarching aim is to improve the prevention, early diagnosis and management of diabetes in Wirral leading to better health outcomes, a reduction in health inequalities and reduced risk of complications.

The pilot was split into three projects;

**Hub and Spoke** - evaluating the impact and sustainability of a hub (acute trust, outpatient appointments) and spoke (specialist community care) model of diabetes care. The pilot project provided intermediate diabetes care within the community via Diabetes Consultants, GPs with a Special Interest in Diabetes (GPSIs) and Diabetes Specialist Nurses (DSNs).

**Care Homes** - improving the diabetes care offered to residents of care homes across Wirral. This pilot project was developed to improve the diabetes care offered to the care home residents by clinical intervention and education for those care homes with the highest admission rates and the development and implementation of a Wirral wide Diabetes Care Home Policy.

**Podiatry** - redesigning the acute and community integration pathways for diabetic foot care.

## Patient reminders text messaging

The Trust-wide implementation of patient reminder service was introduced to support the commitment to reduce wasted appointments within our services. To date the scheme is proving to be successful and there has been a 3% reduction in DNA rates across our services. Participating services include: Adult Dietetics, Adult Speech and Language Therapy, MSK, Podiatry and Ophthalmology. We are continuing to roll out the scheme across the remaining services and anticipate similar reductions in DNAs.

## *Use of SKYPE in Speech and Language Therapy*

The aim of the project was to pilot the use of Skype as an option for the quick and timely delivery of speech and language therapy for adult clients or children and to see how remote live interactions could improve the quality of care by increasing the level of accessibility, reach and convenience between health professionals and their clients.

The outcomes from the project were remarkable including; greater flexibility for clients, parents more involved in their child's consultation and reduced travel time.

- 100% of clients felt that using Skype had had a positive impact on their care and involvement with their child
- 100% of clients are happy to continue to have Skype consultations

## *Easy Read*

From August 2016 all organisations that provide NHS care or adult social care were legally required to follow the Accessible Information Standard. As part of the Trust's response a range of healthcare information was developed in Easy Read using simple language with big, clear pictures or symbols to illustrate the text. The information is specifically designed for people with learning disabilities, but also invaluable for anyone who has difficulty reading and for many elderly or deaf people, or those who don't use English as their first language.

## *New 'For You' magazine*

In response to feedback the Trust magazine 'For You' was re-launched with greater public and patient focus including advice and details of the services available to support health and wellbeing. The publication showcases the very best innovation in local community based healthcare services and offers expert health advice from the Trust's Medical Director. The distribution has been expanded to include local GP practices, local libraries and One Stop Shops.

## *Health Visiting Facebook Hub*

Both our Health Visiting services in Wirral and Cheshire East use social media as a simple way for parents to get access to information, tips and advice at any time of the day. A range of topics are featured and discussed by specialists in child health and development including: advice on feeding, safety, vaccine information, clinic times, breastfeeding support and behaviour developmental steps.

## *Community Art Exhibition*

For a second year the Trust hosted a new art exhibition at St Catherine's Health Centre. Working in partnership with Mosslands School, students have their artwork on display in the health centre helping create a bright and stimulating environment for patients and visitors. The Trust has had a fantastic response from patients and visitors and further exhibitions in partnership with other local schools are planned.

## *Membership & Governors*

The Trust held its first member community event as a Foundation Trust in July 2016. It was an opportunity to meet the newly elected Council Governors who represent the interests and views of members, and Wirral residents.

At the point of achieving our Foundation Trust authorisation the trust had 7,201 members, which included both public and staff. Our younger membership continues to grow and we are delighted to have developed a positive and rewarding working relationship with the 'Young Chamber' in Wirral and have had significant

recruitment success at recent careers events including St John Plessington where we recruited over 100 young members in one day.

The Trust is committed to improving the health and wellbeing of patients and staff, ensuring it contributes positively to the lives of the local communities.

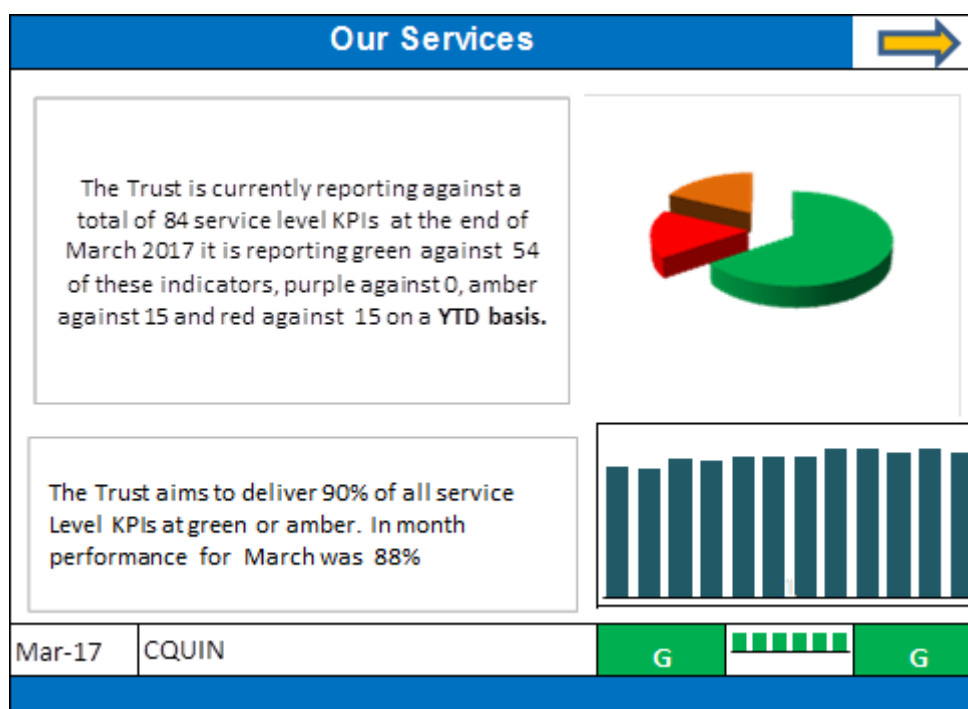
This was illustrated in 2016-17 with some of the following key activities;

- An electronic staff bulletin is issued to all staff on a weekly basis that provides information about the trust and wider community news and information
- The Trust worked closely with the Young Chamber of Wirral Chamber of Commerce to host a 'behind the scenes' event for local students and supported additional Young Chambers careers events throughout the year
- An Art Exhibition at St Catherine's Health Centre, opened by The Mayor of Wirral, featuring work by pupils from Mosslands School, including three pieces to commemorate 150 years since the first infirmary was built on the site
- A successful programme of work experience placements in partnership with 4 local schools for students primarily aged 14 -18. In 2016-17 the Trust welcomed 23 students across 13 different services and teams, both clinical and non-clinical
- An active cohort of 80 volunteers working across 10 services and teams providing valuable support to our patients, their families and the local communities we serve. The Trust recognises the value and benefits of volunteering giving members of the local community a sense of purpose and in many cases reducing social isolation. In 2016-17, three of our young volunteers used their experience to positively enhance job applications in their chosen careers with a view to applying for an access course followed by a university degree or apprenticeship programme. We recognise the invaluable work of our volunteers and celebrate their support each June during Volunteers Week
- At our Annual Staff Awards we are always proud to present an award to our Volunteer of the Year and in 2016-17 this was presented to Johanna Hay who has been working with the Speech & Language Therapy Service for 12 months making a very positive impact and is now completing a Health and Social Care Foundation Course
- An annual Patient Choice Award, as part of our Annual Staff Awards showcasing inspiring and insightful stories of the patients we serve. Patients, families and carers nominate individuals or a team who they feel deliver outstanding care. In 2016-17 the Cardiac Rehabilitation Team at St Catherine's Health Centre won this coveted award following a nomination from a patient whose experience had been so positive.

## Our Services

The second strategic theme area focuses on delivering the care commissioners appointed us to deliver, and as such, the second area of the Trust's balanced scorecard contains all the contractual indicators. These are monitored on a monthly and on a cumulative basis to ensure areas of challenging performance are highlighted and action plans are put in place to address any issues.

At the end of 2016-17 the Trust had 84 separate KPIs, of which 82% were rated as either 'Green' or 'Amber' based on thresholds set by the commissioners. The Trust's performance against the KPIs of CCG commissioned services improved throughout the year, ending above the level of performance seen in 2015-16.



## Integration of Health and Social Care

In 2016-17 the Trust Board of Directors and the Council Cabinet approved plans to develop a fully integrated health and social care service, with over 200 social care assessment and planning staff joining the Trust in June 2017.

It is hoped that by transferring social care staff to the Trust will provide a seamless service for patients and service users alike. There will be one care record, one number to call, one person responsible for ensuring patients and service users health and social care needs are better understood and supported. The new integrated service will also help to meet the increasing demand and financial challenges within health and social care.

## Sexual Health Wirral retention and redesign

Following a competitive tender process in late 2016 the Trust won the contract to continue to deliver Sexual Health services across Wirral for the next 5 years. The new service went live on 1 April 2017. Since 2014, Sexual Health Wirral has enjoyed a successful partnership between Wirral Community NHS Foundation Trust, Wirral University Teaching Hospital NHS Foundation Trust (WUTH) and Brook Young People (Brook). The service now includes an additional partner, Royal Liverpool & Broadgreen University Hospitals NHS Trust (RLBUHT) who brings consultant-led expertise.

There are a number of new features that will deliver a person-centred service that empowers people, focuses on prevention and greater equality for young people and adults in Wirral. Clinics continue to run from five locations across Wirral with greater availability of support in the local community and an emphasis on self-care and prevention through the interactive and mobile website - [www.sexualhealthwirral.nhs.uk](http://www.sexualhealthwirral.nhs.uk)

## GP single referral

A significant transformation project delivered during 2016-17 was the rationalisation of Trust referral forms into one electronic form. The Trust previously operated over 20 forms in different formats. Through close consultation with trust services and GP practices, these forms have been replaced with one digital and interactive form. Referrals into the Trust (with the exception of those contracted under Any Qualified Provider) from GP practices are now streamlined, reducing workload for GPs and ensuring services receive accurate and timely referrals for patient care.

## *Phlebotomy retention and redesign*

Working in partnership with Wirral CCG, the Trust redesigned its Phlebotomy Service in order to improve ease of access for patients. From 1 December 2016 the service operated out of four hubs across Wirral offering a drop in service to patients. Anyone referred by their GP for a blood test can be seen on the same day rather than wait for an appointment.

The feedback from patients has been extremely positive.

## *Ophthalmology*

We secured the Any Qualified Provider (AQP)<sup>1</sup> contract for Ophthalmology and the service has aimed to increase activity in the community and build links with Wirral University Teaching Hospital NHS Foundation Trust for glaucoma management. The service has undertaken a series of marketing initiatives targeting GPs and community Optometrists to increase activity.

## *Wellbeing Services Cheshire East*

The Trust successfully won the opportunity to provide AQP Wellbeing Services in East Cheshire. Operating out of Crewe, Macclesfield and the surrounding areas, the team provide smoking cessation services, alcohol screening and NHS Health Checks.

## *CHERUBS - Breastfeeding Behind Bars*

CHERUBS, 'Cheshire's Really Useful Breastfeeding Service' gives breastfeeding advice and support to hundreds of women across Cheshire East. In 2016-17 the service provided training to staff at Styal Women's Prison so that they can provide breastfeeding support to female prisoners in the mother and baby unit. The team also ran a pilot scheme to train female prisoners so they can give peer support to the new mums in the unit.

## *Infection Prevention Control*

Our Infection Prevention and Control Service (IPC) won a three year contract to deliver an integrated Infection Prevention and Control Service which will allow us to continue as the leader in infection prevention and control in Wirral.

## *Tele-triage pilot to Wirral Care Homes*

The Trust launched a pilot scheme to provide direct support to care homes from skilled and experienced nurses via telephone or Skype consultations. The support provides people with a range of services including: older people's assessment, diagnostic clinics and rapid community response through to arranging urgent admissions.

By equipping care homes with superfast broadband connections and 'i-pad pros' enabled with 'Skype for business' nurse practitioners have visual contact with the care home staff and residents to support clinical decision making. It is hoped the service will enable residents to be treated in their care home rather than having to go to hospital.








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<sup>1</sup> Any Qualified Provider is a means of commissioning certain NHS Services in England and is intended to increase patient choice. All providers must meet the qualification criteria set for a particular service and once qualified their service will appear on choose and book for patients to select.

## People

The third strategic theme of the balanced scorecard focuses on the people and staff of Wirral Community NHS Foundation Trust. In total the Trust employs around 1,500 staff, 90% of whom are patient-facing and 90% of whom are women. The largest staff groups are nursing, physiotherapists and clinical support.

Our workforce represents close to 70% of the costs of the organisation, and is therefore our most important and valued resource.

Our People 				
Period	KPI	Month	Trend*	YTD
Mar-17	CIP Delivery	R		R
Mar-17	Staff Appraisal	G		G
Mar-17	Corporate Onboarding	A		A
Mar-17	Local Induction	A		G
Mar-17	LD Self Assessment	G		G
Mar-17	FT Pipeline	G		G

### NHS National Staff Survey 2016

In the national 2016 survey we once again ranked amongst the best in the country for the overall indicator of staff engagement. Over 600 staff completed the survey. We scored amongst the highest levels nationally in ten categories, including: support from immediate managers, the number of staff receiving annual appraisals and recommending the organisation as a place to work or receive treatment.

These are good results; however it's important we focus on areas where we can still make improvements. We will be working with Joint Union Staff Side and Staff Council to develop an action plan focusing on:

- Staff working extra hours
- Quality of non-mandatory training, learning and development
- Low reporting rate for bullying, harassment and abuse (from patients and/or staff)
- Communication between senior management and staff
- Flexible working opportunities

Please also refer to the Accountability Report which provides further detail on the staff survey results for 2016-17 and future priorities and targets.

### Electronic Staff Record (ESR) Manager Self-Service (MSS) roll-out

The implementation of ESR MSS self-service began in 2016 and has had a positive impact on every single employee by changing the culture and moving away from a traditional model of transactional input and moving to a modern self-service approach at a service and team level. This is leading to a more engaged workforce from both an employee and management perspective with employees able to access their own personal information.

As an employee using Employee Self Service (ESS) staff can now book annual leave, book onto training, view their training history, see their payslip in advance or historically, change their personal details without having to locate the relevant form and access their NHS pension statement.

## *Recruitment open days*

The Trust held two recruitment open days during 2016-17 aimed at attracting nurses and therapists to find out more about working in the community with a focus on caring for people at home and closer to home.

Visitors had the opportunity to meet teams from across the Trust including: community nursing, therapy teams, 0-19 services, specialist nursing and many more. Advice was available on how to get the best out of their application, joining the nurse bank, and learn about the training and career opportunities available.

The trust also has a recruitment Facebook page - [www.facebook.com/nhsjobs](https://www.facebook.com/nhsjobs) which to date has over 2,300 followers.

## *Appraisals - Leadership for All*

In 2016-17, we are extremely proud that 99% of all eligible staff had an appraisal.

The appraisal process was further developed to include a talent conversation enabling greater focus on staff as individuals and how they could achieve what they wanted to in their job. Whether that was simply being the best they could be in their current role or extending their skills and developing into more senior role in the future. The talent conversation under our Leadership for All model helps individuals to understand the impact they have on your patient/services users and colleagues, and assists managers in succession planning within their services.

## *Nurse Associate roles*

Working with Health Education England we have taken forward proposals to introduce a new nursing support role by spring 2017 to support the Registered Nurse workforce in providing high quality care across health and social care settings. The role, which could also be a new route for those wishing to become a registered nurse, has been recommended by nursing leaders and other healthcare professionals. To date the Trust has recruited five Nurse Associates onto the programme.

## *Staff Awards*

To recognise the exceptional work of staff from across the Trust and volunteers, we held our fifth annual 'For You Thank You' Staff Awards in February 2017. Almost 150 nominations were received for individuals and teams across award categories, including Clinical Team of the Year, Volunteer of the Year and the Patient Choice Award, in which patients, families and carers nominated individuals or teams for outstanding care and patient experience that went beyond their expectations.

The event was enjoyed by all and was a real celebration of the high quality care delivered by our teams.








## *Freedom To Speak Up (F2SU)*

In response to Sir Robert Francis' Freedom to Speak Up review, and the requirements of regulatory bodies, the Trust has adopted the national Raising Concerns Policy within the organisation and identified a 'Freedom To Speak Up' Guardian and 20 'Freedom To Speak Up' Champions.

This team is supporting a more open and transparent place to work, where all colleagues are actively encouraged and enabled to speak up safely. They have a key role in helping to increase awareness of raising concerns, as well as providing confidential advice and support to staff in relation to concerns they have about patient safety and/or the way concerns are handled.

## Sustainability

The final strategic theme of the Trust's balanced scorecard focuses on the key drivers of the organisation's sustainability, principally its use of resources. Overall the Trust managed within its resources, achieving just over the planned surplus levels, whilst fully delivering on its CIP programme for the year.

Our Sustainability 				
Period	KPI	Month	Trend*	YTD
Mar-17	Net I & E	G		G
Mar-17	CRL	G		G
Mar-17	Liquidity	G		G
Mar-17	Overall Financial Rating	G		G
Mar-17	Community Dataset	G		G
Mar-17	IT System Adoption	G		G

The Trust met all of its statutory financial duties for 2016-17, our sixth successful year of operations as a standalone NHS Trust and our first part-year as an NHS Foundation Trust.

Authorisation by NHSI to become a Foundation Trust (FT) from 1 May 2016 resulted in the necessity to produce two sets of accounts, one as a NHS Trust covering April 2016 and one as FT covering the period from 1 May to 31 March 2017. The following table details the financial performance in each period that resulted in an overall control total surplus of £2,097.

Please also refer to the Trust's 1-month Annual Report for the reporting period of 1 - 30 April 2016, the final period of the NHS Trust.

Financial Measure	NHS Trust 1 - 30 April 2016 £'000	Foundation Trust 1 May 2016 - 31 March 2017 £'000	Full Year (2016-17) £'000
Net Surplus/ (Deficit)	(136)	2,738	2,602
Adjustment for items not included in control total (Impairments & Disposal of Fixed Assets)	68	(573)	(505)
Control Total	(68)	2,165	2,097

As an independent organisation we have always maintained a strong financial position. We have consistently delivered on Income and Expenditure (I&E) targets, CIPs, cash and external financing targets when relevant and our capital plans.

In 2016-17 the trust was set an initial control total target of a surplus of £1.6m. The Trust met and exceeded the target by £3k and as a result was awarded a further Sustainability Transformation Fund incentive payment of £494k. This resulted in an adjusted control total of £2.097m.

### *Cost Improvement Programme*

The Trust achieved its target of £3.2m efficiency savings with 79% of schemes delivered recurrently.

The Transformation and Efficiency Group (TEG) supported by the Programme Management Office (PMO) worked collaboratively with clinicians, service managers and corporate leads to develop and deliver the CIP plans for all service and corporate areas reporting to the Finance & Performance Committee.

The Trust's financial accounts are presented at the end of this report.

### *Information Technology in-house*

From March 2017, all Information Technology (IT) services transferred into the Trust from the Commissioning Support Unit; bringing this service in-house saved £60,000 and helped the Trust have a more efficient and effective service and be more responsive to the needs of individual services and the organisation. The move also offered us greater flexibility to support new ways of working and in the introduction of new technologies as well.

### *Sustainable Development Management Plan*

The Trust has a Sustainable Development Management Plan (SDMP) that assists in clarifying objectives on sustainable development. This has been in place since the establishment of the Trust in April 2011 and reviewed each year. The plan has Board level accountability through the Finance and Performance Committee and ensures that sustainability issues have visibility and ownership at the highest level of the organisation.

The SDMP helps the Trust to;

- Meet the minimum requirements of sustainable development
- Save money through increased efficiency and resilience
- Ensure the health and wellbeing of the local population is protected and enhanced
- Improve the environment in which care or the functions of the organisation are delivered for service users and staff
- Have robust governance arrangements in place to monitor progress
- Demonstrate a good reputation for sustainability
- Align sustainable development requirements with the strategic objectives of the organisation

In 2016-17 the Trust continued to make good progress in the implementation of the SDMP action plan.

We have continued with the maintenance of an established Environmental Management System, which enables us to monitor our performance against KPIs such as carbon emissions, utility consumption and waste. We have taken a particular focus on implementation and certification of the Environmental Management System at the largest freehold site owned by the Trust; St. Catherine's Health Centre, and will be undergoing an audit process to achieve the ISO14001:2015 standard during 2017-18.

The Trust acknowledges that adaptation to climate change will pose a challenge to both service delivery and infrastructure in the future and it has therefore become a key consideration as we plan how we will best serve patients in the future. As such sustainability issues form an integral part of our Estates Strategy. Each Trust property needing a Display Energy Certificate (DEC) has one in place and the DEC is displayed on each reception desk.

We have a Sustainable Transport Plan (STP) in place for the Trust which considers the burden NHS organisations place on the local transport infrastructure, whether through patient, clinical or other business

activity. Similarly, the Trust is committed to reducing the wider environmental and social impacts associated with the procurement of NHS goods and services; this is set out within our policies on sustainable procurement.

### Our commitment to reducing the carbon footprint

As a part of the NHS, we recognise our duty to contribute to the whole system ambition of reducing the carbon footprint; following the establishment of the Trust in 2011 this was agreed as a 28% reduction by 2020 using 2013 as a baseline. We are making good progress towards this and anticipate having exceeded our ambition to reduce our carbon emissions by 2.5% in 2016-17 due to the efficiency measures put in place across our owned and occupied properties, which is in addition to significant progress made in previous years as a Community Trust.

Below is a summary of our performance to achieve this aim.

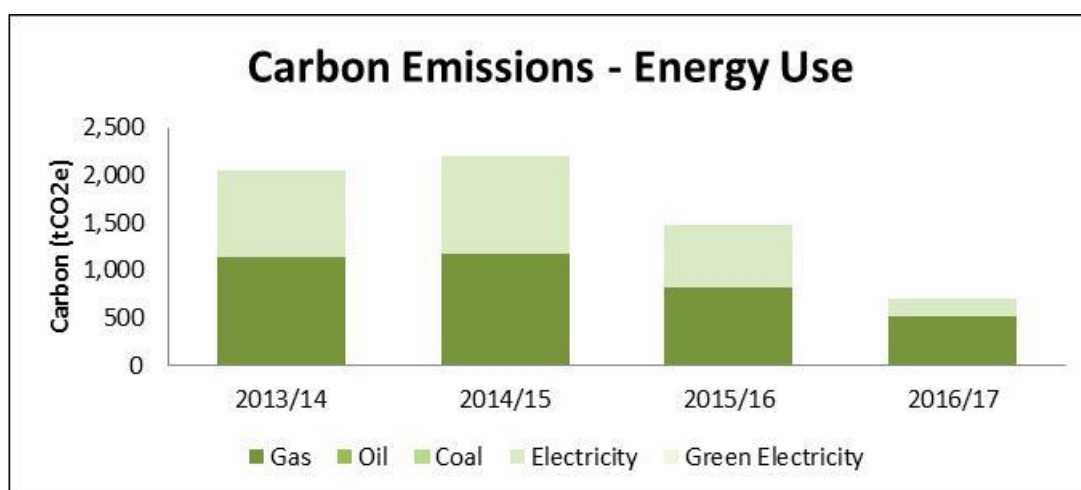
### Carbon Emissions

Carbon emissions have reduced over the last four years as a result of the implementation of the NHS Wirral Carbon Reduction Strategy (produced in 2009), and an investment in energy efficiency of the Trust properties including replacement of old building stock, improved thermal insulation in existing properties, and installation of Solar Photovoltaics (PV). The Trust has also implemented the Estate Efficiency Strategy which optimises space occupancy and utilisation and sought to minimise expenditure on energy supplies where there are landlord's supplies outside of the control of the Trust, e.g. at Victoria Central Health Centre campus.

Our highest impact areas are associated with gas and electricity use at our premises, and business travel as a result of the community based nature of our services, although business travel reporting is no longer a requirement of ERIC.

In 2016-17 it is anticipated, pending final verification for the ERIC return, that the Trust's measured Greenhouse Gas emissions from energy use were 698 tCO<sub>2</sub>e (tonnes of CO<sub>2</sub> equivalent); a reduction of 783 tCO<sub>2</sub>e on 2015-16.

The figures below provide an overview of the Trust's energy use.



### Waste

Waste recycling initiatives have continued to be implemented across the Trust during 2016-17, with all locations encouraged to recycle paper, cardboard, bottles, printer and toner cartridges, portable batteries, both Zinc and Lithium types and mixed recyclable waste.

In 2016-17 we expect to have recovered or recycled 114 tonnes of waste; 100% of the total waste we produced. This means that zero waste is currently going to landfill, through a combination of treatment methods such as recycling and energy recovery from incineration.



## Water usage

The table below provides an overview of our water usage and spend in 2016-17 compared to the previous three years.

Water		2013-14	2014-15	2015-16	2016-17
Mains	m <sup>3</sup>	22,142	22,672	10,645	7,487
	tCO <sub>2</sub> e	20	21	10	7
Water & Sewage Spend		£ 36,320	£ 61,471	£ 39,507	£ 26,766

Water consumption and cost has fallen significantly since 2015-16 with a reduction of 29.7% and 66.2% when compared with 2013-14.

The table below provides a summary of total energy consumption.

	2016-17	2015-16	2014-15	2013-14	
Total energy consumption	2,722MWh	5,160MWh	4,538MWh	7,260MWh	▼
Relative energy consumption	0.20 MWh/square metre	0.23 MWh/square metre	0.28 MWh/square metre	0.25 MWh/square metre	▼
Water consumption	7,418 m <sup>3</sup>	8,679 m <sup>3</sup>	22,672 m <sup>3</sup>	22,142 m <sup>3</sup>	▼
Business travel - road	-	818 tCO <sub>2</sub> e	818 tCO <sub>2</sub> e	691 tCO <sub>2</sub> e	—

## Looking ahead - New Strategic Objectives

The Board has considered the five year forward view (sustainability and transformation plans) and our role in shaping the future of health and social care. It has set new organisational objectives for the coming year that will ensure we continue to deliver outstanding care, that we support our amazing staff, and that we make the books balance. Furthermore the new objectives will support us to remain central to providing out-of-hospital care across Wirral and Cheshire.

Our new strategic objectives fall under three themes - The three Ps and are illustrated below:

♥ Our Patients and Community			
<b>Objective</b>	To be an outstanding trust, providing the highest levels of safe and person-centred care.		
<b>Goals</b>	We will deliver outstanding, safe care every time.	We will provide more person-centred care.	We will improve services through integration and better coordination.
<b>I will...</b>	<b>be outstanding.</b>	<b>listen to patients and encourage feedback.</b>	<b>work smarter with internal and external colleagues.</b>

♥ Our People			
<b>Objective</b>	To value and involve skilled and caring staff, liberated to innovate and improve services.		
<b>Goals</b>	We will improve staff engagement.	We will advance staff wellbeing.	We will enhance staff development.
<b>I will...</b>	<b>listen and get involved.</b>	<b>invest in my wellbeing.</b>	<b>look for ways to develop myself.</b>

♥ Our Performance			
<b>Objective</b>	To maintain financial sustainability and support our local system.		
<b>Goals</b>	We will grow community services across Wirral, Cheshire and Merseyside.	We will increase efficiency of corporate and clinical services.	We will deliver against contracts and financial requirements.
<b>I will...</b>	<b>promote my service.</b>	<b>suggest ways to make my service more efficient.</b>	<b>understand my service targets and help achieve them.</b>

## Operational Plan 2017-19

For 2017/18 - 2018/19, the Trust's focus will remain on integrating services to improve quality and system sustainability. Much of this will be led by the emergent STP.

Current expectations include:

- Transferring Wirral Council social care staff into the Trust from 1 June 2017 to improve coordination and delivery of care across health and social care (subject to business case approval), building on current informal integration and co-location
- Providing a redesigned single point of access to offer advice and information, signposting and redirection, triage and assessment, and management of intermediate care to provide alternatives to admission
- Working across community, primary and social care to support shifting demand from hospital settings and developing integrated working with primary care on Wirral
- Continuing integration of 0-19 and council early years staff in Cheshire East
- Implementing E-rostering and E-allocation. As part of WCT's Transformation Programme, ensuring staff are utilised as efficiently and effectively as possible
- Launching a new diabetes programme, improving diabetes prevention, early diagnosis and management, part of the Cheshire & Merseyside STP
- Supporting back office consolidation in Cheshire & Wirral
- Supporting development of an Accountable Care System

## Accountability Report

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# The Directors' Report

## The Board of Directors

Wirral Community NHS Foundation Trust is headed by a Board of Directors with overall responsibility for the exercise of the powers and performance of the NHS Foundation Trust.

The Board is made up of the Chairman, Non-Executive Directors, Chief Executive and other Executive Directors. The Chief Executive and Executive Directors bring skills and expertise from their positions in key areas of the Trust. The Chairman and Non-Executive Directors work part-time. They each bring insight and experience from a range of professional backgrounds. They are not involved in the day-to-day running of the organisation but offer an independent view which both constructively challenges and contributes to the strategic development, performance and management of the Trust.

The Trust's Establishment Order reflects its composition;

- Non-Executive Chairman
- 4 Non-Executive Directors (all considered independent)
- 4 Executive Directors

There are a further 3 non-voting Directors.

The board structure for 2016-17 comprised of;

- Chief Executive
- Chairman
- Director of Finance & Resources/Deputy Chief Executive
- Medical Director
- Director of Nursing & Performance
- Director of Human Resources & Organisational Development (non-voting)
- Director of Business Development & Strategy (non-voting)
- Director of Integration & Partnerships (non-voting)
- Non-Executive Directors (including Senior Independent Director)

No member of the Board of Directors holds the position of Director and Governor of any NHS Foundation Trust.

The Chairman of the Board of Directors is also the Chairman of the Council of Governors.

The Board of Directors considers its own balance, completeness and appropriateness to the requirements of the Foundation Trust on a quarterly basis using the well-led framework.

## Non-Executive Directors

### Chairman

Frances Street

The Trust's Council of Governors were notified and received the resignation of the Chairman on 22 March 2017. Frances had been the Chairman of the organisation since 2011 and prior to that held other senior positions across Wirral.

Chris Allen was appointed Acting Chairman by the Remuneration & Nomination sub-group and supported by the Council of Governors whilst the appointment of a new Chairman is completed during Q1 2017-18.

Chris Allen, B.E.M, JP

**Non-Executive Director/Deputy Chairman & Senior Independent Director**  
**Acting Chairman** *from March 2017*

Chris has lived and worked in Wirral all her life. She was a Housing Association Chief Executive for 29 years.

Chris was Vice Chair of Wirral Community Health Council (WCHC) when it was in existence representing the Voluntary, Community and Faith sector. This included working in partnership with health professionals during the early transitions between Primary Care Groups (PGGs) and PCTs.

Chris holds a number of other public roles in Education and Criminal justice.

Chris is the chairman of the Quality & Governance Committee.

Brian Simmons

**Non-Executive Director and Chairman of Audit Committee**

Brian was Assistant Chief Officer and Finance Director for the Cheshire Constabulary.

Brian joined the Civil Service in 1972 working in accounts and audit for the Property Service Agency. He has also worked as Business Services Director for a Ministry of Agriculture Science Laboratory.

Brian is a fellow of the Chartered Institute of Management Accountants.

Dr Murray Freeman

**Non-Executive Director**

Originally from Liverpool, Murray has lived in Wirral since 1977 and has been a GP in Rock Ferry for over 30 years.

Murray has a particular interest in palliative care and end of life care. Over the years he has held a number of additional posts including GP Trainer, Cancer Lead for NHS Wirral, Chairman of Wirral Local Medical Committee, Medical Director of Wirral Community Healthcare NHS Trust and most recently GP Executive Member of Wirral Health Commissioning Consortia.

Murray is the chairman of the Education & Workforce Committee.

Alan Wilson

**Non-Executive Director and Freedom To Speak Up Guardian**

Alan began his banking career in Scotland in the late 1970s and moved to the North West of England to take up the position of Regional Director of Bank of Scotland. Since leaving the banking industry in 2005, Alan has worked in the accountancy sector firstly with The Steve Stuart Partnership then with Baker Tilly. He has also been an Non-Executive Director for the Wirral University Teaching Hospital NHS Foundation Trust, where he chaired the Audit Committee between 2006 and 2011.

Alan is the chairman of the Finance & Performance Committee.

## Non-Executive Director Terms of Office and re-appointments

Following the Trust achieving Foundation Trust authorisation in May 2016, the Council of Governors in accordance with paragraph 26 of the FT constitution, appointed the initial Chairman and Non-Executive Directors to the Foundation Trust as set out in the table below. As per the provisions of this paragraph the initial Chairman and the initial Non-Executive Directors were appointed for the unexpired period of their term of office or where that period was less than 12 months, they were appointed for 12 months.

The table below sets out the Non-Executive Director terms of office at FT authorisation and the timetable for re-appointments to be led by the Council of Governors.

Non-Executive Director	Term expiry as NHS Trust	At FT authorisation (1 May 2016)
<b>Chris Allen</b>	until March 2017	May 2017
<b>Brian Simmons</b>	until June 2017	June 2017
<b>Murray Freeman</b>	until December 2016	May 2017
<b>Alan Wilson</b>	until August 2017	August 2017

The Council of Governors Remuneration & Nomination sub-group will be considering the re-appointments of the Non-Executive Directors during April 2017.

The FT constitution clearly sets out at paragraph 25 the process for the removal of the Chairman and the Non-Executive Directors and confirms that the approval of three-quarters of the members of the Council of Governors would be required.

## Executive Directors

The Executive Team is led by the Chief Executive and collectively meets weekly as the Executive Leadership Team (ELT) which reports key decisions and recommendations to the Board of Directors. In 2016-17 the ELT was selected to participate in a leadership programme sponsored by the NHS Leadership Academy which was designed to understand how Executive Directors perceived the effectiveness of the team across seven key dimensions including leadership and development, creativity and innovation, system leadership, and stakeholder management with behaviours and values being at the core of all of these. The programme was facilitated by Deloitte and included interviews with senior managers across the organisation and external stakeholders to gather their views; the feedback and key outcomes was extremely positive demonstrating the high level of skills and experience within the team and a consensus that the ELT live the values of the organisation and are focused on the needs of patients and the communities.

**Karen Howell**  
**Chief Executive**  
*Voting member of the Board of Directors*

Karen grew up in Wirral where she also trained and worked as a nurse in her early career. She is a highly experienced regional and national health leader with 25 years at board level.

Prior to joining Wirral Community NHS Foundation Trust, her previous roles included: Managing Director for Specialised and Tertiary Commissioning for NHS Wales, Interim Chief Executive at Hywel Dda University Health Board, NHS Wales Mental Health Lead, Northwest Regional Clinical Director for Prison Health, Department of Health National Director High Secure Services, Department of Health National Policy Lead

Medium Secure Services, Director of Forensic Services at Merseycare NHS Trust and Director of Nursing/Deputy CEO at Halton & St Helens Primary Care Trust.

Karen is a Registered Nurse and has a MSc in Law and Biomedical Ethics from the University of Liverpool.

**Mark Greatrex**

**Director of Finance & Resources and Deputy Chief Executive**

*Voting member of the Board of Directors*

Mark has over 25 years NHS experience and prior to joining Wirral Community NHS Foundation Trust has worked as Deputy Director of Finance at Liverpool Heart & Chest NHS Foundation Trust, the Walton Centre NHS Foundation Trust and Mersey Regional Ambulance Service. Previous to this Mark spent 12 years at St. Helens & Knowsley Hospitals NHS Trust in various financial and non-financial roles.

Mark is a member of the Chartered Institute of Management Accountants (CIMA) and is a keen advocate of the Healthcare Financial Management Association, where he has served on its North West Branch Committee.

Mark leads the Finance portfolio which includes Information, IT, Estates, Procurement and Facilities. Mark is the Senior Information Risk Officer (SIRO) for the organisation.

**Professor Ewen Sim**

**Medical Director**

*Voting member of the Board of Directors*

Since leaving Edinburgh Medical School in 1990, Ewen has had a varied career in healthcare holding a range of Junior Doctor posts including Histopathology and A&E. He has also worked at the North West Deanery and at the Department of Health regulating working conditions of doctors in training.

Ewen came to Wirral in 2001 to train as a GP and is a GP partner in Fender Way Health Centre (merged with Cloughton Medical Centre in early 2016). Prior to joining Wirral Community NHS Trust in June 2011, he was Clinical Director in Liverpool.

Ewen was a union leader for doctors in the British Medical Association in charge of education and training, working with the General Medical Council, the British National Formulary and the Royal College of General Practitioners. He is also a founder member of the Postgraduate Medical and Education Training Board (now part of the GMC) and has been awarded a visiting Professorship to the University of Chester.

Ewen is the Caldicott Guardian and the Accountable Officer for Controlled Drugs for the Trust.

**Sandra Christie**

**Director of Nursing and Performance**

*Voting member of the Board of Directors*

Sandra is a nurse and health visitor by background and has had a varied career in the NHS covering operational and strategic management, service improvement and quality development. Sandra has worked for the NHS for over 30 years, is still a registered nurse and joined the Trust Board in 2013. Sandra is passionate about quality and improving care for patients and is a Florence Nightingale Leadership scholar.

Sandra is the executive lead for Infection Prevention and Control and Safeguarding for the organisation.

Jo Harvey<sup>2</sup>

**Director of Human Resources & Organisational Development**

*Non-voting member of the Board of Directors*

Jo is a member of the Chartered Institute of Personnel and Development and has over 15 years' experience as a Human Resources professional. Jo has worked in the NHS since 2002 and prior to the role of Director of Human Resources at Wirral Community NHS Trust, Jo was Human Resources Director for NHS Wirral and before that the Assistant Director of Human Resources at United Lincolnshire Hospitals NHS Trust. Previously Jo worked for ten years in both managerial and HR roles in the Civil Service, at the Lord Chancellor's Department and OFSTED.

Jo leads the organisation's workforce agenda ensuring the effective planning, development and management of the Trust's workforce. She is also responsible for the communications and marketing strategies for the Trust and leads on Equality and Human Rights.

Val McGee

**Director of Integration & Partnerships**

*Non-voting member of the Board of Directors*

Val is the Director of Integration & Partnerships, to help Wirral's health and social care organisations work more closely together. Val brings a wealth of experience with over 30 years operational and strategy management in the NHS in roles such as Service Director for Wirral-wide mental health and learning disabilities services and Deputy Director of Operations at Cheshire and Wirral Partnership NHS Foundation Trust.

Phil Clow

**Director of Business Development & Strategy**

*Non-voting member of the Board of Directors*

Phil joined the Trust in September 2015 with 17 years of public sector experience, having joined the NHS in 2008 through the NHS Gateway to Leadership programme and prior to that working for the Environment Agency in various roles including Programme Manager for flood risk management in the East of England. Prior to joining the trust, Phil was the Director of Commissioning at North Tyneside CCG.

Phil is responsible for strategy development and business development across the organisation including taking oversight of the delivery of cost improvement and transformation programmes across the organisation. Phil manages the Project Management Office function within the Trust and is also responsible for emergency planning and preparedness.

Karen Walkden-Smith

**Interim Director of HR & Organisational Development (from 13 February 2017)**

*Non-voting member of the Board of Directors*

Karen is a qualified HR professional, is a fellow of the Chartered Institute of Personnel and Development, and has a wealth of experience in NHS HR management having worked in the NHS for over 35 years. Karen has had a varied career covering operational and strategic HR management and prior to the role of Interim Director of Human Resources at Wirral Community NHS Trust, Karen has undertaken a variety of roles including Deputy Director of HR at Wirral Community NHS Trust and Associate Director of HR for Bebington & West Wirral Primary Care Trust.

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<sup>2</sup> With effect from 13 February 2017 Jo Harvey was absent from the workplace on a period of extended leave for 6 months.

On an interim basis Karen is leading the organisation's workforce agenda ensuring the effective planning, development and management of the Trust's workforce. She is also responsible for the communications and marketing strategies for the Trust

Additional governance roles are undertaken by members of the executive team as outlined in the table below;

Post	Governance roles	Responsible for
Director of Nursing & Performance	Director of Infection Prevention & Control (DIPC)	Infection Prevention & Control Service and related policies. Publishing an annual IPC report.
	Safeguarding Lead Officer	Ensuring best practice principles are followed, appropriate recruitment processes followed and job-specific training provided. Attends partnership boards. Publishing an annual safeguarding report.
	Executive Nurse	Helps the board make strategic decisions in view of their effect on the quality and safety of patient care.
	Nominated Individual (CQC)	Overseeing compliance with the CQC regulatory framework
Medical Director	Caldicott Guardian	Protecting the confidentiality of service-user information, enabling and applying the highest standards for appropriate information sharing.
	Accountable Officer for Controlled Drugs	Ensures all incidents involving controlled drugs are reported correctly, communication with Local Intelligence Network.
	Responsible Officer (RO) for Medical Registrations & Revalidation	Provides local leadership in developing systems of appraisal and clinical governance; lead for End of Life Care.
Director of Finance & Resources (Deputy Chief Executive)	Senior Information Risk Owner	Managing information risks to the organisation; oversight of information security incident reporting and response.
	Security Management Director	Overseeing and providing strategic management and support for all security management work within the organisation
Director of Business Development & Strategy	Accountable Emergency Officer	Ensuring that the NHS England core standards for Emergency Planning Resilience and Response are met

The Board of Directors comply with the Fit and Proper Persons Regulations (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5) with members of the board completing a self-certification.

## Declaration of Interests of the Board of Directors

The Board of Directors undertakes an annual review of its Registers of Declared Interests. At each meeting of the Board of Directors and at each committee of the Board, there is a standing agenda item which requires all Executive and Non-Executive Directors to make known any interest in relation to the agenda, and any changes to their declared interests.

The Register of Interests is available to the public via the Trust's website at [www.wirralct.nhs.uk](http://www.wirralct.nhs.uk) and is included at appendix 1.

## Statutory statements required within the Directors report

Wirral Community NHS Foundation Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

The Trust aims to pay all undisputed invoices efficiently and within 30 days of receipt of goods or a valid invoice. The table below summarises our performance in the eleven month period to 31 March 2017.

<b>Better Payment Practice Code - Measure of Compliance</b>		
	Number	£'000
<b>Creditors</b>		
Total invoices paid in the period	9,703	31,227
Total paid within target	8,638	27,228
Percentage of invoices paid within target	89%	87%

The Trust has met the requirement of section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) in so far as the income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of good and services for any other purpose.

So far as each member of the Board of Directors of Wirral Community NHS Foundation Trust is aware, there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware. The Directors have taken all the steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information.

There are no material inconsistencies between the annual governance statement, annual and quarterly board statements required by the Risk Assessment Framework, the corporate governance submitted with the annual plan, the quality report and the annual report and reports arising from the CQC planned and responsive reviews of Wirral Community NHS Foundation Trust and any consequent action plans developed by Wirral Community NHS Foundation Trust.

The Trust has not been in receipt of any political donations.

The Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

## Quality governance

According to the NHSI Single Oversight Framework, Wirral Community NHS Foundation Trust is categorised as a segment 1 organisation thereby confirming the good governance practices, including quality governance already in operation.

The quality governance structures and processes in place across the organisation aim to ensure that arrangements are fit for purpose and the highest standards of quality and safety are maintained. These are described in more detail in the annual Quality Report and Annual Governance Statement.

The principal committee for maintaining the oversight of quality governance is the Quality & Governance Committee which meets on a monthly basis and reports directly to the Board of Directors.

The Trust gained assurance on the quality governance arrangements in place as part of the assessment to achieved Foundation Trust status during 2015-16.

The Trust Board has in previous years regularly reviewed progress and compliance against Monitor's Quality Governance Assurance Framework (QGAF). However following the publication of the Well-led Governance Framework in 2015, the Trust worked closely with Monitor (as part of the on-going assessment for Foundation Trust status) to complete a thorough review using the new framework.

A cycle of regular quarterly reviews against the Well-led Governance Framework has continued and included the completion of self-assessments requiring the Board of Directors to review its performance and that of its sub-committees against the four domains of the framework and the ten underpinning questions.

The self-assessment completed for Q3 2016-17 was rated Green.

The Board of Directors has also considered the Developing People/Improving Care framework to guide action on improving skill-building, leadership development and talent management within the organisation. It recognises that having these capabilities enables teams to continuously improve population health, patient care, and value for money and is a reliable strategy for closing the three gaps identified in the NHS Five Year Forward View. The trust has accessed NHS Improvement support to develop system leadership skills for staff and has recently reviewed its quality improvement infrastructure and support for staff to develop quality improvement skills.

As part of the further development and alignment of the respective oversight and regulatory regimes, the Trust Board has contributed to the consultation on the CQC and NHS Improvement new Well-led framework building on CQC's current well-led assessment and Monitor's previous well-led framework for governance reviews. It is recognised that this single structure will support the effective assessment and review of the leadership, management and governance of the Trust.

The Annual Quality Report 2016-17 within this Annual Report and Accounts, describes quality improvements and quality governance in more detail

# Remuneration Report

## Annual statement from the Chairman of the Remuneration Committees

I am pleased to present the Directors' Remuneration Report for the financial year 2016/17 on behalf of Wirral Community NHS Trust's two Remuneration Committees. The Remuneration & Terms of Service Committee is established by the Board of Directors with primary regard to Executive Directors, and the Remuneration & Nomination sub-group is established by the Council of Governors with regard to Non-Executive Directors.

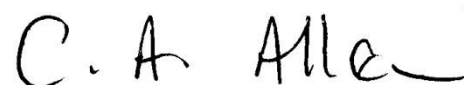
In accordance with the requirements of the FReM and NHS Improvement we have divided this report into the following parts;

- The Directors' Remuneration Policy sets out Wirral Community NHS Foundation Trust's senior managers' remuneration policy and,
- The Annual Report on Remuneration includes details about the Directors' service contracts and sets out governance matters such as the committee membership, attendance and the business completed

## Major decisions on remuneration

During 2016-17, the Remuneration & Terms of Service Committee approved an additional payment in respect of the additional responsibilities of the role of the Deputy Chief Executive. The structure of the Chief Executive's pay and benefits were reviewed and the application of 1% uplift (as all other staff had received from 1 April 2016) to the Chief Executive's pay was approved.

The Council of Governors approved a recommendation from the Remuneration & Nomination sub-group to increase the Chair and Non-Executive Director remuneration with effect from FT authorisation on 1 May 2016, based on an external market-testing exercising conducted by external professional advisers.



25 May 2017

Mrs Chris Allen B.E.M, JP  
Acting Chairman

## Senior managers' remuneration policy

Remuneration for senior managers is shown in the table below. There are no particular arrangements that are specific to any individual senior manager, including Non-Executive Directors. Therefore an explicit future policy table is not included.

Directors' posts (with the exception of the Chief Executive and Medical Director) are currently evaluated using the national Agenda for Change Job Evaluation Framework. The Chief Executive and Medical Director posts are evaluated using the North West Strategic Health Authority Job Evaluation Panel. All executive posts are subject to approval by the Remuneration Committee. Any pay awards are agreed by that committee.

Directors participate in an annual appraisal process which identifies and agrees objectives to be met. This is supported by a personal development plan.

The Trust does not operate a performance related pay scheme.

No senior managers are paid more than £142,500 (which equates to the Prime Minister's salary).

## Service contract obligations

Senior managers' contracts are permanent on appointment and are subject to a period of six months' notice. They are entitled to NHS redundancy payments should their posts be made redundant.

## Statement of consideration of employment conditions elsewhere in the Foundation Trust

The Trust has standard NHS contracts of employment for Senior Managers and employs the majority of staff on national Agenda for Change or Consultant Contract Terms and Conditions. This is national policy and therefore a local Trust review of pay and conditions for employees compared with Senior Managers has not been necessary.

## Annual report on remuneration

### Service contracts

Senior managers' contracts are permanent on appointment and are subject to a period of six months' notice. They are entitled to NHS redundancy payments should their posts be made redundant.

### The Remuneration Committees

#### The Board of Directors Remuneration & Terms of Service Committee

The Remuneration & Terms of Service Committee is a committee of the Trust Board of Directors. Its responsibilities, as set out in its terms of reference, include consideration of matters associated with the nomination, remuneration and associated terms of service for Executive Directors (including the Chief Executive).

During 2016-17, the members of the committee were;

France Street, Chairman (Chair of the Remuneration Committee)

Chris Allen, Non-Executive Director

Murray Freeman, Non-Executive Director

Brian Simmons, Non-Executive Director (Chair of the Audit Committee)

Alan Wilson, Non-Executive Director

Committee meetings are considered to be quorate when the Chairman and two Non-Executive Directors are present.

The Remuneration & Terms of Service Committee meets at least annually; during 2017/18, it met on 3 occasions with a further 'virtual' meeting convened. The attendance record by members of the committee is detailed at p.37-38.

The Director of Human Resources and Organisational Development and the Director of Finance & Resources have also attended in an advisory role to assist the committee in their consideration of matters. They are not members of the committee and did not participate in any discussion or decision making in respect of their own remuneration or other terms of service.

#### The Council of Governors Remuneration & Nomination sub-group

The Remuneration & Nomination sub-group has been established by the Council of Governors to consider all matters associated with Non-Executive Director appointments, remuneration and terms of service.

The group comprises the Lead Governor, one staff governor, one appointed governor and two further elected governors. All governors were invited to express an interest to join the group and one of the elected governors is the chairman of the group.

Only the members of the group are entitled to attend but members of the Board of Directors are invited to attend in particular the Chairman, Chief Executive and Director of HR & Organisational Development to consider specific matters. The Trust Board Secretary, acting as group secretary attends each meeting of the group.

When the Chairman's performance or remuneration is being considered the Chairman withdraws from the meeting.

During 2016-17, the Council of Governors through the Remuneration & Nomination sub-group ensured appropriate oversight and decision relating to;

- The remuneration levels for all Non-Executive Directors, including the Chairman
- The 2016-17 performance appraisals for Non-Executive Directors
- The appointment of the Acting Chairman following the departure of the Chairman in March 2017

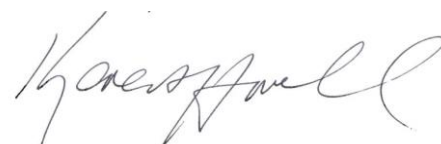
Attendance during 2016-17 was as follows;

Date	Agenda	Attendees
<b>16 October 2016</b>	Inaugural meeting of the group to agree Chair and Terms of Reference	Chairman Lead Governor (Irene Cooke) Appointed Governor (Prof. Janice Gidman) Staff Governor (Tom Meade) Elected Governors (Sue Fennah, Bill Wyllie) Trust Board Secretary
<b>14 November 2016</b>	Review of remuneration levels for Non-Executive Directors (including Chairman)	Lead Governor (Irene Cooke) Appointed Governor (Prof. Janice Gidman) Staff Governor (Tom Meade) Elected Governors (Sue Fennah, Bill Wyllie) Trust Board Secretary Director of HR & Organisational Development
<b>8 March 2017</b>	Appointment of the Acting Chairman	Lead Governor (Irene Cooke) Appointed Governor (Prof. Janice Gidman) Staff Governor (Tom Meade) Elected Governor (Bill Wyllie) Trust Board Secretary Chief Executive

## Disclosures required by the Health and Social Care Act

In accordance with section 156 (1) of the Health and Social Care Act 2012, information on the Trust's policy on pay and on the remuneration and expenses of the directors is addressed through the disclosures in the remuneration and staff report.

The Trust has not received claims for, or paid any expenses to governors.



25 May 2017

Karen Howell  
Chief Executive

### Fair pay multiple (*subject to audit*)

The Trust is required to disclose the relationship between the remuneration of the highest paid director and the median remuneration of the Trust's workforce. The median remuneration of the employees paid by the Trust is £21,135. The highest paid director is the Chief Executive who received £136,745 remuneration.

This is 6.47 times the median remuneration.

### Payments to past senior managers

There have been no payments to past senior managers during 2016-17.

### Payments for loss of office

Payments for loss of office are disclosed in note 7.2 in the financial statements. No payments were made to Directors for loss of office in the period.

## Remuneration for Senior Managers (subject to audit) - Single Total Figure Table

		1 May 2016 - 31 March 2017			
Name	Position	Salaries and fees  (bands of £5000)	Taxable benefits  £ (rounded to nearest £100)	Pension related Benefits (bands of £2,500)	Total  (bands of £5000)
<b>Non-Executive Directors</b>					
Frances Street	Chairman (to 8 March 2017)	30-35	0	0	30-35
Chris Allen	Non-executive director (Chairman from 8 March 2017)	10-15	0	0	10-15
Brian Simmons	Non-executive director	10-15	0	0	10-15
Murray Freeman	Non-executive director	10-15	0	0	10-15
Alan Wilson	Non-executive director	10-15	0	0	10-15
<b>Executive Directors</b>					
Karen Howell*	Chief Executive (from 1 August 2015)	125-130	5,900	10-12.5	140-145
Mark Greatrex	Director of Finance & Resources/Deputy Chief Executive	100-105	0	82.5-85	190-195
Sandra Christie	Director of Nursing & Performance	80-85	2,600	52.5-55	135-140
Jo Harvey**	Director of Human Resources & Organisational Development	70-75	6,600	22.5-25	95-100
Karen Walkden-Smith	Interim Director of Human Resources (from 13 February 2017)	5-10	0	0	5-10
Dr Ewen Sim	Medical Director	45-50	0	0	45-50
Val McGee***	Director of Integration & Partnerships	85-90	0	0	85-90
Phil Clow	Director of Business Development & Strategy (from 1 September 2015)	75-80	5,800	45-47.5	125-130

\*Karen Howell is not a member of the NHS Pension Scheme. Her pension benefit reflects employer's contributions to a private pension scheme.

\*\*Jo Harvey went on extended family leave on 10 February 2017.

\*\*\*Val McGee is employed by Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and is seconded to Wirral Community NHS Trust. Her remuneration reflects payments made to CWP for her service.

## Pension Benefits *(subject to audit)*

	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 31 March 2017	Lump sum at age 60 related to accrued pension at 31 March 2017	Cash Equivalent Transfer Value at 31 March 2017	Cash Equivalent Transfer Value at 30 April 2016	Real Increase in Cash Equivalent Transfer Value
	bands of £2,500	bands of £2,500	bands of £5,000	bands of £5,000	£000	£000	£000
Mark Greatrex	2.5-5	7.5-10	25-30	70-75	422	350	72
Jo Harvey	0-2.5	0-2.5	15-20	35-40	232	219	13
Dr Ewen Sim	0	0	20-25	55-60	397	415	0
Sandra Christie	2.5-5	7.5-10	35-40	105-110	N/A	694	N/A
Phil Clow	2.5-5	2.5-5	20-25	50-55	263	240	23
Karen Walkden-Smith	N/A	N/A	30-35	100-105	712	N/A	N/A

Non-Executive Directors do not receive pensionable remuneration, Karen Howell is not a member of the NHS Pension Scheme and Val McGee is seconded from CWP. Therefore there are no entries in respect of NHS Pensions for these Board members.

Sandra Christie reached pensionable age during the period and therefore there is no cash equivalent transfer value at 31 March 2017. As Karen Walkden-Smith became interim director on 13 February 2017, 47 days before the year-end, any pension, lump sum or CETV increases arising from her period as a Board member is considered to be negligible.

## Staff Report

At the end of 2016-17, Wirral Community NHS Foundation Trust employed 1,438 people. Details of our workforce are provided below. This table has been audited.

The following staff costs have been incurred during the period;

	Eleven months to 31 March 2017		
	Total	Permanent	Other
	£000	£000	£000
Salaries and wages	33,538	31,954	1,584
Social security costs	3,417	3,417	0
Employers contributions to NHS Pensions	4,723	4,723	0
Other pension contributions	12	12	0
Termination benefits	0	0	0
Agency/contract staff	1,831	0	1,831
<b>TOTAL</b>	<b>43,521</b>	<b>40,106</b>	<b>3,415</b>

The overall staff turnover figure for 2016-17 was 15.5%; lower than the figure for 2015-16 which was 17.6%.

When removing staff that have transferred in and out of the organisation via TUPE, and excluding those posts made redundant, the turnover figure for 2016-17 was 13.8% (2015-16 13.9%).

The average whole time equivalent of staff employed by the Trust during the period is detailed in the table below;

	Eleven months to 31 March 2017		
	Total	Permanent	Other
Medical and dental	23	10	13
Administration and estates	114	90	25
Healthcare assistants and other support staff	326	321	5
Nursing, midwifery and health visiting staff	570	550	20
Scientific, therapeutic and technical staff	179	168	11
<b>TOTAL</b>	<b>1,212</b>	<b>1,139</b>	<b>73</b>

## Staff numbers

An analysis of staff numbers, according to the employee definitions in the Information Centre's Occupational Code Manual is provided below.

Occupation Code <sup>3</sup>	Headcount
M	18
G	310
H	26
N	792
P	12
S	246
U	30
Z	4
<b>Total</b>	<b>1438</b>

## Staff composition - employee gender distribution

The figures reflecting the breakdown of gender distribution of employees within the Trust during 2016-17 are included in the table below:

	2016-17	Headcount
Directors male ( <i>including Non-Executives</i> )	54.5%	6
Directors female ( <i>including Non-Executives</i> )	45.5%	5
Other senior managers male (band 8b and above)	37.5%	6
Other senior managers female (band 8b and above)	62.5%	10
All Employees male	8.7%	125
All Employees female	91.3%	1313

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3

M	Medical and dental staff
G	Administration and estates staff
H	Health care assistants and other support staff
N	Nursing, midwifery and health visiting staff
S	Scientific, therapeutic and technical staff
U	Healthcare science
Z	Other

## Number of senior managers by band

Band 8a	39
Band 8b	8
Band 8c	5
Band 8d	3
Band 9	2

## Workforce diversity

Age	Those in the 51 - 60 age group represent the highest proportion of our workforce, followed by the 41 to 50 age group. 69% of the workforce is aged 41 or over. 40% are over 50.
Gender	The majority of our workforce is female; men represent 10.2% of the total profile of our workforce. This is representative of a typical community health care trust.
Ethnicity	93% of our staff classified themselves as 'White British'. The following two top categories are; 'White - any other white background' (1.4%) and 'White- Irish' (1.3%) and 3.1% of our staff is drawn from other ethnic groups.
Disability	2.8% of our staff have classified themselves as having a disability. 91.3% of our staff state they do not have a disability and 4.8% have not declared their status. The trust is proud to have been awarded the Two Ticks symbol, demonstrating our positive attitude towards the recruitment of disabled people.
Sexual orientation	Our workforce statistics show that 76.5 % of staff state that they are heterosexual whilst 0.9% describe themselves as gay or lesbian. 21.5% have chosen not to disclose their sexuality. We do not have statistics on transgender staff.
Religious belief	The majority of our staff (51.1%) record their religion as Christianity. 35% of staff have not disclosed their religion. Of the remaining 13.9%, the majority (5.7%) state they are atheists. Hinduism, Islam, and Judaism are the other religions listed (0.23%, 0.4%, and 0.23% respectively); 6.1% of staff state their religion as "other".

## Sickness Absence Data

The information for staff sickness is provided by the Department of Health for all NHS bodies. Information from the Electronic Staff Record (ESR) system reports the annual sickness rate for the year 2016-17 as 5.2%. This figure was higher than the Trust's target figure of 4.0%.

The average number of days lost per FTE in 2016-17 was 13.52 (2015-16 - 10.02).

The table below provides data on the calendar year 2016.

Figures Converted by DH to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
Average FTE 2016	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence
1,153	13,993	12.1	421,014	22,700

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

## Equality disclosures

### The policy in relation to disabled employees

The Trust is a 'Positive about Disabled People' and also a "Mindful" employer and is therefore entitled to display the Jobcentre Plus 'Two Ticks' symbol for advertising, corporate material and publications. The Trust has a set of equality objectives which include equal opportunities training for all staff to eliminate discrimination against disabled employees.

All relevant policies are assessed for their impact on disabled staff, and adjustments are made to support disabled employees to gain and continue employment with the Trust. The Attendance Management Policy has been reviewed in 2016/17 and has had enhancements to it to further support reasonable adjustments for any staff member who may require this at any stage of their employment. In addition the trusts Redeployment Policy has been applied to support disabled staff in retaining their trust employment through successful alternative employment processes.

### The policy on equal opportunities

Wirral Community NHS Trust aims to be a leading organisation for promoting Equality and Diversity in Wirral. We believe that any modern organisation has to reflect all the communities and people it serves, in both service delivery and employment, and tackle all forms of discrimination. We need to remove inequality and ensure there are no barriers to health and wellbeing.

We aim to implement this by:

- becoming a leading organisation for the promotion of Human Rights Equality and Diversity, for challenging discrimination, and for promoting equalities in service delivery and employment;

- creating an organisation which recognises the contribution of all staff, and which is supportive, fair and free from discrimination; and
- ensuring that Wirral Community NHS Trust is regarded as an exemplary employer.

The Trust has made a commitment to valuing diversity and achieving equality; the Trust's vision is that NHS care in the localities we support will have a culture of fairness, equality, and respect for diversity that is evident to everyone. We actively consult staff and their representatives on new or revised policies through different formats to encourage views on equality impacts and any other interests.

The following principles underpin our work:

- support and respect for everyone's Human Rights as a fundamental basis for our work with people
- identifying and removing barriers that prevent people we serve from being treated equally
- treating all people as individuals respecting and valuing with their own experiences and needs
- finding creative, sustainable ways of supporting Human Rights, improving equality and increasing diversity
- working with the people who use our services and staff towards achieving equality
- learning from what we do - both from what we do well and from where we can improve
- using everyday language in our work; and
- working together to tackle barriers to equality across our organisation.

The Trust produces an annual equality report along with a workforce equality report and patient equality report, all of which are publicly available in July of each year.

The trust will be refreshing and launching its Community Equality Panel in 2017 and this will include support of Awareness Days, reviewing staff policy, reporting and analysing workforce data, and developing an equality strategy for the Trust to work to for 2017-2021.

## Staff survey results

2016-17 was the sixth staff survey since the trust was established in 2011 and the fourteenth national annual survey of NHS staff. The findings provide an opportunity for trusts to improve working conditions and practices and to monitor their pledges to staff.

It was the second year that the trust used a combined method of paper based and electronic surveys. All 1,409 staff, excluding bank staff and those on long term sickness absence, received a survey. The response rate for paper based surveys was (20.86%), while for on-line surveys it was (31.14%).

- The Executive team had the highest response rate (100%)
- Unplanned and Primary Care had the lowest response rate (34%)

The overall final response rate for the trust was 52% which is in line with the NHS average; this was an increase from 2015 when the trust's response rate was 41%.

The results of the annual staff survey are reported to the Education & Workforce Committee and shared with the Joint Union Staff Side and the Staff Council. Performance against the action plan is also reported to the Education & Workforce Committee.

## Summary of performance

Details of the key findings from the latest NHS staff survey are included in the table below and in accordance with Annex 2 to chapter 2 of the Annual Report Manual for Foundation Trusts.

### Response rate

	2015-16	2016-17		Trust improvement/ deterioration
	Wirral Community NHS Trust	Wirral Community NHS Foundation Trust	National average for Community Trusts	
Response rate	41%	52%	52%	Increase in 11% points

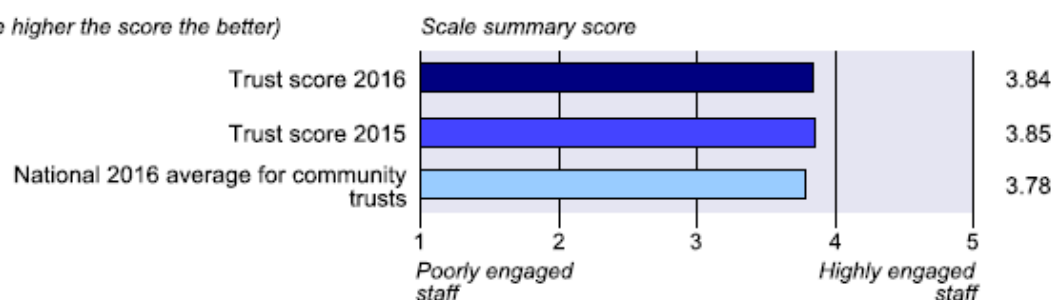
Overall the survey showed that in relation to the 32 key findings Wirral Community NHS Foundation Trust;

- Scored better than average for 12 key findings
- 13 key findings were in line with the average
- Scored worse than average for 7 key findings
- Improved in relation to 1 of the 32 key findings compared to 2015
- 31 of the key findings have stayed the same
- None of the key findings have deteriorated when compared to 2015

There was no significant change to the score for overall staff engagement and the Trust was above the national average for community trusts, as can be seen below.

### OVERALL STAFF ENGAGEMENT

*(the higher the score the better)*



The trust saw an improvement in its score against the finding 'care of patients/service users is my organisation's top priority' for 2016 (77%) and was above the national average for community trusts (72%).

The trust continues to perform well against 'Staff Friends and Family Test' KF1, the quarterly national indicator. The trust scored higher than the national average for 'staff recommendation of the organisation as a place to work or receive treatment'. Our score was 3.81 and the national average was 3.72.

The **five highest ranking scores** for the Trust that compared most favourably with other community trusts in England were;

#### Top 5 ranking scores

	2015-16	2016-17 (current year)		Trust improvement/ deterioration
	Wirral Community NHS Trust	Wirral Community NHS Foundation Trust	National average for Community Trusts	
Staff experiencing harassment, bullying or abuse from staff in last 12 months (KF26)*	13%	17%	20%	Deterioration in year
Staff experiencing physical violence from staff in last 12 months (KF23)*	0%	0%	1%	No change
Staff experiencing physical violence from patients, relatives or the public in last 12 months (KF22)*	3%	5%	7%	Deterioration in year
Staff experiencing discrimination at work in the last 12 months (KF20)*	6%	5%	8%	Improvement in year
Staff appraised in the last 12 months (KF11)	97%	97%	89%	No change

\*The lower the score the better

The **five lowest ranking scores** for the trust that compared least favourably with other community trusts in England were as follows;

## Bottom 5 ranking scores

	2015/16	2016/17 (current year)		Trust improvement/ deterioration
	Wirral Community NHS Trust	Wirral Community NHS Foundation Trust	National average for Community Trusts	
Staff reporting good communication between senior management and staff (KF6)	30%	28%	32%	Deterioration in year
Quality of non-mandatory training, learning or development (KF13)	4.00	4.03	4.08	Improvement in year
Staff satisfied with the opportunities for flexible working patterns (KF15)	50%	47%	57%	Deterioration in year
Staff working extra hours (KF16)*	76%	73%	71%	Improvement in year
Staff / colleagues reporting most recent experience of violence (KF24)	82%	65%	72%	Deterioration in year

\*The lower the score the better

## Future priorities and targets

The report is positive for the Trust, and in the majority of key areas the Trust has performed well - for the fourth consecutive year. This is against a backdrop of challenging circumstances, and it is to the credit of line managers that they have achieved such a strong staff engagement score.

On the basis of the analysis the Trust will be exploring and setting actions linked to the following areas in more depth as priorities to further improve the trust's performance in 2017-18.

- Staff working extra hours
- Quality of non-mandatory training, learning or development
- The low reporting rate for bullying, harassment and abuse will be investigated further (in the context of the low level of staff bullying and abuse reported through the survey) to ensure that staff report both patient and staff abuse to ensure appropriate action can be taken to support and protect staff

## Expenditure on consultancy

During the reporting period 1 May 2016 - 31 March 2017, the Trust paid £258,754 to external consultants.

## Off-payroll engagements

Where possible the Trust employs staff directly on permanent or short term contracts. However, for some specialist clinical and information technology roles which are more difficult to recruit to, the Trust may make use of workers engaged through off-payroll arrangements.

The table below summarises all off-payroll engagements paid at more than £220 per day and lasting for longer than six months that were in place at 31 March 2017.

These off-payroll engagements have been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

<b>No. of existing engagements as of 31 Mar 2017</b>	<b>6</b>
Number that have existed for less than one year at the time of reporting	1
Number that have existed for between one and two years at the time of reporting	1
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	4

The table below shows all new engagements for workers paid at more than £220 per day or those which reached six months during the accounting period.

Number of new engagements, or those that reached six months in duration between 1 May 2016 and 31 Mar 2017	2
Number of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and national insurance obligations	0
Number for whom assurance has been requested	2
<b>Of which:</b>	
Number for whom assurance has been received	0
Number for whom assurance has not been received	2
Number that have been terminated as a result of assurance not being received	0

From 1 April 2017 the Trust has commenced deducting tax at source for all off-payroll engagements where the engagement is considered to have the characteristics of an employment relationship.

No off-payroll engagements have arisen during the year with Board members. The only Board members not directly employed by the Trust, as disclosed in the remuneration report, is Val McGee who is on the payroll of CWP.

### Exit packages *(subject to audit)*

During the reporting period 1 May 2016 - 31 March 2017, one exit package was agreed totalling £46,569. This is included in note 7.2 to the financial statements.

## Compliance with NHS Foundation Trust Code of Governance

Wirral Community NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The Board of Directors and the Council of Governors are committed to the principles of best practice and good corporate governance as detailed in the NHS Foundation Trust Code of Governance. The Board regularly reviews metrics in relation to regulatory and contractual requirements and additional internal performance targets/standards of the Trust. To review the performance and effectiveness of the Trust, a number of arrangements are in place including governance structures, policies and processes to ensure compliance with the code.

These arrangements are set out in documents and processes that include;

- The constitution of the NHS Foundation Trust
- Standing orders for the Board of Directors and Council of Governors setting out the roles and responsibilities of each
- Code of Conduct for the Board of Directors and Council of Governors
- Schemes of delegation and matters reserved to the Board
- Established role of Senior Independent Director
- Standing financial instructions
- Terms of reference for the Board of Directors and its sub-committees and the Council of Governors and its sub-groups
- Code of Conduct for Board of Directors and Council of Governors
- Board of Directors and Council of Governors Register of Interests
- Fit and Proper Persons declarations by Executive and Non-Executive Directors
- Performance appraisal process for all Executive and Non-Executive Directors
- Raising Concerns Policy and identified Freedom To Speak Up Guardian
- Robust Audit Committee arrangements in place
- Governor-led appointments process for external auditor
- Non-Executive Director meetings established pre-Board of Directors
- Quarterly self-assessment against the well-led framework for governance reviews
- Anti-Fraud work plan and policy
- High quality reports to the Board of Directors and Council of Governors appropriate to their respective functions and relevant to the decisions being made
- Regular attendance by Directors to Council of Governor meetings
- Attendance records for Directors and Governors at key meetings

- Annual NHS Provider Licence self-certification

Where applicable the Trust complies with all provisions of the Code of Governance issued by Monitor in July 2014. The Trust also recognises that as a new Foundation Trust organisation, systems and processes will continue to embed during 2017-18 and work is on-going with the Council of Governors and Board of Directors to achieve this.

## Governance arrangements

The basic governance structure of all NHS Foundation Trusts includes;

- Public and staff membership
- Council of Governors
- Board of Directors

## Membership and constituencies

The Trust's governance structure including membership constituencies is set out in Wirral Community Trust's Foundation Trust Constitution published at [www.wirralct.nhs.uk](http://www.wirralct.nhs.uk) and in the NHS Foundation Trust directory at [www.gov.uk/government/publications/nhs-foundation-trust-directory](http://www.gov.uk/government/publications/nhs-foundation-trust-directory).

The Trust has two constituencies;

- Staff constituency and,
- Public constituency

All members of the organisation are members of one of these constituencies.

The public constituencies include;

- Wallasey
- Birkenhead
- Wirral West
- Wirral South & Neston

The Council of Governors also approved a change to the Foundation Trust Constitution and an expansion of the trust's constituency boundaries to include a Rest of England constituency. This was approved to acknowledge that the Trust provides services beyond its Wirral constituency boundaries, most notably in Cheshire East. Further work is underway to establish a membership in this new constituency which will result in the election of at least one public governor during 2017-18.

The Trust has set out clear eligibility criteria for public and staff membership of the organisation accessible from our public website. The Trust uses an electronic database to record and report on membership numbers.

At the end of 2016-17, the Trust had 7,498 members split as follows across the two constituencies;

6,052 public members

1,446 staff members

An analysis of the Trust's membership population demonstrates that it is broadly representative of the communities we serve; however recruitment activities are targeted according to any areas where further recruitment is necessary. For example, during 2016-17, the Trust achieved significant success recruiting young members to the organisation through a series of career events at local schools and colleges and the focus for membership recruitment in 2017-18 will be to target male members across all constituencies. Members of the Council of Governors attend and support recruitment activities where possible.

A membership sub-group of the Council of Governors is being established in 2017-18 to refresh the existing Membership Strategy and specifically consider approaches to effective membership engagement.

## The Council of Governors

Governors are the direct representatives of staff, stakeholders, members and the public interests and form an integral part of the governance structure that exists in all NHS Foundation Trusts.

The principal role of the Council of Governors is to appoint the Non-Executive Directors to the Trust Board of Directors. Additionally, the governors hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors and to represent the interests of members and the wider public.

Other statutory aspects of the Council of Governors, as set out in the FT Constitution include;

- Approving the appointment of the Chief Executive
- Appointing and removing the Chairman and other Non-Executive Directors
- Setting the remuneration of the Chairman and other Non-Executive Directors
- Appointing and removing the external auditor
- Contributing to the forward plans of the organisation
- Receiving the Annual Accounts, Auditors Report and Annual Report
- Reviewing the membership and public engagement strategy
- When appropriate, making recommendations and/or approving revision to the Foundation Trust constitution

The Council of Governors has not exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006 during 2016-17.

The Trust held its first governor elections in October 2015 and established its Council of Governors in shadow form in November 2015 and following FT authorisation in May 2016, the Trust has been working with the Council.

There have been no further governor elections during 2016-17.

Since Foundation Trust authorisation, the Council of Governors has been establishing itself and has been involved in some significant work particularly through the Remuneration & Nomination subgroup. During 2017-18 the Council of Governors, led by the Chairperson will be assessing their collective performance and setting out the details of how they have discharged their responsibilities to the membership.

### The composition of the Council of Governors

The Council of Governors comprises 19 governors;

- 10 elected governors representing the four public constituencies of Birkenhead, Wallasey, Wirral West and Wirral South & Neston
- 3 staff governors representing the one staff constituency
- Six appointed governors representing the views from partner organisations (see below)

The following table provides the detail of the Council of Governors. The Council of Governors was established in shadow form from November 2015 as the Trust neared the final stages of its assessment to be authorised as a Foundation Trust with Monitor. The public elected and staff elected governors therefore started their terms of office with effect from November 2015 for either a two or three-year term.

The highest polling governors in each constituency were awarded a three-year term.

Name	Constituency/Organisation	Term of Office
<b>Public Elected Governors</b>		
Ann Barlow	Wallasey	2 years (2017)
Sara Braidwood	Wallasey	3 years (2018)
Irene Cooke	Birkenhead	3 years (2018)
Veronica Cuthbert	Wirral West	2 years (2017)
Sue Fennah*	Wirral West	3 years (2018)
Ian Jones	Birkenhead	2 years (2017)
Kevin Sharkey	Wirral South & Neston	3 years (2018)
Irvita Sharma	Wirral South & Neston	2 years (2017)
Donald Shaw	Birkenhead	3 years (2018)
Bill Wyllie	Wallasey	3 years (2018)
<b>Staff Elected Governors</b>		
Norma Hayes	Specialist Nurse	3 years (2018)
Tom Meade	Resuscitation Officer	3 years (2018)
Angela Price	Professional Development Lead	2 years (2017)

<b>Appointed Governors</b>		
(vacant)**	NHS England	3 years (2018)
(vacant)***	Wirral Borough Council	3 years (2018)
Paul Edwards	Wirral Clinical Commissioning Group	3 years (2018)
Prof. Janice Gidman	University of Chester	3 years (2018)
Karen Prior	Healthwatch Wirral	3 years (2018)
Annette Roberts	Community Action Wirral	3 years (2018)

\*Sue Fennah resigned in January 2017; a by-election in the Wirral West constituency will declare in May 2017.

\*\*The NHS England seat is vacant following a declared conflict of interest. The Council of Governors with advice from the Board of Directors are reconsidering this seat.

\*\*\*The Wirral Borough Council seat is being reallocated to align with the significant work on health and social care integration in Wirral.

### Council of Governors Meetings

During 2016-17 and since the Trust achieved Foundation Trust status on 1 May 2016, the Council of Governors has met on four occasions:

- 14 July 2016
- 14 November 2016
- 14 December 2016
- 22 March 2017

The following table summarises Governor attendance at each meeting during 2016-17.

<b>Council of Governors</b>		<b>Possible meetings</b>	<b>Meetings attended</b>
<b>Public Elected Governors</b>			
Ann Barlow	Public Governor, Wallasey	4	3
Sara Braidwood	Public Governor, Wallasey	4	2
Irene Cooke	Lead Governor /Public Governor, Birkenhead	4	4
Veronica Cuthbert	Public Governor, Wirral West	4	3
Sue Fennah	Public Governor, Wirral West	3	1
Ian Jones	Public Governor, Birkenhead	4	3
Kevin Sharkey	Public Governor, Wirral South	4	3
Irvita Sharma	Public Governor, Wirral South	4	2
Donald Shaw	Public Governor, Birkenhead	4	4
Bill Wyllie	Public Governor, Wallasey	4	4
Norma Hayes	Staff Governor	4	4

<b>Staff Elected Governors</b>			
Tom Meade	Staff Governor	4	4
Angela Price	Staff Governor	4	2
<b>Appointed Governors</b>			
Andrew Crawshaw	Appointed Governor, NHS England	1	0
Paul Edwards	Appointed Governor, NHS Wirral CCG	4	0
Clare Fish	Appointed Governor, Wirral Council	4	0
Prof. Janice Gidman	Appointed Governor, University of Chester	4	4
Karen Prior	Appointed Governor, Healthwatch Wirral	4	1
Annette Roberts	Appointed Governor, Community Action Wirral	4	1

Irene Cooke was elected as the Lead Governor in January 2016 (when the Council of Governors was operating in shadow form) for a period of two years or until the end of the term of office; ending in November 2018.

Tom Meade was elected as the Deputy Lead Governor in July 2016 for a period of 12 months until July 2017.

The Standing Orders for the Council of Governors sets out the process for the removal from the Council of Governors any governor who consistently and unjustifiably fails to attend meetings or has an actual (or potential) conflict of interest which could prevent the proper exercise of duties.

### Council of Governors' Register of Interests

All governors are required to comply with the Council of Governors Code of Conduct and declare any interests that may result in a potential conflict of interest in their role as Governor of Wirral Community NHS Foundation Trust.

The register of interests is available to the public via the Trust's website and additionally can be requested via the Trust Board Secretary at the following address:

Wirral Community NHS Foundation Trust  
St Catherine's Health Centre  
Derby Road  
Birkenhead  
CH41 0LQ

Tel: 0151 651 3939

E-mail: [alison.hughes29@nhs.net](mailto:alison.hughes29@nhs.net)

Any member wanting to communicate with the Council of Governors can do so by also using the contact details above and the following e-mail address [Foryouwithyou.wirralct@nhs.net](mailto:Foryouwithyou.wirralct@nhs.net)

### Council of Governors Subgroups

The Council of Governors have established a Remuneration & Nomination sub-group that meets to discuss the formal aspects of the Non-Executive Directors role including remuneration, terms of office and annual performance evaluation. The membership of the

group and the meetings held during 2016-17 are described above in the Remuneration Report.

No further sub-groups have been formally established during 2016-17 however expressions of interest have been requested to join a Membership sub-group and a quarterly Governor Quality Forum.

A working group is also being established during Q1, 2017-18 to work with the Audit Committee to appoint the Trust's external auditor.

### Training and development for governors

The Council of Governors was established in shadow form in November 2015, prior to the Trust achieving Foundation Trust status in May 2016. On election and/or appointment all governors attended a 2-day induction programme with the Trust which included information on the organisation, an overview of the roles and responsibilities of governors and input from regulators, internal and external auditors and neighbouring FT governing bodies to provide insight and lessons learned.

At each meeting of the Council of Governors there is time built in to the agenda to provide the Council of Governors with an opportunity to learn about specific topics including the annual quality cycle, gathering patient experience, financial planning and strategy development. The Lead Governor has also attended events and meetings with neighbouring FT organisations to gain a broader understanding of the role.

Looking ahead to 2017-18, it is intended to schedule a further training session for the Council of Governors and the programme of MIAA Learning Events will be shared.

### The Board of Directors' relationship with the Council of Governors and members

Members of the Board of Directors are keen to understand the view of governors and members about the Trust. As highlighted in the table below, both Executive and Non-Executive Directors attend each meeting of the Council of Governors and membership events to understand emerging opinions.

The following table summarises Board of Directors' attendance at Council of Governors' meetings during 2016-17.

Council of Governors		Possible meetings YTD	Meetings attended YTD
Frances Street	Chairman	3	3
Chris Allen	NED (acting Chair for 22.03.17 meeting)	4	2
Murray Freeman	NED	4	4
Brian Simmons	NED	4	3
Alan Wilson	NED	4	3
Karen Howell	CEO	4	4
Sandra Christie	Director of Nursing & Performance	4	3
Phil Clow	Director of Business Strategy &	4	2

Development			
Mark Greatrex	Director of Finance & Resources	4	2
Jo Harvey	Interim Director of HR & OD	3	3
Val McGee	Director of Integration & Development	4	3
Ewen Sim	Medical Director	4	4
Karen Walkden-Smith	Interim Director of HR & OD	1	1

In addition to Council of Governors meetings and subgroups, the governors are also encouraged to attend public Board of Directors meetings to gain a broader understanding of the reviews taking place at Board level and observation of the decision making processes and challenges from Non-Executive Directors.

The Chairman's Report to the Council of Governors also provides feedback and a description of the key performance indicators reported to the Board of Directors and any significant decisions taken.

The Board of Directors share the priorities included within the annual operational plan with the Council of Governors and following a revision to the organisation's strategic objectives and goals for 2017-18, the governors have been invited to provide feedback and contribute to the Trust's forward plan. This will include the development of a plan to provide governors with the opportunity and mechanism to canvass the opinion of Trust members and the public.

Following the Trust achieving Foundation Trust status on 1 May 2016, the Board of Directors and Council of Governors are working to develop a clear policy detailing how disagreements between the two bodies will be resolved, aligned to the scheme of reservation and delegation of powers and the Code of Conduct for both bodies.

## The Board of Directors

The Board of Directors functions as a corporate decision-making body considering the key strategic issues facing the Trust in carrying out its statutory and other functions. It is a unitary Board with collective responsibility for all aspects of performance of Wirral Community NHS Foundation Trust; the Board of Directors is legally accountable for the services provided by the Trust.

The Board of Directors is also responsible for establishing the values and standards of conduct for the Trust and its staff in accordance with NHS values and accepted standards of behaviour in public life (The Nolan principles).

The Board has resolved that certain powers and decisions may only be exercised or made by the Board in formal session. These powers are set out in the Reservation of Powers to the Board and Scheme of Delegation within the Corporate Governance Manual.

The arrangements in place for the discharge of statutory functions have been checked for any irregularities and are legally compliant.

The names of board members, who served during the reporting period, and their biographical details, are included in the Directors' report.

The Board of Directors met in formal session on 6 occasions during 2016-17. According to the standing orders of the Trust, the chairman may call a meeting of the board at any time and one-third or more members of the board may request a meeting in writing to the chairman. This provision was not enacted during 2016-17.

The table below shows the attendance record for each board member compared to the maximum number of meetings they could have attended during 1 May 2016 - 31 March 2017. It also reflects that members of the Non-Executive and Executive team, who are not formal members of committees, may attend to contribute to discussions on specific topics. The Chief Executive is not a formal member of any sub-committee of the board and therefore assumes a roaming brief to support and contribute as required.

May 2016 - March 2017	Public Board (bi-monthly)	Rem Committee (at least annual)	Audit Committee	Quality & Governance Committee (Monthly)	Finance & Performance Committee (Monthly)	Education & Workforce Committee (Monthly)
<b>Number of Meetings</b>	<b>6</b>	<b>4 (1 virtual)</b>	<b>3</b>	<b>11</b>	<b>11</b>	<b>11</b>
<b>Non-Executive Directors</b>						
Frances Street	5	3	1	3	8	6
Chris Allen	6	4	2	10	8	9
Murray Freeman	5	3	1	9	3	9
Brian Simmons	5	4	3	10	10	8
Alan Wilson	6	3	3	10	11	11
<b>Executive Directors</b>						
Sandra Christie	6	-	3	11	9	10
Phil Clow	6	-	-	-	8	-
Mark Greatrex	5	2	3	-	10	-
Jo Harvey*	5	3	-	7 (out of possible 9)	-	8
Karen Howell	5	1	1	6	6	4
Val McGee	5	-	-	-	9	8

Ewen Sim	5	-	-	10	-	9
Karen Walkden-Smith**	1	1	-	3 (out of possible 3)	-	2 (out of possible 2)

\*Jo Harvey, Director of HR & Organisational Development commenced extended family leave February 2017

\*\*Karen Walkden-Smith, Deputy Director HR, commenced role of Interim Director of HR & Organisational Development from February 2017

The Board is of sufficient size and the balance of skills and experience is appropriate for the requirements of the business and the future direction of the Trust; arrangements are in place to ensure appropriate review of the Board's balance, completeness and appropriateness to the requirements of the Trust. The Board considers such reviews in bi-monthly board development sessions and formally through a paper received in private session on Board capacity, composition and skills. During 2016-17 these reviews did not conclude that any revisions to the composition of the Board of Directors were required to remain compliant with the Trust's constitution. The names and voting status of members of the Board are described in the Directors Report.

All Executive and Non-Executive Directors undergo annual performance evaluation and appraisal.

The Board of Directors adopts the well-led framework to consider the performance and effectiveness of the Board and its committees. This is addressed through a schedule of bi-monthly board development sessions. During 2016-17 there has not been an external evaluation of the Board of Directors or the governance of the organisation; the Trust was assessed by Monitor during 2015-16 including during April 2016 for authorisation as a Foundation Trust.

## Committees of the Board

The committee structure reporting to the Trust Board is clearly defined through the terms of reference and reporting arrangements. The Board has formally delegated specific responsibilities to the committees listed below; detailed reports and full minutes from each of the committees are reported to Board of Directors.

- Quality & Governance Committee (Monthly)
- Finance & Performance Committee (Monthly)
- Education & Workforce Committee (Monthly)
- Remuneration & Terms of Service Committee (at least once per annum)
- Audit Committee (4 meetings per annum)

The table below provides detail on committee chairmanship and membership.

### Sub-Committees of the Board - Chairmanship and Membership

Committee	Non-Executive Director(s)	Director(s)
<b>Audit Committee</b>	<b>Brian Simmons (Chair)</b> Alan Wilson Murray Freeman Chris Allen	By invitation ( <i>not formal members</i> )
<b>Finance &amp; Performance Committee</b>	<b>Alan Wilson (Chair)</b> Brian Simmons Frances Street	Director of Finance & Resources Director of Nursing & Performance Director of Business Development & Strategy Director of Integration & Partnerships
<b>Quality &amp; Governance Committee</b>	<b>Chris Allen (Chair)</b> Murray Freeman Brian Simmons	Director of Nursing & Performance Medical Director Director of HR & OD
<b>Education &amp; Workforce Committee</b>	<b>Murray Freeman (Chair)</b> Chris Allen Alan Wilson	Director of HR & OD Director of Nursing & Performance Medical Director Director of Integration & Partnerships
<b>Remuneration Committee</b>	<b>Frances Street (Chair)</b> Chris Allen Murray Freeman Alan Wilson Brian Simmons	By invitation ( <i>not formal members</i> )

### Sub-Committees of the Board - Duties and accountabilities

As part of the Trust's governance arrangements, the chair of each committee presents a report on the matters considered and any decisions taken at its meetings at the next meeting of the Trust board, with full minutes provided once approved.

The table below provides an overview of the duties and accountabilities of each committee of the Board. The primary role of each is to provide assurance to the Board on the areas of responsibility.

Committee	Duties and accountabilities
<b>Quality &amp; Governance</b>	<p>Approving and monitoring implementation of the quality strategy.</p> <p>Agreeing the annual clinical audit plan.</p> <p>Reporting to Board on all aspects of quality, governance and compliance.</p> <p>Receiving assurance that trust meets all relevant statutory/ regulatory obligations in relation to quality, clinical governance and compliance.</p> <p>Advising the Board of all significant risks, areas for development and exceptional good practice, ensuring lessons are learned and shared.</p> <p>Reviewing instances where the statutory Duty of Candour requirements are applied.</p> <p>NOTE: Mechanisms that ensure treatment is safe, effective, well-led, responsive and caring include the work of governance groups which feed the Board via this committee.</p>
<b>Finance &amp; Performance</b>	<p>Monitoring the financial and contractual/ commissioning performance of the trust against objectives/targets.</p> <p>Ensuring appropriate governance after FT authorisation.</p>
<b>Education &amp; Workforce</b>	<p>Co-ordinating, developing, prioritising, monitoring, reviewing and overseeing implementation of workforce, organisational development and learning and development plans and monitoring effectiveness.</p>
<b>Remuneration &amp; Terms of Service</b>	<p>Advising the trust about appropriate remuneration and terms of service for the Chief Executive, all on the VSM pay scale / other managers on local pay.</p>
<b>Audit</b>	<p>Ensuring an effective internal audit function that meets Public Sector Internal Audit Standards. Reviewing findings / ensuring implementation.</p> <p>Scrutinising the risks and controls which affect the trust's business.</p> <p>Receiving regular reports on the work / findings of the internal and external auditors and local counter fraud team.</p> <p>Receive assurances from the clinical audit function.</p> <p>Approving the trust's annual quality account.</p> <p>Receiving the annual report and accounts.</p>

## The Audit Committee

The Audit Committee provides an independent and objective review of the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisations's activities (clinical and non-clinical), that support the achievement of the organisations's objectives.

As described above the Trust's Non-Executive Directors (with the exception of the Chairman) are members of the Audit Committee. Their attendance during 2016-17 is included in the table above.

The Audit Committee met its responsibilities as set out in its terms of reference during 2016-17 by;

- Reviewing all risk and control related disclosure statements together with the Head of Internal Audit statement and External Audit Opinion.
- Reviewing the Board Assurance Framework at each of its meetings noting the work of the individual sub-committees in monitoring organisational risks
- Reviewing the 2015-16 Annual Report and Accounts before submission
- Reviewing the External Auditors Audit Findings Report, and management response to it
- Receiving regular updates on the procedures and policies in place for all work related to fraud and corruption
- Reviewing the work and the implementation of findings from the Internal Auditor and approving the Internal Audit Annual Plan for 2016-17
- Receiving and approving the Clinical Audit Annual Programme for 2016-17
- Reviewing arrangements by which staff can raise issues (noting the work of the Quality & Governance in relation to Raising Concerns)
- Receiving regular updates in relation to Local Security Management
- Supporting the reappointment, by the Council of Governors in July 2016, of Grant Thornton as the Trust's external auditors for 2016-17. The Audit Committee will be working alongside the Council of Governors to re-tender external audit services in Q1, 2017-18.

During 2016-17 the Audit Committee did not consider any significant issues in relation to financial statements, operations or compliance. As described above, the committee received regular reports on the work of internal and external audit and assurance from other committees of the Board.

The Trust has not engaged the external auditor for non-audit work during 2016-17.

The members of the Audit Committee considered the effectiveness of the external auditors and reported this to the Council of Governors when seeking approval to reappoint following FT authorisation. In making the recommendation to the Chair of the Audit Committee confirmed that Grant Thornton;

- had consistently delivered against the external audit plan and provided the agreed outputs
- communicated effectively with the trust and meets privately with members of the Audit Committee

- had added value about the statutory requirements (e.g. local and national guidance advice, workshops for finance and corporate staff)

The value of external audit services for the reporting period was £37,000 including fees for the audit of the Quality Report.

### The role of Internal Audit

The internal audit function for the Trust is provided by Mersey Internal Audit Agency (MIAA) who work closely with the Audit Committee to develop and agree an Annual Internal Audit Plan. The plan fully complies with the Public Sector Internal Audit Standards and the HfMA Audit Committee Handbook and is based on a comprehensive risk assessment aligned to the organisation's strategic objectives.

# NHS Improvement's Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes;

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

The Single Oversight Framework applied from quarter 3 of 2016-17. Prior to this, Monitor's Risk Assessment Framework (RAF) was in place. Information for the prior year and first two quarters relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

## Segmentation

Wirral Community NHS Foundation Trust achieved an overall score of 1 for 2016-17 defined as no potential support needs identified across NHSI's five themes with the lowest level of oversight required.

This segmentation information is the trust's position as at 31 March 2017. Current segmentation information for NHS trusts and foundation trusts is published on NHS Improvement website.

## Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	Metric	Q3 score	Q4 score
Financial sustainability	Capital service capacity	1	1
	Liquidity	1	1
Financial efficiency	I&E margin	1	1
Financial controls	Distance from financial plan	1	1
	Agency spend	2	2
<b>Overall scoring</b>		<b>1</b>	<b>1</b>

# Statement of the Chief Executive's responsibilities as the Accounting Officer of Wirral Community NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Wirral Community NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Wirral Community NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.



Karen Howell  
Chief Executive

30 May 2017

# Annual Governance Statement

**Name of Organisation:** Wirral Community NHS Foundation Trust

**Organisation Code:** RY7

## **Scope of Responsibility**

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation 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 Foundation 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 Foundation Trust Accounting Officer Memorandum.

This Annual Governance Statement refers to the reporting period 1 May 2016 - 31 March 2017 following the Trust achieving Foundation Trust status on 1 May 2016. The Annual Report for the final operating period of Wirral Community NHS Trust, 1 – 30 April 2016, has been produced separately in accordance with the NHS manual for accounts 2016-17.

## **The purpose of the system of internal control**

The system of internal control is designed to manage risk to a reasonable level rather than eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of policies, aims and objectives of Wirral Community NHS Foundation 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 Wirral Community NHS Foundation Trust for the year ended 31 March 2017 and up to the date of approval of the annual report and accounts.

## **Capacity to handle risk**

I am responsible for risk management across all organisational, financial and clinical activities.

The Trust's corporate strategy for risk management is preventative, aimed at influencing behaviour and developing a culture within which risks are recognised and addressed. This process is aligned to controlling clinical and non-clinical risks and to support a persuasive safety culture.

The Board of Directors provides leadership to the risk management process supported by the sub-committees of the Board. The Audit Committee comprising all Non-Executive Directors oversees the systems of internal control and overall assurance processes associated with managing risk.

Risk management training is mandatory for all staff and is a key part of the organisation's corporate and local induction. The policy for Risk Identification and Management supports staff in ensuring that risks within the organisation are managed proactively and effectively to ensure compliance with statutory obligations.

The organisation uses a web-based incident reporting and risk management system, Datix.

### **The risk and control framework**

The risk management strategy sets out the responsibility and role of the Board of Directors, the Chief Executive and Executive Directors in relation to risk management with overall responsibility for the management of risk lying with the Chief Executive, as Accountable Officer.

The policy for Risk Identification and Management provides a systematic approach to the identification, management and escalation of risks within the trust which is underpinned by a clear accountability structure. The Trust recognises the need for robust systems and processes to support continuous programmes of risk management enabling staff to integrate risk management into their day to day activities and support informed decision making through an understanding of risks and their likely impact.

The Trust operates within a clear risk management framework which sets out how risk is identified, documented on the risk register, reported, monitored and escalated throughout the corporate governance structure. This framework is set out in the risk management strategy. Risks are recorded at service, divisional and organisational level forming the Trust's risk register.

The process of risk management has been embedded within the organisation and cascaded to service areas to assist with the development of an organisation-wide risk awareness culture. In addition to the risk management strategy, the Trust has developed a number of systems which encourage staff at all levels to be involved in identifying and reporting risks. These include, but are not limited to; on-line incident reporting via the Datix system, leadership and patient safety walkrounds and a Performance Management Framework.

The Integrated Performance Group has the primary purpose of ensuring the organisation has effective processes in place to deliver continuous integrated performance improvement, ensuring patients are kept safe, that risk is effectively managed and operational services meet their financial targets. This group reports by exception to the sub-committees and provides assurance to the Board of Directors on the effectiveness of operational delivery specifically in relation to KPIs, quality and safety, risk management and finance.

During 2016-17, each sub-committee of the Board received a monthly risk management report providing assurance on the management of operational risk associated with each committee's duties and accountabilities providing an opportunity to scrutinise the detail of high-level risks and those not progressing. The Board of Directors receives an Integrated Performance Report at each meeting providing a summary of risks escalated via the sub-committees, together with data informing the setting of risk tolerance and target levels.

Incident reporting is openly encouraged through staff training. Any risks identified from serious incidents that impact upon public stakeholders are managed by involving the relevant parties and ensuring they are satisfied that all lessons have been learned.

Wirral Community NHS Foundation Trust has a Board Assurance Framework (BAF) in place which the Board of Directors receive on a quarterly basis; the BAF records the principal risks that could impact on the Trust achieving its strategic objectives and provides a framework for reporting key information to the Board of Directors.

During 2016-17 there were 27 principal risks (strategic risks) recorded on the BAF against the organisation's 15 strategic objectives, themed according to four strategic areas. Each risk on the BAF is rated according to the risk matrix and any with a risk rating of >15 is reported to the Board of Directors and reviewed for progress and mitigating actions.

During 2016-17, the Board of Directors ensured on-going assessment of in-year and future risks. Major risks related to;

- Commissioning intentions and contracting decisions preventing organisational development, putting services at risk
- Ability to respond and deliver competitively to market changes
- The scale of organisational and transformational change and the impact of significant service developments on organisational capacity
- Cultural transformation

The BAF is recognised as a key tool to drive the board agenda by ensuring the board focuses attention on those areas which present the most challenge to the organisation's success.

The annual assurance framework review completed by internal audit (MIAA) concluded that ***“the organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risks discussed by the Board”***.

The strategic risks noted against each strategic theme in the table below, summarise the risks recorded in the BAF during 2016-17.

Strategic Theme	Strategic Risk	Mitigating Actions
Our Patients & Community	Failure to recognise report or act upon patient safety risks whilst failing to identify the right patients and engaging with them effectively and non-compliance with statutory duties.  Impact: Loss of CQC registration, poor CQC Chief Inspector of Hospitals Report, poor reputation	<ul style="list-style-type: none"> <li>- Robust Quality Governance processes</li> <li>- Maintenance of CQC registration without conditions</li> <li>- Robust governance &amp; risk management processes (inc. Cost Improvement Programme governance)</li> <li>- Embedding our values and a 'fair blame culture'</li> <li>- Invest resources to focus on improving quality of services to develop reputation as provider of choice</li> <li>- Freedom To Speak Up Guardian</li> </ul>
	Failure to understand commissioner needs and	<ul style="list-style-type: none"> <li>- Meetings with commissioners and other key stakeholders</li> </ul>

<b>Our Services</b>	<p>effectively manage contractual relationships whilst responding to market changes</p> <p>Impact: Loss of contracts, inability to grow business and position as credible partner for integration</p>	<ul style="list-style-type: none"> <li>- HealthyWirral Programme</li> <li>- Business development processes</li> <li>- Involvement in STP development</li> <li>- Integration of health and social care in Wirral</li> </ul>
<b>Our People</b>	<p>Failure to engage effectively with our workforce and implement an effective workforce plan and leadership framework to support the change required.</p> <p>Impact: Inability to meet contractual requirements/CIP, affecting ability to deliver financial requirements and deliver safe care.</p>	<ul style="list-style-type: none"> <li>- HR Strategy</li> <li>- Organisational change policy</li> <li>- Staff engagement activities</li> <li>- Vision and values including in the recruitment process</li> <li>- Performance Management Framework</li> <li>- National staff survey</li> <li>- Joint Forum and Staff Council monthly meetings</li> <li>- Learning and development</li> <li>- Apprenticeship Levy and Health Education Funding Assurance Group</li> <li>- Nurse Associates Trainee</li> </ul>
<b>Our Sustainability</b>	<p>Failure to use our resources to best effect to support the delivery of CIP savings and drive change through innovation.</p> <p>Impact: Failure to meet financial requirements and drop in FSRR.</p>	<ul style="list-style-type: none"> <li>- Robust financial management</li> <li>- Develop analysis of market opportunities</li> <li>- Robust CIP management arrangements regular reporting to and monitoring by Finance &amp; Performance Committee and Board</li> <li>- Service redesign and other efficiency measures</li> </ul>

### **Quality Governance**

Quality Governance is the combination of structures and processes at and below board level to deliver trust-wide quality service, and as such the Board of Directors recognises that quality is an integral part of its business strategy and to be most effective, quality should be the driving force of the organisation's culture.

The Board of Directors recognises that quality is not a programme or a project within the organisation and it is not the responsibility of any one individual to implement the quality agenda.

The Quality & Governance Committee has responsibility for ensuring the effective implementation and monitoring of robust quality governance arrangements across the organisation. The committee meets on a monthly basis and has a Non-Executive Chairman.

The Quality Strategy for 2016-17 outlined the board's quality priorities in four areas:

- Putting people at the heart of quality
- Advancing quality
- Measuring quality
- Balancing cost and quality

The strategy is based on a continuous quality improvement model, developed with staff and supported by internal quality improvement workshops. The quality goals are developed with the Quality and Governance Committee and performance against them are published in the Quality Report.

The trust has an excellent track record of achieving its quality goals and the annual Commissioning for Quality and Innovation (CQUIN) schemes. The CQUIN schemes for 2016-17 were a combination of national and local measures and included End of Life Care Pathways, Motivational Interviewing and Transition of young people between children's health and adult health.

The Quality Report 2016-17 provides evidence of progress against the quality goals set for the year and highlights aspirational goals for the forthcoming year. The Quality Report reflects the Trust's commitment to providing the highest possible standards of clinical quality, and demonstrates how the Trust listens to patients, staff and partners, working with them to deliver services that meet the needs and expectations of the people who use them. The Quality Report 2016-17 is reviewed by external partners including HealthWatch, and the Local Authority and CCG who provide supporting statements. The full Quality Report is available at p84.

The Trust fully endorses the Francis report (2013) and the recommendations in relation to the duty of openness, transparency and candour (173 to 184) and has adopted 10 principles underpinning 'Being Open' as supported by the National Patient Safety Agency (NPSA). A Raising Concerns Policy has been developed and the Board of Directors is committed to the policy as part of its approach to openness and honesty. The policy identifies a Non-Executive Freedom to Speak-Up Guardian supported by a team of Freedom to Speak-Up Champions.

Wirral Community NHS Foundation Trust is registered with the Care Quality Commission and systems exist to ensure compliance with the registration requirements; the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. The Board of Directors is responsible for ensuring compliance with these regulations at all times and the work of the Quality & Governance Committee regularly monitors compliance against the standards highlighting any risks of non-compliance. The quality & governance team leads a programme of quarterly compliance self-assessments to support teams in ensuring compliance and to provide appropriate assurance to the Trust Board. In addition a CQC assurance group has been established to oversee compliance against CQC regulations.

Data quality and data security risks are managed and controlled via the risk management framework described above. Any high-level risks to data quality and data security are reported to the Finance & Performance Committee. In addition, independent assurance is provided by the Information Governance Toolkit review by internal audit (MIAA).

Wirral Community NHS Foundation Trust was authorised on 1 May 2016. The Board of Directors has assessed compliance with the NHS Foundation Trust Condition 4 (FT governance) and believes that effective systems and processes are in place to maintain and monitor the following conditions;

- The effectiveness of governance structures
- The responsibilities of Directors and sub-committees
- Reporting lines and accountabilities between the Board, its sub-committees and the executive team
- The submission of timely and accurate information to assess risks to compliance with Wirral Community's licence
- The degree and rigour of oversight the Board has over the Trust's performance

These conditions are detailed within the Corporate Governance Statement, the validity of which is assured via the Board of Directors.

Risk management is embedded in the activity of the organisation. The Risk Management Framework is fully integrated across clinical and non-clinical divisions of the organisation. The organisational risk register is clearly aligned to the Board Assurance Framework, thereby ensuring the Board of Directors maintains oversight of all significant and emerging risks.

Incident reporting is openly encouraged across the organisation and the Quality & Governance Committee closely monitor the rates of incident reporting across divisions to identify any areas of focus and developing trends. An incident reporting action plan was developed during 2016-17 to address a downward trajectory in the number of patient safety incidents being reported. The Clinical Governance Assurance Group reviews incident reporting at a divisional level and staff are actively supported when reporting incidents with the focus being on maximising learning opportunities.

Public stakeholders are involved in managing risks which impact on them. When serious incidents are investigated, members of the organisation speak and if possible meet with those who were affected.

Wirral Community NHS Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

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

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

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

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

The financial plan is approved by the Board of Directors and submitted to NHS Improvement. The performance against the plan is closely monitored on a monthly basis at the Finance & Performance Committee and key performance indicators and performance against NHSI's financial sustainability risk rating are reported to the Board of Directors on a bi-monthly basis in the Integrated Performance Report.

Our financial plan for 2016-17 required in year cost savings of £3.2m. To support delivery, the Transformation & Efficiency Group (TEG) maintained monthly oversight of cost improvement schemes progress, supported by the Project Management Office (PMO). The Finance & Performance Committee received a monthly update on progress and requested further information and assurance as required.

The Trust's resources are managed within the framework of the Corporate Governance Manual which includes Standing Financial Instructions. Financial governance arrangements are supported by internal and external audit to ensure economic, efficient and effective use of resources and monitored through the Audit Committee.

According to tests set out in NHSI's Single Oversight Framework published in September 2016, the Trust was categorised as a segment 1 provider in all aspects, including the finance and use of resources metric.

In addition at the end of 2016-17, the Trust was selected as a Lord Carter Review 'cohort' site for the review of community and mental health trusts which will consider how the organisation operates, what approaches to improving productivity and efficiency are already in place and what metrics and indicators are required to develop a model for these sectors.

### **Information governance**

In 2016-17 the Trust achieved level 2 of the Information Governance Toolkit (version 14.0) with 96% of all staff completing and passing the Information Governance e-learning training during 2016-17; this has been further endorsed by an internal audit review giving Significant Assurance. The Information Governance Group monitors performance of action plans designed to meet the requirements of the information governance toolkit and reports to the Quality and Governance committee.

### **Annual Quality Report**

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. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality

Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Annual Quality Report 2016-17 has been developed in line with relevant guidance. All data and information within the Quality Report is reviewed by the Quality & Governance Committee and is supported through a comprehensive annual Quality Strategy including a quality strategy delivery plan and clearly defined Quality Goals. The Board of Directors receives assurance via the Quality & Governance Committee on the achievement of the Quality Goals and the effective implementation of the strategy.

Further development of quality improvement skills across the organisation remains a high priority. A continuous quality improvement model is embedded across the organisation supported by a robust programme of clinical audits.

The Director of Nursing & Performance provides executive leadership to the development of the Annual Quality Report.

Elective waiting time data does not apply to the Trust.

### **Review of effectiveness**

As Accounting 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 Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and the sub-committees of the board, particularly the Quality & Governance Committee and the Finance & Performance Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In accordance with Public Sector Internal Audit Standards, the Director of Internal Audit has provided an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control) during 2016-17. This is achieved through a risk-based plan of work, agreed with the Senior Management Team and approved by the Audit Committee.

The purpose of the Director of Internal Audit Opinion is to contribute to the assurances available to me as Accounting Officer and the Board of Directors which underpin the board's own assessment of the effectiveness of the organisation's system of internal control.

The overall opinion for 2016-17 provides **Significant Assurance**.

It confirms that *"there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently."*

*However, some weaknesses in the design or inconsistent application of controls put the achievement of a particular objective at risk*

During 2016-17 internal audit conducted 10 assurance reviews, 1 advisory opinion on cyber security and 1 leadership review that provided actions rather than an assurance level. Of the full reviews 7 received significant assurance, and 3 received limited assurance. In relation to all audit reviews, the Trust provided a managerial response with action plans in place to deliver on the recommendations made. Each sub-committee of the Board receives audit reports relevant to its scope of responsibility and associated action plan where required. The Audit Committee maintains oversight of all internal audit reviews via an audit tracker tool.

The Trust has a robust programme of clinical audit in place and during 2016-17, 24 clinical audits were completed. The key quality outcomes from the audits are reported in the Annual Quality Report in section 2.2.

The Council of Governors plays an important part in the governance structure within Wirral Community NHS Foundation Trust, ensuring through their interaction with the Board of Directors the interest of members and the public are heard and at the fore when reviewing the Trust's performance and future ambitions.

My review is also informed by external audit opinion, external inspections, including CQC and accreditations and reviews completed during the year.

The processes outlined below are established and ensure the effectiveness of the systems of internal control through;

- Board of Directors review of the Board Assurance Framework and organisational risk register
- Audit Committee scrutiny of controls in place
- Review of progress in meeting the Care Quality Commission Fundamental Standards by the Quality & Governance Committee
- Internal audits of effectiveness of systems of internal control

### **Conclusion**

As Accounting Officer I confirm that there were no significant issues to report in 2016-17 and internal control systems are fit for purpose.



**Karen Howell**

**Chief Executive  
Wirral Community NHS Foundation Trust**

**May 2017**





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# Part 1: Introduction

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## Wirral Community NHS Foundation Trust: At the heart of the community

Wirral Community NHS Foundation Trust provides high quality primary, community and public health services to the population of Wirral and parts of Cheshire and Liverpool. We are registered with the Care Quality Commission (CQC) without conditions, and play a key role in the local health and social care economy working in partnership to provide high quality, integrated care to the communities we serve.

Our expert teams provide a diverse range of community healthcare services, seeing and treating people right through their lives both at home and close to home. We have an excellent clinical reputation employing over 1,500 members of staff, 90% of who are in patient-facing roles. Our workforce represents over 70% of the costs of the organisation, and are our most important and valued resource.

Each year we have over 1.1 million face to face contacts and our services are delivered in many settings: clinics, health centres, GP surgeries, schools, prisons and people's homes.

We serve a Wirral population of around 321,000 residents across 145,000 households. It is very likely that most will come into contact with our services at some point either as a patient, carer, service user or relative of a patient or as one of our members or volunteers. Not unlike most places in the country, the local health and social care economy is faced with the challenge of meeting rising demand, within finite finances. This is driving the growth in provision of community health services ensuring we play a vital part in enabling people to live more healthy, active and independent lives, reducing unnecessary hospital admissions.

# Quality Report

## Statement on quality from the Chief Executive and declaration

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This Quality Report reflects our commitment to providing the best possible standards of clinical care. It shows how we listen to patients, service users, staff and partners and how we work with them to deliver services that meet the needs and expectations of the people who use them.

The trust was authorised as a Foundation Trust on 1 May 2016, demonstrating that it is well-governed, meets CQC standards and is financially responsible and sustainable.

During 2016/17 there were many examples of where we continued to provide excellent standards of clinical care, including the achievement of our Commissioning for Quality and Innovations (CQUIN) schemes.

We continue to strive towards being an outstanding organisation recognised for the consistent delivery of high quality care across all services, maximising patient safety and experience.

Our staff continue to develop innovations that are transforming community health services, ensuring their sustainability. We are determined to maintain our financial stability and see 'quality' as both a clinical and business priority. We have been changing the way we deliver services, making sure we deliver care efficiently and working with our staff to embed technological solutions that give us more time to provide care to patients.

During 2016/17 we have been working closely with Wirral Council colleagues to review how together, we can improve community health and social care to older people and adults across Wirral in a seamless and integrated way.

As a result of this work, on 1 June 2017 the trust will formally begin to provide integrated health and social care assessment services for patients and service users in their local communities. This demonstrates the trust's commitment to transforming public services responding to the needs of the communities we serve.

On behalf of the Trust Board, I would like to thank all staff and volunteers for their dedication, energy and passion for quality care, in what has been another successful year improving quality across all services.

I confirm on behalf of the Trust Board that, to the best of my knowledge and belief, the information contained in the Quality Report represents our performance in 2016/17 and our priorities for continuously improving quality in 2017/18.



**Karen Howell**

**Chief Executive**

# Staff awards and publications at a glance

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## 2016 – 2017

### **April 2016**

Maria A Hughes, Tissue Viability Lead Specialist Nurse and Queens Nurse, successfully published an article regarding wound infections in the British Journal of Nursing.

### **May 2016**

The trust was represented at the finals of the RCN innovation awards on 6 May 2016, in the community nursing award. The trust's Community Nursing team had introduced new ways of working to support delivery of intravenous (I.V) antibiotics quickly, safely and effectively in the most comfortable environment for patients – their own home.

### **June 2016**

Two Wirral Heart Support staff presented at the Innovation and excellence in Cardiac Services conference on 12 October 2016. The conference was chaired by Kingston University London and St George's, University of London and was held at the Royal College of Physicians in London.

### **July 2016**

Our Cheshire East team successfully achieved UNICEF Baby friendly status.

Two staff were shortlisted in the Nursing Times Awards 2016. Maria Hughes from the Tissue Viability Service was shortlisted for Nurse of the Year award, and Caroline Golder from Wirral Heart Support service was shortlisted for Rising Star award.

### **August 2016**

The Wirral Heart Support service had two poster abstracts accepted for the British Association for Cardiovascular Prevention and Rehabilitation Annual Conference 2016 'Applying Evidence to Practice,' which took place on Thursday 6 and Friday 7 October 2016 in Cardiff.

Lisa Knight, Medicines Governance Pharmacist, was asked to present at the Primary and Community Care Pharmacy Network Professional Development Day 2016 on Antimicrobial stewardship in the community.

Ewen Sim, Medical Director was invited by the University of Chester to present to the University of Warwick, in support of the development of a medical school in Chester.

### **September 2016**

Nicola Williams, Wirral Heart Support Team Manager was one of three exceptional clinical leaders shortlisted for the Foundation of Nursing Studies' Sue Pembrey Award 2016: Celebrating Nurse Leadership.

## **October 2016**

The trust had a poster presentation accepted for the RCN Centenary Conference in London on 22 and 23 November 2016, regarding our nursing transformation programme.

## **November 2016**

The trust had two members of staff shortlisted in the NHS North West Leadership Recognition Awards 2016 in the category of living the NHS values - Helen Hackett Advanced Community Dietitian Diabetes and Heart disease, and Claire Wedge, Head of Governance and Patient Safety.

Ewen Sim, Medical Director was awarded the title of Visiting Professor by the University of Chester.

## **December 2016**

Maria Hughes, Tissue Viability Lead Specialist Nurse had an article on Total Barrier Protection: protecting skin and budgets using a structured moisture damage treatment strategy published in Wounds UK.

Sarah Jones, Community Nursing team leader at West Kirby, and Claire Wedge, Head of Governance and Patient Safety were awarded leadership scholarships by the Florence Nightingale Foundation.

## **January 2017**

The Cheshire East 0–19 service were accepted to present at a Public Health England – Health visitors and school nurse networking and learning event – ‘Protecting and promoting the health and wellbeing of children and families’ in Birmingham.

## **February 2017**

Maria Hughes, lead nurse in tissue viability, had an article published by RCNI in which she discusses what makes a good practitioner. In the article Maria says: *"I am lucky because I work for an organisation that encourages innovation, which has enabled me to improve patient care through different initiatives."*

## **March 2017**

The trust was represented at the British Journal of nursing awards 2017 on 10 March by Deborah Ollerhead who was shortlisted for the Continence Nurse of the Year award.

Jennifer Hannay, Senior Exercise Physiologist at Wirral Heart Support was nominated for the British Heart Foundation Rising Star Award.

## 2.1 Priorities for improvement and statements of assurance from the board

### Progress made during 2016 – 2017

During 2016/17 the trust developed three priorities aligned to the recognised pillars of quality, as follows:

Patient Safety	Patient Experience	Clinical Effectiveness
We will deliver harm free care measured by a reduction in avoidable grade 3 & 4 pressure ulcers acquired during our care from 16 per year to 12 and moving towards zero within three years.	We will maintain a Friends and Family Test Score of 90%.	We will deliver sustainable models of care measured by 90% achievement of clinically led improvement projects completed in agreed timescales.
We will reduce the number of missed medication incidents occurring during our care from 15 to 10 or less.	We will present a patient story at each trust board meeting.	We will provide staff with access to high quality service specific training programmes with a measured improvement in staff experience in the 2016 staff survey.
We will demonstrate our culture of learning from clinical incidents by improving our rating in the 'learning from mistakes league' moving from good to outstanding.	We will improve access to community services by developing a centralised clinical triage for all community nursing and Integrated Care Co-ordination Hub (ICCH) referrals.	We will lead community focussed research by participating in a portfolio research project led by the National Institute for Health Research.

# Patient Safety: We protect people from avoidable harm

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## Progress made during 2016/17

### Priority 1: Pressure ulcers

**We will deliver harm free care measured by a reduction in avoidable grade 3 & 4 pressure ulcers acquired during our care from 16 per year to 12 and moving towards zero within three years.**

This priority was not achieved during 2016/17.

During 2016/17 we have continued to promote the reporting of pressure ulcers throughout all clinical services. As a result there has been an increase in the number of pressure ulcers reported, which has provided extensive opportunity for learning and continuous improvement to maximise delivery of safe patient care.

Following educational sessions and awareness raising, a total of 82 community acquired or community deteriorated pressure ulcers graded 3 and above were reported during 2016/17 meeting the criteria for in-depth review and investigation; of these, 28 were classified as avoidable.

All reported community acquired pressure ulcers of grade 3 and above have been reviewed at the trust's Pressure Ulcer Multi-Disciplinary review group during 2016/17. Outcomes and identified learning from each review is submitted to Wirral Clinical Commissioning Group (CCG), in accordance with our clinical governance assurance framework. Pressure ulcer prevention remains an organisational priority.

### Priority 2: Medication incidents

**We will reduce the number of missed medication incidents occurring during our care from 15 to 10 or less.**

This priority was not achieved during 2016/17.

During 2016/17 there has been a significant focus regarding the administration of medications and identification of improvements to reduce the total number of missed medications to patients in receipt of our services.

As a learning organisation, all staff are continually encouraged and supported to report missed medication incidents to directly inform our medication quality improvement plan. As a result of this promotional work with frontline staff, medication incident reporting has increased, with a total number of 22 missed medication incidents being reported throughout the trust during 2016/17.

All missed medication incidents have been reviewed by the trust's medicines governance pharmacy team and frontline clinical staff, to promptly identify learning to enhance patient safety. Reducing missed medication incidents remains an organisation priority.

### **Priority 3: Incident reporting**

**We will demonstrate our culture of learning from clinical incidents by improving our rating in the learning from mistakes league moving from good to outstanding.**

The first learning from mistakes league was published in March 2016, providing a league table identifying levels of openness and transparency within NHS organisations. In 2016 the trust was rated as having a 'good' culture of learning, and appeared in the top 25 trusts nationally for transparency. NHS Improvement has not repeated the league table for 2017, and therefore it is not possible to directly report on this priority.

The culture of incident reporting has remained a high priority for the trust throughout the 2016/17 period, and a recent quality spot check audit conducted by Mersey Internal Audit Agency (MIAA) focusing on the trust's incident reporting culture, resulted in a rating of significant assurance.

# Patient Experience

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## Progress made during 2016/17

### **Priority 1: Friends and Family Test Score**

**We will maintain a Friends and Family Test Score of 90%.**

This priority was successfully achieved during 2016/17.

Although there was variation across months, the Friends and Family Test (FFT) results from 2016/17 show that on average 90% of patients would recommend Wirral Community NHS Foundation Trust services. The trust received 5811 responses to the FFT question.

### **Priority 2: Patient Stories**

**We will present a patient story at each Trust Board meeting.**

This priority was successfully achieved during 2016/17.

The trust shares a different patient story at each Board meeting, which is held bi-monthly, to show services through the eyes of our patients and their families.

The Trust Board heard six patient stories during 2016/17 with stories focusing on the following areas; Specialist Palliative Care Team, Sexual Health, MSK Physiotherapy, Community Discharge Liaison/Community Nursing, Continence and Wheelchair Services.

### **Priority 3: Improving access to services**

**We will improve access to community services by developing a centralised clinical triage for all community nursing and Integrated Care Co-ordination Hub (ICCH) referrals.**

This priority was successfully achieved during 2016/17.

The development of a centralised clinical triage process for all community nursing and ICCH referrals has been established, and will be fully implemented during May 2017. This will improve access to services by simplifying processes and providing a single, centralised point of contact for patients, family members, carers and professionals.

# Clinical Effectiveness

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## Progress made during 2016/17

### Priority 1: Quality improvement

**We will deliver sustainable models of care measured by 90% achievement of clinically led improvement projects completed in agreed timescales.**

This priority was successfully achieved during 2016/17.

The trust's quality improvement programme supports and builds on our culture of continuous quality improvement to deliver outstanding patient care. The trust promotes an integrated multidimensional approach to encourage staff to make quality improvements arising from:

- clinical audit to initiate new change ideas
- improvement ideas from lessons learnt following incidents or complaints
- quality improvements following investment in innovation
- implementation of new NICE Guidance or research

During 2016/17 eight clinical quality improvements were completed within agreed timescales.

### Priority 2: Staff training

**We will provide staff with access to high quality service specific training programmes with a measured improvement in staff experience in the 2016 staff survey.**

This priority was successfully achieved during 2016/17.

All staff employed by the trust have access to service specific training delivered in line with Health Education England's national core skills framework. During the 2016 National NHS staff survey, staff experience of training rose from 4.00 to 4.03.

### Priority 3: Research

**We will lead community focussed research by participating in a portfolio research project led by the National Institute for Health Research (NIHR).**

This priority was successfully achieved during 2016/17.

During 2016/17 the trust continued to work collaboratively with the Clinical Research Network (CRN): North West Coast to build its research capability. This successfully resulted in the participation of a portfolio research project led by the National Institute for Health Research during the quarter 4 period.

For further information regarding progress with our 2016/17 priorities, please see part 3 of this report.

# Priorities for improvement

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2017 – 2018

Wirral Community NHS Foundation Trust uses all available data to monitor emerging patient safety trends throughout the organisation, as part of its dynamic risk management process.

This includes information relating to incidents, concerns, compliments, complaints, claims and MP enquiries. This is in addition to information shared with the trust by local provider organisations and commissioners. All information received is recorded centrally on the trust's patient safety reporting system, Datix. This enables information to be shared securely with relevant staff as required, enhancing prompt communication across the organisation, and demonstrating a responsive well-led culture of learning from experience.

Monthly trend analysis is submitted to the Clinical Governance Assurance Group, and the Quality and Governance Committee, which is a sub-board committee. The process is progressive and responsive, and supports prompt identification of areas for continuous quality improvement. As a result of this process, three organisational clinical improvement priority areas have been identified for the 2017/18 period these are as follows:

- Pressure ulcer prevention
- Medication incidents
- Early recognition of the deteriorating patient (including sepsis)

These priorities have been integrated into the trust's operational plan and our quality delivery strategy.

Quality improvement action plans have been developed in relation to each clinical area, and are reviewed, monitored and updated by the trust's Clinical Quality Improvement group. The patient safety priority goals for 2017/18 have been developed in consultation with this group, and following engagement with frontline clinical staff.

In addition to this, the 2017/18 quality goals have been subjected to an additional consultation and approval process with Non-Executive Directors, Divisional Managers, Senior and Executive Leadership teams, Trust Board and the Council of Governors.

# Summary: Quality Improvement Plan

2017/18

Priority	Quality Improvement plan
Pressure Ulcers	Attendance at the North West Pressure Ulcer Group led by NHS England, supported by Advancing Quality Alliance (AQuA) and implementation of local improvement plan.
Missed medication incidents	Implementation of transformation project to reduce the number of missed medications.
Sepsis	Participation in the AQuA Sepsis Improvement Programme and development of plan to embed learning.
Recognising the deteriorating patient	Implementation of transformation project to improve recognition of deteriorating patients.
National clinical audits	Participation in all relevant national audits.
Sustainable staffing	Participation in national project targeted at safe caseloads for community nurses. Implementation of improvement plan to reduce reliance on agency staffing and increase availability of bank staff.
Learning from incidents	Review of processes relating to Mortality Review and Serious Incident Investigation and implementation of improvement plan.
Anti-microbial resistance (AMR)	Implementation of organisational AMR strategy and participation in system-wide improvement project.
Infection prevention and control	Implementation of IPC strategy and systems leadership to support improved outcomes across the community.
Falls	Review of avoidable falls and implementation of improvement plan.
Patient experience	Review of our patient experience strategy and implementation of refreshed delivery plan.
National CQUINs	Implementation of delivery plan associated with all milestones set out in the national CQUIN indicator specifications 2017-19.
7 day care model	Improving access through the system review of the provision of urgent care and implementing the integrated single point of access with central triage and a single referral process.

# Patient Safety

## Priorities for improvement 2017/18

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### Priority 1: Pressure Ulcers

**We will introduce a clinical quality improvement programme to reduce the number of avoidable grade 3, 4 and unstageable pressure ulcers acquired during our care, moving towards zero within 3 years.**

#### Why have we chosen this priority?

Pressure ulcers cause pain and discomfort to individuals and are a high national and local priority for protecting patients from avoidable harm.

Pressure ulcers remain a clinical quality improvement priority for the organisation, with the reduction of avoidable pressure ulcers demonstrating the trust's continued commitment to the delivery of harm free care.

During 2016/17 the trust made significant progress in engaging with staff to promote the reporting of community acquired grade 3, 4 and unstageable pressure ulcers. This resulted in enhancing the pressure ulcer review and investigation process, ensuring a multi-disciplinary approach to enhancing holistic care provision.

Our quality improvement plan supports delivery of our three year pressure ulcer prevention and improvement programme which forms part of the trust's sign up to safety plan. Our ambition continues to be moving towards a position of zero avoidable pressure ulcers.

#### How will we monitor, measure and report this priority?

The priority will be monitored using the trust's patient safety incident reporting system: Datix, and will be reported monthly via the trust's quality report to the Quality and Governance Committee. Data will also be reported via the trust's clinical governance assurance framework, which includes the following:

- Pressure Ulcer Multi-Disciplinary Group
- Divisional Governance Groups
- Clinical Quality Improvement Group
- Clinical Governance Assurance Group
- Quality and Governance Committee
- Trust Board

## **Priority 2: Medication incidents**

**We will achieve a 10% reduction in the rate of missed medication incidents per 1,000 patients.**

### **Why have we chosen this priority?**

During 2016/17 the trust made significant progress with medication incident trend analysis, which supported the identification of several quality improvements to reduce the occurrence of missed medication incidents. The trust will now move towards embedding the identified quality improvements across the organisation, strengthening our safety culture with the aim of improving patient safety by the continued delivery of high quality, safe, timely care.

As a learning organisation the trust is committed to reporting the progress and impact of the identified quality improvements, openly and transparently. This area remains a clinical quality improvement priority for the organisation, and therefore continues to be a quality goal for the 2017/18 period.

### **How will we monitor, measure and report this priority?**

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

- Divisional Governance Groups
- Clinical Quality Improvement Group
- Clinical Governance Assurance Group
- Quality and Governance Committee
- Trust Board

The priority will be monitored using the trust's patient safety incident reporting system, Datix, and will be reported monthly via the trust's quality report to the Quality and Governance Committee. Data will also be submitted monthly to each clinical divisional governance group.

### **Priority 3: Early recognition of sepsis**

**We will achieve 95% completion of the National Early Warning Score (NEWS) for patients at risk of sepsis.**

#### **Why have we chosen this priority?**

Sepsis is a life threatening condition that arises when the body's response to an infection injures its own tissues and organs. Sepsis leads to shock, multiple organ failure and death especially if not recognised early and treated promptly. The NEWS provides a standardised, consistent scoring system to support assessment of acute illness and to identify actions to be taken to support safe patient care.

Use of the NEWS supports clinical staff with improving early recognition of deteriorating patients and those at risk of sepsis, supporting diagnosis and intervention. This priority will enhance patient safety and the delivery of harm free care across the health economy by implementing a systematic approach for early identification of sepsis.

The priority has been identified by Trust Board from a review of available local data intelligence and in response to the publication of National Institute for Health and Care Excellence (NICE) Clinical guidance - Sepsis: recognition, diagnosis and early management (NG51) July, 2016.

#### **How will we monitor, measure and report this priority?**

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

- Divisional Governance Groups
- Clinical Quality Improvement Group
- Clinical Governance Assurance Group
- Quality and Governance Committee
- Trust Board

The priority will be monitored using the trust's patient safety incident reporting system, Datix, and will be reported on a monthly basis to the Quality and Governance Committee via the trust's quality dashboard. Reporting of more detailed information will be provided to committee on a quarterly basis via the quarterly quality strategy assurance report. Data will also be submitted monthly to each clinical divisional governance group.

# Patient Experience

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## Priorities for improvement 2017/18

### **Priority 1: Access to services**

**We will introduce tele-health within our clinical services to improve accessibility and patient experience.**

#### **Why have we chosen this priority?**

Tele-health will enhance the support that we give to care homes, providing them with support and guidance to choose the correct pathway for their patients. Evidence suggests that as a health economy, conveyance to A&E from care homes is high and those patients that are assessed quickly and sent back home is significant.

The remit of tele-health is to reduce this unnecessary journey for the patient, which will improve patient experience while reducing pressure on the need for ambulance conveyance.

#### **How will we monitor, measure and report this priority?**

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

- Divisional Governance Groups
- Clinical Quality Improvement Group
- Clinical Governance Assurance Group
- Quality and Governance Committee
- Trust Board

The monitoring, measuring and reporting of this priority is currently under review.

## **Priority 2: Patient Engagement**

**Each service will undertake two patient/service user engagement events during 2017/18.**

### **Why have we chosen this priority?**

The trust is committed to listening, responding and improving services following feedback from patients, and as a result, we have established a strong culture of learning from patient experience.

To further strengthen this culture, and to ensure that patients, service users and carers are actively involved in the design, development and monitoring of services, two patient/service user engagement events will be conducted by each service during 2017/18. This approach will support the existing patient experience work embedded throughout the organisation and will also move the trust towards an enhanced level of engagement, resulting in clear outcomes and improvements from the patient/service user perspective.

### **How will we monitor, measure and report this priority?**

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

- Clinical Governance Assurance Group
- Patient Engagement Group
- Quality and Governance Committee

The priority will be monitored via the monthly Clinical Governance Assurance Group, which will have overarching responsibility for all trust quality goals, and via the patient engagement group on a quarterly basis.

Quality improvements and outcomes resulting from the engagement events will be reported to the Quality and Governance Committee via the quarterly quality strategy report.

### **Priority 3: Always Events**

**Services will utilise the Institute for Healthcare Improvement (IHI) Always Events toolkit to undertake an in-depth review of a pathway or intervention.**

#### **Why have we chosen this priority?**

Always Events are aspects of patient experience that are so important to patients and families, that health care providers must perform them consistently for every patient, every time.

Conducting a review of a clinical pathway or intervention using the IHI Always Event toolkit, will strengthen the voice of our patients and service users. This supports a proactive transition from a sole focus of “what is the matter?” to also include an inquiry into “what matters to you?”

The IHI Always Events framework will provide the trust with a robust, evidence based strategy that supports working in partnership with patients and service users. As a result, we will be able to better identify, develop and deliver reliable, high quality, safe clinical services that maximise experience and improve outcomes.

#### **How will we monitor, measure and report this priority?**

This priority will be monitored, measured and reported via the trust’s clinical governance assurance framework, which includes the following:

- Clinical Governance Assurance Group
- Patient Engagement Group
- Quality and Governance Committee

The priority will be monitored via the monthly Clinical Governance Assurance Group, which will have overarching responsibility for all trust quality goals, and via the patient engagement group on a quarterly basis.

Quality improvements and outcomes resulting from the engagement events will be reported to the Quality and Governance Committee via the quarterly quality strategy report.

# Clinical Effectiveness

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## Priorities for improvement 2017/18

### **Priority 1: Staff training**

**We will achieve 90% uptake in mandatory training for all staff.**

#### **Why have we chosen this priority?**

The trust recognises that mandatory training supports staff to remain safe whilst delivering high quality care.

Mandatory training is compulsory training that is determined essential by the organisation for the safe and efficient delivery of services. This type of training is designed to reduce organisational risks and comply with local or national policies and government guidelines. Mandatory training was an organisation priority for the 2016/17 period, however, the goal set was not achieved. As a result, this will remain a quality goal for 2017/18, demonstrating the trust's commitment to continuous improvement.

#### **How will we monitor, measure and report this priority?**

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

- Divisional Governance Groups
- Clinical Governance Assurance Group
- Education and Workforce Committee

The priority will be monitored via the monthly Clinical Governance Assurance Group, which will have overarching responsibility for all trust quality goals.

## **Priority 2: Quality improvement**

**We will embed a quality improvement infrastructure throughout all divisions.**

### **Why have we chosen this priority?**

The trust aims to cultivate a passion for continuous quality improvement across the organisation, and has developed a model to embed a quality improvement infrastructure throughout all divisions.

Our goal is to build practical improvement capability based on the science of improvement into every level of the organisation.

This approach will ensure that the trust delivers excellent patient care through an engaged and informed workforce equipped with the knowledge, improvement skills and techniques to deliver transformational change.

### **How will we monitor, measure and report this priority?**

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

- Divisional Governance Groups
- Clinical Governance Assurance Group
- Quality and Governance Committee

The priority will be monitored via the monthly Clinical Governance Assurance Group, which will have overarching responsibility for all trust quality goals reporting by exception to the Quality and Governance Committee via the quarterly quality strategy report.

### **Priority 3: Clinical audit and innovation**

**Divisions will agree and deliver a clinical audit, quality improvement and innovation programme based upon identified areas of clinical risk.**

#### **Why have we chosen this priority?**

The trust recognises that clinical audit, quality improvement and innovation are central to being a well-led, responsive organisation that is progressive and dynamic in its approach, aiming to continually improve the level of clinical service delivery.

Clinical audit also helps staff and patients find out if the healthcare being provided is in line with standards, when their service is doing well, and where there could be improvements through innovation.

Through analysis of data and identification of clinical risks, each division will be able to use quality improvement tools and techniques to deliver innovative responsive solutions to continuously improve delivery of care.

#### **How will we monitor, measure and report this priority?**

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

- Divisional Governance Groups
- Clinical Governance Assurance Group
- Quality and Governance Committee
- Audit Committee
- Trust Board

The priority will be monitored on a monthly basis via the Clinical Governance Assurance Group, reporting to the Quality and Governance Committee via the quarterly quality strategy report.

The annual clinical audit programme will be submitted to the Audit Committee for approval.

# Implementing Duty of Candour

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Open, honest communication with patients who have been involved in a patient safety incident is central to the trust's transparent culture of learning from experience. This principle supports adherence to the contractual duty of candour regulation for all NHS providers. The contractual obligation means that NHS organisations are required to inform patients or carers if their safety has been compromised resulting in an incident causing moderate or severe harm, or for any incidents resulting in death.

An appropriate investigation must be conducted following the incident, to ensure that lessons are learned to increase patient safety and ensure continuous quality improvement. An explanation regarding actions to be taken to prevent re-occurrence must also be communicated to patients, families and their carers.

The trust has conducted several actions to ensure that staff are supported to fully implement the duty of candour across all clinical services. This has included:

- amendment to our patient safety incident reporting system Datix, to prompt an alert regarding the duty of candour when incidents resulting in moderate harm or above are reported
- staff training in the use of Datix to ensure they are supported with documenting their discussions with patients / carers on the Datix patient safety system, and understand the use of the Situation, Background, Assessment and Recommendation (SBAR) Tool to support an initial investigation into the patient safety incident, which is fully recorded on Datix
- inclusion of the duty of candour in the trust's Human Factors training
- procedure for Being Open is aligned to the principles of the duty of candour, providing clear support and guidance for staff

Compliance with the duty of candour is reported monthly to our commissioners. There have not been any breaches reported during the 2016/17 period.

Further developments to engage patients in the duty of candour and learning arising from investigations are planned for 2017/18 to enhance our culture as a learning organisation.

# Sign up to Safety Campaign

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Wirral Community NHS Foundation Trust is committed to delivering high quality, safe patient care, free from harm.

As part of this commitment, the trust has developed a patient safety improvement plan to support implementation of the national initiative of Sign up to Safety. The vision behind this initiative is for the whole NHS to become the safest healthcare system in the world, aiming to deliver harm free care for every patient every time. This means taking all the activities and programmes that each NHS organisation undertakes and aligning them with a single common purpose. Sign up to Safety has an ambition of halving avoidable harm in the NHS and saving 6,000 lives as a result.

The trust's patient safety improvement plan has been based on the five pledges outlined in the Sign up to Safety Campaign:

1. Put safety first
2. Continually learn
3. Honesty
4. Collaborate
5. Support

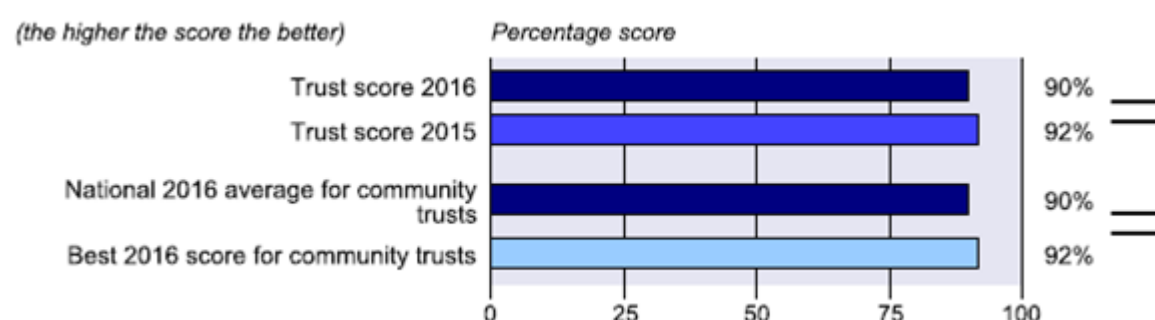
As a trust we endeavor to continually listen to our patients, service users, carers and staff, learning from what they say when things go wrong, and taking responsive action to continually improve patient safety.

Our Sign up to Safety plan will be refreshed during 2017/18 to ensure alignment to the trust's new quality goals and clinical quality improvement priorities. Implementation of the plan will be supported by quality leads across all divisions.

# NHS Staff Survey Results

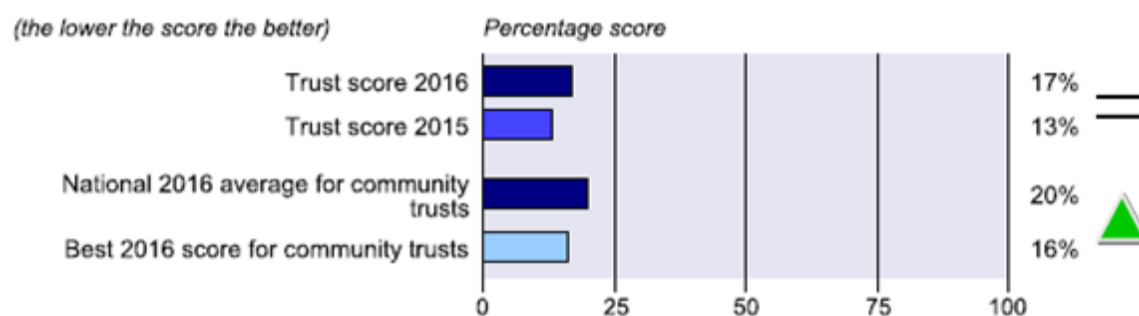
Wirral Community NHS Foundation trust actively promotes completion of the NHS Staff Survey across the organisation. During the 2016/17 survey, 699 staff completed the survey, providing a response rate of 52%. This is an average response rate for NHS community trusts in England, and compares with a trust response rate of 41% for 2015/16.

## KEY FINDING 21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion



Whilst the trust's score for staff believing the organisation provides equal opportunities for career progression and promotion has fallen, the results mirror the national position for other Community Trusts. The nature of organisational change in the preceding 12 months and resultant numbers of staff put at risk across different services is likely to have impacted upon this factor. On the other Equality and Diversity staff survey measure which looks at the percentage of staff experiencing discrimination at work in the last 12 months, this figure had improved and the trust achieved the best Community Trust score.

## KEY FINDING 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months



The trust were disappointed to see a 4% increase in this score over the last 12 months which reflects the National Survey results. Reporting of such occurrences had also reduced within the trust. Whilst the survey results declared the percentage increase in these events as not statistically significant, the trust will continue to actively support staff to report any experiences of harassment, bullying or abuse, to ensure appropriate support and action can be taken.

# CQC Ratings Grid

The CQC inspected the trust as part of the comprehensive Wave 2 pilot community health services inspection programme during 2014.

The Wave 2 inspection model for community health services is a specialist, expert and risk-based approach to inspection. The aim of this testing phase is to produce a better understanding of quality across a wider range and greater number of services, and to better understand how well quality is managed. The CQC carried out announced visits to the trust on 2, 3 and 4 September 2014. They also visited the trust unannounced out of hours on 3 September 2014.

The CQC visited health centres, dental clinics and Walk-in Centres and went on home visits with community nursing, health visitors and palliative care specialist nurses. During the visits they held focus groups with a range of staff who worked within the trust including nurses, therapists and healthcare assistants. They talked with people who use trust services and observed how people were being cared for and talked with carers and/or family members, and reviewed care or treatment records.

The overall rating awarded to the trust in 2014 was:

Overall rating for community health services at this provider		Good	●
Are services safe?		Good	●
Are services effective?		Good	●
Are services caring?		Good	●
Are services responsive?		Good	●
Are services well-led?		Good	●

The detailed rating for each service inspected was:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Adult Services	Requires Improvement	Good	Good	Good	Good	Good
Children's Services	Good	Good	Good	Good	Requires Improvement	Good
Dental Services	Good	Good	Good	Good	Good	Good
End of Life Care	Good	Good	Good	Good	Good	Good
Urgent Care	Good	Good	Good	Requires Improvement	Good	Good
Overall	Good	Good	Good	Good	Good	Good

During the inspection the CQC identified several areas of good practice across the organisation:

- There was good evidence of multi-disciplinary working in adult community services.
- The sexual health team were innovative and proactive in their efforts to engage young people and encourage appropriate health tests.
- The Family Nurse Partnership were proactive in including teenage fathers in preparing them for caring for their child. Initiatives included men's groups and a football team which were used as means of initial engagement and enabling peer support for young fathers.
- The trust provided a specialist speech and language service for children with dysfluency (stammer) and this is not a standard provision for community trusts.
- Dental care provided was high quality, person centred, individualised and based on evidence based guidelines, across all services, in particular at the Leasowe clinic.
- The End of Life Care Team had developed their own nutrition assessment to support community patients.

The CQC made several recommendations for implementation within the trust to further improve service provision. This included actions to address the three areas that required improvement. A robust action plan was developed and monitored by Trust Board, and fully implemented within agreed timescales.

### **CQC Themed Inspection: 2016/17**

During 2016/17 there was one CQC themed inspection regarding safeguarding in Cheshire East; the 0-19 service participated in the inspection. CQC findings received an overall rating of 'Good'.

Findings from the inspection included:

- Quality assurance of all reports from the health visiting and school nursing service submitted for child protection meetings by the Safeguarding team was cited by the inspectors as good practice, and they commented on seeing evidence of effective and robust one-to-one safeguarding supervision.
- Location of "footprint hubs" and co-location of health visitors and school nurses around children's centers in Cheshire East was seen as effective in facilitating day to day communication with other services who are supporting vulnerable families. It also enables health practitioners to act as conduits to early help.
- Each GP practice in the Eastern Cheshire and South Cheshire CCG areas has a named, link health visitor.
- Health visitors in Cheshire East are linked to local domestic abuse refuge premises and undertake regular drop-in sessions.
- The health visiting service, including the family nurse partnership, routinely and actively engage with child protection processes.

Following the inspection, the CQC made several recommendations across the system, highlighting areas that would benefit from further review and action planning.

A robust action plan is in progress and is being monitored by Trust Board and the safeguarding strategic group; with all actions scheduled for completion within agreed timeframes. In addition to this, a quarterly safeguarding report is submitted to the Quality and Governance Committee.

## 2.2 Statements of assurance from the Board

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### Review of services

1. During 2016/17, Wirral Community NHS Foundation Trust provided and/or sub-contracted 34 relevant health services.
  - 1.1. Wirral Community NHS Foundation Trust has reviewed all the data available to them on the quality of care in 34 of these relevant health services.
  - 1.2. The income generated by the relevant health services reviewed in 2016/17 represents 97.3% of the total income generated from the provision of relevant health services by Wirral Community NHS Foundation Trust for 2016/17.

### Participation in clinical audit

#### National clinical audit

2. During 2016/17, there were no national clinical audits and national confidential enquiries that covered relevant health services that Wirral Community NHS Foundation Trust provides.
  - 2.1. – 2.6 are not applicable to the trust.

The table below shows the national clinical audits that Wirral Community NHS Foundation Trust reviewed for eligibility to participate in during 2016/17:

Title	Eligible for participation
6 <sup>th</sup> National Audit Project of the Royal College of Anaesthetists	No
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	No
Adult Asthma	No
Adult Bronchiectasis Audit	No
Adult Cardiac Surgery	No
Adult Community Acquired Pneumonia	No
ANS and BSCN standards for intraoperative monitoring (IOM) for Spinal Deformity Surgery	No
Asthma (paediatric and adults) care in emergency departments	No

Bowel Cancer (NBOCAP)	No
Cardiac Rhythm Management (CRM)	No
Case Mix Programme (CMP)	No
Child Health Clinical Outcome Review Programme	No
Chronic Kidney Disease in primary care	No
Congenital Heart Disease (CHD)	No
Consultant Sign-off (Emergency Departments)	No
Coronary Angioplasty / National Audit of Percutaneous Coronary Interventions (PCI)	No
Cystectomy Audit	No
Diabetes (Paediatric) (NPDA)	No
Early Intervention in Psychosis	No
Elective Surgery (National PROMs Programme)	No
Emergency Use of Oxygen	No
End of Life Care Audit: Dying in Hospital	No
Endocrine and Thyroid National Audit	No
Falls and Fragility Fractures Audit Programme (FFFAP)	No
Fitting Child (care in emergency departments)	No
Head and Neck Cancer Audit	No
Inflammatory Bowel Disease (IBD) Programme	No
Learning Disability Mortality Review Programme (LeDeR)	No
Major Trauma Audit	No
Maternal, Newborn and Infant Clinical Outcome Review Programme	No
Medical and Surgical Clinical Outcome Review Programme	No
Mental Health Clinical Outcome Review Programme	No
National Audit of Dementia	No
National Audit of Intermediate Care	No

National Audit of management of Intra-abdominal sepsis	No
National Audit of Pulmonary Hypertension	No
National Cardiac Arrest Audit (NCAA)	No
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	No
National Comparative Audit of Blood Transfusion programme	No
National Complicated Diverticulitis Audit (CAD)	No
National Diabetes Audit – Adults	No
National Emergency Laparotomy Audit (NELA)	No
National Heart Failure Audit	No
National Joint Registry (NJR)	No
National Lung Cancer Audit (NLCA)	No
National Neurosurgical Audit Programme	No
National Ophthalmology Audit	No
National Prostate Cancer Audit	No
National Vascular Registry	No
Neonatal Intensive and Special Care (NNAP)	No
Nephrectomy Audit	No
Non-Invasive Ventilation – Adults	No
Oesophago-gastric Cancer (NAOGC)	No
Paediatric Asthma	No
Paediatric Bronchiectasis	No
Paediatric Intensive Care (PICANet)	No
Paediatric Pneumonia	No
Percutaneous Nephrolithotomy (PCNL)	No
Pleural Procedure	No
Prescribing Observatory for Mental Health (POMH-UK)	No
Radical Prostatectomy Audit	No
Renal Replacement Therapy (Renal Registry)	No

Rheumatoid and Early Inflammatory Arthritis	No
Sentinel Stroke National Audit Programme (SSNAP)	No
Severe Sepsis and Septic Shock – care in emergency departments	No
Smoking Cessation	No
Society for Acute Medicine's Benchmarking Audit (SAMBA) – annual since 2012	No
Specialist rehabilitation for patients with complex needs	No
Stress Urinary Incontinence Audit	No
UK Cystic Fibrosis Registry	No
UK Parkinson's Audit	No

## 2.7 – 2.8 Local Clinical Audits

The reports of 24 local clinical audits were reviewed by the provider in 2016/17 and Wirral Community NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Division	Service	Audit Title	Action required to improve the quality of healthcare	Progress RAG rating
Adult and Community Division	Community Nursing	End of Life Care Assessment and Management	Following the audit the following areas were identified for improvement: <ul style="list-style-type: none"> <li>• Pain assessed and recorded at each visit</li> <li>• Symptom score recorded</li> <li>• Patient assessed using the Pressure Ulcer and Nutritional Risk Assessment</li> </ul>	
	Community Nursing	Compliance with Mental Capacity Act Guidance	The findings of the audit highlighted the need to improve the number of patients with a personalised care plan	
	Community Nursing	Pressure Ulcer Management	As a result of the audit the following areas were identified as areas for improvement: <ul style="list-style-type: none"> <li>• Evidence of a Malnutrition Universal Screening tool completed within first patient contact</li> <li>• Dementia patients have a pain scale completed</li> </ul>	

	Rehabilitation at Home Service	Compliance with NICE Guidance: Parkinson's Disease	Following the audit the following areas were identified for improvement: <ul style="list-style-type: none"> <li>• Balance assessment</li> <li>• Assessment of aerobic capacity</li> <li>• Advice regarding movement initiation</li> </ul>	
	Integrated Specialist Palliative Care Team (ISPCT)	Compliance with NICE Guidance: Management of Breathlessness in Palliative Care  Re-audit from 2015/2016	Improvements are required for the following: <ul style="list-style-type: none"> <li>• Description of non-pharmacological interventions recommended or documented not required</li> <li>• Evidence of benzodiazepines or corticosteroid use or documented not required</li> </ul>	
	Integrated Specialist Palliative Care Team (ISPCT)	Evaluate the effectiveness of ISPCT holistic intervention in palliative patients	No areas for improvement were identified	
	Parkinson's Service	Audit of Falls Risk Assessment Tool (FRAT)	No areas for improvement were identified following the audit	
Children and Wellbeing Division	0-19 Service	Vitamin D: increasing supplement use in at risk groups	Following the audit the following areas were identified as areas for improvement: <ul style="list-style-type: none"> <li>• Women identified as breastfeeding were given advice to take Vitamin D supplements</li> <li>• Women to be given verbal advice and information antenatally about Vitamin D supplementation</li> </ul>	
	0-19 Service	Review of packages of care for children with complex needs and disabilities	Evidence needs to be documented that a multidisciplinary meeting had taken place, if no social worker was involved, as appropriate	

	Paediatric Speech and Language Therapy	Quality of the assessment and follow up for children under 7 years who have speech sound difficulties	The findings of the audit highlighted the need to improve the following: <ul style="list-style-type: none"> <li>• Child had clear speech sound goals documented</li> <li>• Evidence that the child's history of language development was considered</li> </ul>	
	Sexual Health Wirral	Progestogen-only injectable contraception  Re-audit from 2015/2016	Improvements are required for the following: <ul style="list-style-type: none"> <li>• Health professional to ensure that women who request Progestogen only injectable contraception are up to date with cervical cytology screening and, if relevant, complete the HPV vaccination programme</li> </ul>	
	Paediatric nutrition and dietetics	Breast fed babies referred for faltering growth	As a result of the audit the following areas were identified as areas for improvement: <ul style="list-style-type: none"> <li>• Identification of faltering growth from infant growth records</li> <li>• Infant had their weight recorded on assessment</li> </ul>	
Urgent and Primary Care Division	Walk-in-Centres	Management of Otitis Media in children under 5 years	Improvements are required for the following: <ul style="list-style-type: none"> <li>• Evidence of the correct drug prescribed or rationale for treatment given (or no treatment required)</li> <li>• Evidence of previous history of otitis media</li> </ul>	
	GPOOHs	Care of Dying Adults in the last days of life	Following the audit the following areas were identified as areas for improvement: <ul style="list-style-type: none"> <li>• Evidence of a care plan, or advance statement</li> <li>• Patients level of hydration assessed</li> <li>• Recording of anticipatory prescribing</li> </ul>	
	Dental Service	Compliance with guidance regarding completion of the Tooth Extraction Surgical Safety Checklist	No areas for improvement were identified	

	DVT Service	Management of patients with positive diagnosis of DVT	Evidence is required that patients commenced on DOAC were given an alert card and advised to carry the card at all times	
Clinical Effectiveness / NICE Guidance / Patient Safety	All clinical services	Record Keeping	<p>Improvements are required for the following paper records:</p> <ul style="list-style-type: none"> <li>• Time of entry recorded in the 24 hour clock</li> <li>• Records contain the signature of the practitioner</li> <li>• Abbreviations, if used, are contained within an agreed abbreviation list, if an abbreviation has been used, not on an agreed list, it should be written out in full at the beginning of each individual entry, or abbreviation printed on each page</li> </ul> <p>Improvements are required for the following paper records:</p> <ul style="list-style-type: none"> <li>• Abbreviations, if used, are contained within an agreed abbreviation list, if an abbreviation has been used but not on an agreed list, it should be written out in full at the beginning of each individual entry, or abbreviation printed on each page</li> </ul>	
	Podiatry / Ophthalmology / Dental and Sexual Health Wirral	Consent	No areas for improvement were identified	
	Community Nursing and Rehabilitation at Home	Personalised Care Planning	No areas for improvement were identified	
	Community Nursing	Learning Disability	Following the audit, improvement was required to ensure the patient was involved in shared decision making, as appropriate	

	Nutrition and Dietetics / Community Nursing	Falls Risk Assessment Tool (FRAT)	For patients known to have had a fall, improvement is required to ensure a personalised risk management/care plan is in place For patients known to be at risk of a fall improvement is required to ensure a personalised risk management/care plan is in place if the patient had more than 3 positive responses	
	All Clinical Services	Supervision (clinical, safeguarding and preceptorship)	Improvement for clinical supervision is to ensure clinical supervision is monitored at appraisal  There are no improvements required for safeguarding children supervision  Improvement required for preceptorship is to ensure all new starters are given a preceptorship handbook	

### Participation in clinical research

3. The number of patients receiving relevant health services provided or sub-contracted by Wirral Community NHS Foundation Trust in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was zero.

Whilst the trust did commence recruitment to a NIHR research study during 2016/17, the study focussed on recruitment of healthy volunteers.

### Commissioning for Quality and Innovation Payment Framework (CQUIN)

- 4 – 4.2 (a) A proportion of Wirral Community NHS Foundation Trust's income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between the trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health service, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2016/17 and for the following 12-month period are available electronically at [www.wirralct.nhs.uk](http://www.wirralct.nhs.uk)

The total income conditional on achieving quality improvement and innovation goals during 2015/16 and 2016/17 was as follows:

- 2015/16: £1,110m
- 2016/17: £1,042m

### Care Quality Commission Registration

5-5.1 Wirral Community NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'Good'. Wirral Community NHS Foundation Trust is registered with the CQC without conditions.

The Care Quality Commission has not taken enforcement action against Wirral Community NHS Foundation Trust during 2016/17.

6-6.1 Removed from the legislation by the 2011 amendments.

7-7.1 Wirral Community NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2016/17: Safeguarding in Cheshire East, 0-19 service. The trust intends to take the following action to address the conclusions or requirements reported by the CQC:

- Improve information sharing between the 0-19 service and GPs in relation to children and young people where there are safeguarding concerns. A Named linked practitioner for each practice has been identified. This model is being developed in partnership with GPs.
- Ensure all health practitioners in the 0-19 service can evidence a copy of a social care referral form in child's records when making referrals to Children's Social Care.
- Ensure that a copy of the completed referral form is sent to the Safeguarding children's team to be quality assured. SystmOne adapted to allow for Safeguarding team to Quality Assure safeguarding referrals to social care. **Action completed QA implemented**
- Safeguarding service to be informed by practitioners when they have been allocated a child/young person where there are safeguarding concerns – Introduction of a waiting list on SystmOne to enable practitioners to notify specialist nurses of newly assigned safeguarding cases. **Action completed and being implemented**
- Ensure school nursing staff have received update training in supporting young people with their emotional well-being. The safeguarding service are currently scoping training opportunities for School Nurses. **Training provider identified by end of Q3 - Action completed - with training currently being planned**

Wirral Community NHS Foundation Trust has made the following progress by 31 March 2017 in taking such action as highlighted above.

### **Secondary Uses Service**

8-8.1 Wirral Community NHS Foundation Trust submitted records during 2016/17 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

- Not applicable for admitted patient care;
- Not applicable for outpatient care; and
- 99.60% for accident and emergency care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- Not applicable for admitted patient care;
- Not applicable for outpatient care; and
- 92.40% for accident and emergency

### **Information Governance toolkit attainment level**

9. Wirral Community NHS Foundation Trust's information Governance Assessment Report overall score for 2016/17 was 76% and was graded green. An audit of the trust's I.G. toolkit conducted by Mersey Internal Audit Agency during 2016/17 provided a rating of significant assurance.

### **Payment by Results clinical coding audit / Data Quality**

10.1 Wirral Community NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2016/17 by NHS Improvement.

## 2.3 Reporting against core indicators

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### Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:

The number of patient safety incidents reported within the trust during the reporting period.

Year	Total Patient Safety Incidents	Incidents coded as severe harm or death
2016/17	3550	49 (1.38%)
2015/16	3426	33 (0.96%)
2014/15	2834	20 (0.71%)

Wirral Community NHS Foundation Trust considers that this data is as described for the following reasons:

- The trust has an open, honest and transparent culture of learning from experience, and actively promote the reporting of patient safety incidents.
- Staff are encouraged to report all incidents to maximise learning, ensuring a culture of continuous quality improvement. This benefits services directly provided by the trust, and broader system wide learning across the health and social care economy.

Wirral Community NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- using the trust's Sign up to Safety plan for 2017/18 to further promote incident reporting
- enhancing the mechanisms for disseminating learning from patient safety incidents across the organisation, ensuring a consistent approach, to maximise learning at every opportunity

# Part 3: Other Information

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## Performance in 2016/17

### 3.1 Quality of care provided by Wirral Community NHS Foundation Trust

The Trust Board recognises that quality is an integral part of its business strategy and quality has been placed as the driving force of the organisation's culture.

Maintaining and improving quality and patient safety standards and processes in a dispersed community organisation is a challenge that is met through rigorous leadership, high professional standards and low tolerance of non-compliance.

#### Quality Strategy themes

Our quality strategy outlines our ambition for quality, and commits the trust to ensuring that quality forms an integral part of our philosophy, practices and business plans with responsibility for driving the quality agenda embraced at all levels of the organisation.

Our quality strategy is built around four local priorities:

- putting people at the heart of quality
- advancing quality
- measuring quality
- balancing quality and cost

The trust is committed to nurturing a strong safety culture underpinned by our five sign up to safety pledges. Priorities for action during 2016/17 included:

- Put safety first – embed daily safety huddles across our integrated care co-ordination teams
- Continually learn – strengthen existing patient safety learning structures by identifying transferable learning and ensuring robust communication across clinical divisions
- Honesty – involve patient, families and their carers in root cause analysis investigations, providing evidence of organisational learning at every opportunity
- Collaborate – develop a framework to support system wide patient safety learning in partnership with local health and social care providers
- Support – implement 'leadership for all' programme, providing all staff with development opportunities that will enhance patient safety

When patient safety incidents occur, they are managed in an open transparent manner, in accordance with the Duty of Candour, ensuring a culture of continuous improvement as a result of learning from experience.

# Patient Safety: We protect people from avoidable harm

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## Progress made during 2016 – 2017

### **Pressure ulcers**

During 2016/17 we have continued to promote the reporting of pressure ulcers throughout all clinical services. Training in the recognition of patients at risk of pressure ulcer development has been provided to all front line clinical staff in accordance with NICE Guidance CG179.

Following qualitative and quantitative thematic trend analysis following incident investigation, a trust wide pressure ulcer improvement plan has been developed in partnership with frontline clinicians. Key learning continues to be disseminated via the trust's weekly 'patient safety sound bite' and via our staff pressure ulcer champions who attend quarterly workshops held by the Tissue Viability Service in partnership with the Quality and Governance Service.

During quarter 4 of 2016/17 a human factors and appreciative inquiry workshop was delivered to the pressure ulcer champions, supporting the delivery of evidence based practice.

Working in partnership with front line staff, key areas for improvements have been highlighted. This enables the trust to ensure that staff have the right skills, competency and tools, to support the delivery of high quality safe patient care.

Actions taken to improve the quality of care in relation to pressure ulcer prevention include:

- Dissemination of pressure ulcer grading criteria to all community nursing and therapy staff to support ease of reference and access when mobile working
- Review and update of the trust's Pressure Ulcer information leaflet to enable patients/carers to work in partnership with front line staff in the prevention of pressure ulcers
- Pressure ulcer prevention training has been included in the mandatory training matrix for all clinical staff across the trust
- All clinical services have been included in the 2017/18 pressure ulcer prevention audit to ensure patients who are at risk, are highlighted and referred at the first point of contact

- The procedure for the prevention and management of pressure ulcers has been updated with a greater emphasis on prevention and management of risk. This standard is applicable to all clinical staff working throughout the trust.
- Shared care plans have been updated which enables community nursing staff to work collaboratively with our partners in reducing the risk of pressure ulcers.

### **Medication incidents**

During 2016/17 the importance of avoiding missed medication incidents remained a priority for the trust.

Whilst the quality goal was not achieved, the Community Nursing service actively participated in improvement measures including:

- Learning from the investigations of missed medication incidents was incorporated into an updated procedure used within the service to verify medication visits had occurred.
- Learning has been circulated to all community nurses via the monthly Medicines Management Bulletins.
- Mandatory Insulin e-learning has been introduced for completion annually by all relevant staff.
- Face to face insulin training has been provided to community nurses, facilitated by a diabetic specialist nurse.

### **Incident reporting**

The trust is committed to the continued development of a high performing safety culture, where all staff feel confident to report patient safety incidents as an integral part of an open, honest transparent culture of learning.

During 2016/17 the trust proactively selected incident reporting as part of its annual audit programme with Mersey Internal Audit Agency. The audit resulted in a rating of significant assurance confirming that the trust has robust processes in place for the reporting of incidents, and clear mechanisms for disseminating learning to staff across the organisation.

The audit highlighted that during onsite discussions, it was clear that staff recognised that dissemination and discussion of 'lessons learnt' were essential in the provision of safe, service user care to encourage quality improvement and reflective practice. The auditor also observed during onsite visits with community nurses, that there was a positive culture of

incident reporting, and learning from patient safety incidents was incorporated into the daily clinical handover process.

In addition to this, in partnership with AQuA: (Advancing Quality Alliance), the trust has introduced a safety cultural tool within Dental and Community Nursing services to identify opportunities to learn from incident reporting to maximise patient safety. The impact of the cultural tool has been further strengthened by the delivery of human factors and appreciative inquiry safety workshops within these clinical services with frontline staff.

During the 2016 National NHS Staff Survey the trust scored above the national average for community trusts for the four key findings relating to errors and incidents:

- Percentage of staff witnessing potentially harmful errors, near misses or incidents in the last month (the lower the score the better)
- Percentage of staff reporting errors, near misses or incidents witnessed in the last month
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- Confidence and security in reporting unsafe clinical practice

<b>2016 NHS Staff Survey Key Finding:</b>	<b>Average score for Community Trusts</b>	<b>Wirral Community NHS Foundation Trust</b>
KF 28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	20% (the lower the score the better)	19%
KF 29. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	92% (the higher the score the better)	93%
KF 30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.79 (the higher the score the better)	3.81
KF 31. Confidence and security in reporting unsafe clinical practice	3.76 (the higher the score the better)	3.83

# Patient Experience

## Progress made during 2016 – 2017

### Friends and Family Test Score

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

The friends and family question is incorporated into all our patient experience questionnaires, feedback cards, feedback, kiosks and our online form. Anyone who contacts the patient experience service by telephone will also be asked the question.

***“How likely are you to recommend our services to friends and family if they needed similar care or treatment?”***

**The table below shows monthly percentage of respondents who would recommend our services for care or treatment and number of responses:**

Month/Year	% of those who would recommend our services for care or treatment	Number of responses
April 2016	84	394
May 2016	93	283
June 2016	86	704
July 2016	90	379
August 2016	91	313
September 2016	88	404
October 2016	92	493
November 2016	91	417
December 2016	88	433
January 2017	91	557
February 2017	90	588
March 2017	93	846

Monthly FFT scores and responses are reported to divisions via the Divisional Governance groups, and actions plans are developed where required.

## **Patient Stories**

At the start of the trust's bi-monthly Board meetings the Board hear and discuss an account of someone's experiences regarding their health care – referred to as a 'patient story'.

Patient stories are one tool used by the trust to understand patient experience. Patient stories demonstrate what the organisation is doing well and where improvements could be made.

The Board heard six patient stories during 2016/17. The stories focused on the following services; Specialist Palliative Care Team, Sexual Health, MSK Physiotherapy, Community Discharge Liaison/Community Nursing, Continence and Wheelchair Service.

Patient stories demonstrate that trust staff are caring, and that they deliver high quality, responsive, safe and effective care. The comments below from patient stories recorded by the trust between 2016 /17 demonstrate this:

'After Rachel finished I was referred on to a physio called Chris who was also excellent... gave me more exercises to do... made me work a bit harder which I wasn't pleased with really but it did actually help a lot... saw Chris for I think three appointments and then I was discharged...'

'They really look after me they did you know...kept her out of hospital and it's thanks to them that she is here now home and since she's been home she's been very well looked after yeah yeah...and they are caring people they are yeah and its genuine it's not false not put on...no it really is...genuine concern...they're marvellous really looked after us...it's just that reassurance of having somebody there at the end of the phone line that you can contact if you've got any concerns about your disease...'

'The Macmillan nurse... she's brilliant you couldn't fault her in any way what so ever...above all he trusts her...'

'She's so reassuring...the way she talks and the way she explains things to you...also the district nurses... they're very very good they're all now on board... they all now seem there for me...'

### **Improving access to services**

Quality improvement lies at the heart of Centralised Clinical Triage (CCT). CCT will become an integral part of our Single Integrated Gateway, and has been designed to fulfil a 'gatekeeper' function, acting on behalf of our Community Nurses to improve referrals and hospital discharges.

Work has been on-going since September 2016 to develop and implement CCT. Several core components have constituted the developmental phase:

Firstly, engagement with staff has been central to the development of CCT. We have continuously engaged with the Integrated Discharge Team (IDT), who have been relocated to St Catherine's Health Centre to fulfil the centralised triage function. We undertook a process of formal consultation with staff over their change of base, and the implementation of a change in working hours. Through this consultation process staff were able to raise concerns, and were provided with assurances and support. As part of the consultation, staff were involved in shaping and designing the service, including reviewing the pathways, designing a rota, and organising a pilot of CCT at Arrowe Park.

Secondly, we have used data and intelligence to inform the development of this service. Information around the volume of referrals received by Single Point of Access, and the amount of complex cases received by IDT staff has supported the need for a centralised triage function, to enable the effective management of these cases.

The final development phase involved utilising data to determine sufficient staffing levels, to ensure that the service could provide a high-quality triage function. We have now identified and secured additional staff to support timely discharges from the hospital. However, as CCT expands to take on all referrals from community nursing, additional staff will be required.

# Clinical Effectiveness

## Progress made during 2016/17

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### Quality Improvement

During 2016/17, services within the trust undertook a range of quality improvements using the **Plan, Do, Study, Act** cycle to improve patient safety, patient experience and clinical effectiveness.

Key achievements include:

**1. Intermediate Care Service** – The service provides a multi-disciplinary approach by physiotherapists and occupational therapists alongside social workers, nurses, care staff and GP cover to provide rehabilitation following an acute episode of ill health or hospital admission. The service piloted the Barthel (modified) Index of Activities of Daily Living which is an outcome based assessment tool used to measure therapeutic outcomes and demonstrate the change in the level of patient's independence. The pilot was to demonstrate the effectiveness of clinical intervention for patients using the Barthel Index of Activities of Daily Living, measured on admission and discharge.

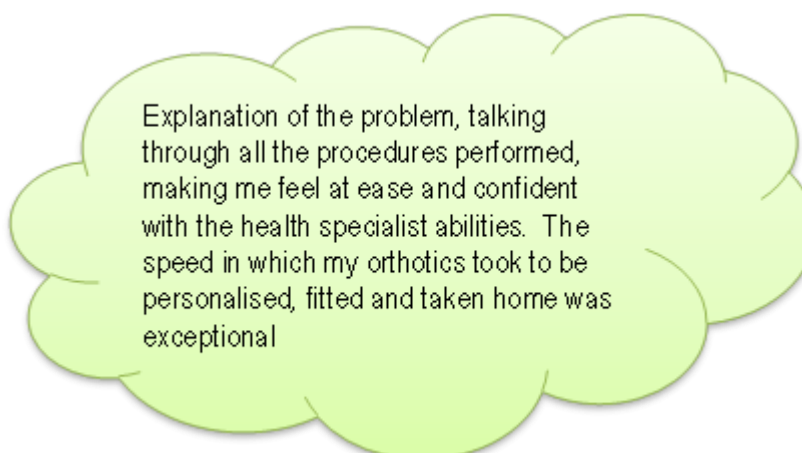
- 77% of the overall patient scores had improved when measured on discharge
- 77% of patients showed an improvement in at least one therapeutic outcome measure during their whole episode of care

**2. Podiatry** – The service specialises in providing assessments and treatments that are focused on relieving symptoms and pain, improving function, preventing disease and improving the independence and well-being of both adults and children.

Biomechanics (including gait analysis and the provision of prescriptive insoles) undertook a quality improvement using the PodotechElftman Dynamic Pressure analysis system. This was to reduce the risk factors in patients with Type II Diabetes by identifying and reducing peak plantar pressures. The technology is portable, quick and easy to use and provides reliable data of vertical pressure on the foot. Patients were able to view the results of their examinations and the graphics produced were used to educate the patients by demonstrating their risk levels.

- 80% of patients had a demonstrable reduction in peak plantar pressures for their right foot
- 60% of patients had a demonstrable reduction in peak plantar pressures for their left foot

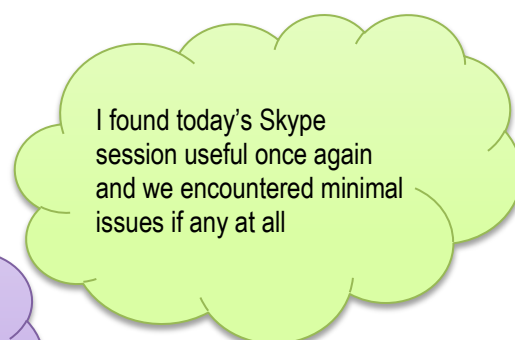
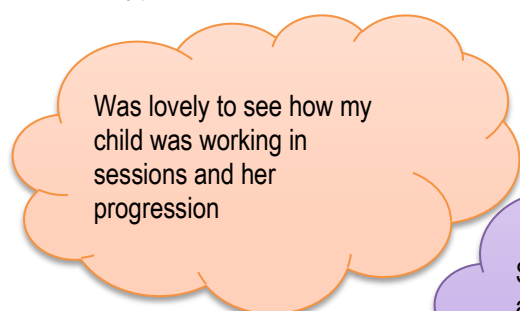
Patient feedback:



**3. Speech and Language Therapy Service** – The speech and language therapy service assesses and treats people of all ages who have speech, language and communication difficulties and have difficulties feeding, chewing or swallowing. The quality improvement undertaken by the service was for children and families who receive speech and language therapy within the paediatric hearing impairment caseload either within the home or school environment. The aim of most of the child sessions was for the parent to be able to observe and take part in a therapy session happening at school through the use of Skype. Using Skype offered greater flexibility to patients and staff.

- 100% of clients felt that using Skype had a positive impact on their care or involvement with their child
- 100% of clients were happy to continue to have Skype consultations
- One parent was able to have an evening session with her child which enabled her to participate. The flexibility was appreciated as she works during the day
- Parents of children attending the Hearing Support base were offered observation sessions that ordinarily would not have happened

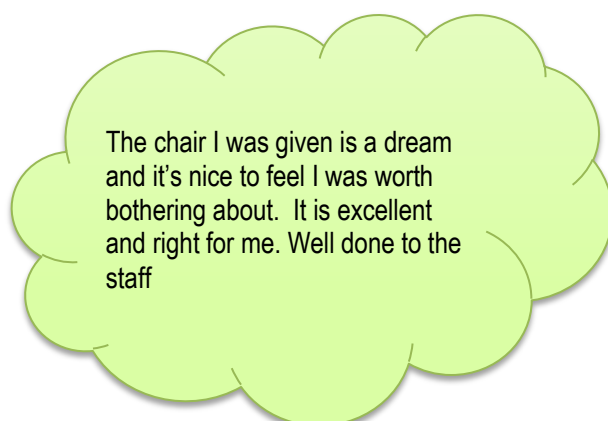
The comments below were received from parents or adult clients who were involved in the Skype consultations.



**4. Wheelchair Service** – The service assesses and supplies standard and bespoke wheelchairs, special seating and pressure distribution cushions for adults and children with long-term mobility problems. The aim of the quality improvement was to assess the impact of implementing a new pathway for powered wheelchair provision for patients who met the criteria.

- The average number of working days from patient referral to handover of wheelchair reduced from 221 days to 133 days
- The average number of face to face contacts reduced from 3 to 2.5 per patient
- A cost saving was made through a change in contract for the provision of a consultant

The following patient feedback was received:



**5. Adult Continence Service** – The Continence service supports and treats adults and children with urinary and bowel symptoms and incontinence. Long term catheterisation carries a significant risk of symptomatic urinary tract infections. Between 43% and 56% of urinary tract infections are associated with an indwelling urethral catheter. The quality improvement undertaken by the service aimed to reduce catheter associated urinary tract infections to promote patient safety and improve quality of care.

- there was a 75% reduction in the use of dipstick catheter specimens of urine to diagnose infection over a period of 4 months
- four out of the 10 patients had a successful trial without catheter and one patient now performs intermittent self-catheterisation
- 12 continence champions who provide advice and expertise to other staff members have been recruited across the trust

# CQUINS

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## Performance in 2016/17

During 2016/17 the trust participated in the following CQUINs:

### **National Integration CQUIN: End of Life Care Pathways**

Multi-disciplinary and multi-agency monthly meetings of cases to identify causes of patients not dying at their preferred place of care and to develop suitable action plans to support people to die at their preferred place of care.

### **National Person Centred Care CQUIN: Motivational Interviewing**

There were three parts to this indicator:

1. Percentage of identified staff that completed training
2. Percentage of patients in the agreed cohorts who have had a Care Plan developed utilising Motivational Interviewing techniques
3. Percentage improvement in staff reporting confidence in completion of care plans which use motivational interviewing techniques

### **Local CQUIN: Transition**

For system wide collaboration between Wirral University Teaching Hospital NHS Foundation Trust, Wirral Community NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust, to work together to develop and agree a seamless process for the transition of young people between children's health and adult health.

We have submitted all required information to our commissioners, demonstrating full compliance with the 2016/17 CQUINs.

# Quality Statements: We value and listen to our staff

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## Performance in 2016/17

### **We will achieve 90% uptake in mandatory training for all staff.**

The trust's quality goal in 2016/17 was to achieve 90% uptake in mandatory training for all staff. The subjects included within the quality goal include:

- Health, Safety and Welfare
- Equality, Diversity and Human Rights
- Moving and Handling (non-people moving)
- Infection Prevention and Control levels 1 and 2; Adult and Child
- Resuscitation – Basic Life Support Adults and Children
- Fire
- Conflict Resolution

We have enhanced our system for monitoring compliance over the last 12 months. 96% of staff completed their Information Governance training within the reporting period, and we aim to replicate this level of attainment for all areas of mandatory training.

### **Through the introduction of our staff wellbeing plan 2016/17 we will achieve 4.0% staff sickness levels or below.**

During 2016/17 there were some significant challenges in relation to managing attendance with high levels of long term absences impacting upon our ability to achieve the 4.0% target in year. The 2016/17 rate overall was 5.2%, and following implementation of a trust wide action plan there have been recent reductions towards year end, with absence levels of 4.2% and 4.1% in the last two months.

### **We will reduce the percentage of staff reporting that they work extra hours to the national average or below as measured by the national staff survey.**

Overall our staff survey results were extremely positive with better than average scores for staff engagement. The results of the 2016 staff survey showed a 3% reduction in staff working extra hours compared against the trusts 2015 results. This was just above the 2016 national staff survey results for community trusts. The trust developed an action aimed at improving this position with a focus on ensuring that any transformational change

management programmes would include a capacity and demand analysis to support staff to manage their workloads.

**We will support staff wellbeing by increasing the level of staff satisfaction in flexible working options measured by the 2016 staff survey.**

The results from the staff survey for 2016 were disappointing given that the trust was unable to show an increase in the levels of staff satisfaction in flexible working despite having a flexible working policy in place and a range of flexible working arrangements available to staff.

The results showed a reduction of 3% from the 2015 figures and this is believed to be related to the number of organisational changes that have occurred during this period which have raised regular questions from staff relating to flexible working during consultations. We will continue to promote the Work Life Balance policy and the benefits of flexible working to managers and to raise awareness of the range of flexible working patterns that are available to staff.

**We will implement our recruitment strategy, delivering four recruitment open days throughout the year.**

The organisation held a number of successful recruitment open day events over the last 12 months to achieve this action. A number of different approaches to the events were taken looking at the target audience, times of day and whether to interview on the day or at later dates.

The events were supported by managers from across the organisation representing their services alongside corporate and external partners to provide a joined up approach. The assistance of Wirral Metropolitan College and national recruitment literature helped significantly in providing access to different learning opportunities around careers in health.

At least 30 substantive and bank workers were recruited across both health professional and support roles. Other opportunities were also explored including attending a Royal College of Nursing two day recruitment event and Manchester University Speech and Language course to attract applicants.

**We will implement our Leadership for All programme with 98% of staff undertaking talent conversations during the appraisal process.**

We were successful in achieving over 98% appraisal including talent conversations to support staff development which meets the trust target. Following completion of talent conversations, divisional talent development reviews have taken place. Information from these have fed into a trust wide talent mapping review. This has provided an opportunity to review future business critical roles for the trust linked to the delivery of our strategic goals, workforce plans and learning and development resources.

# Learning from Incident Reporting

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## Performance in 2016 – 2017

We are committed to delivering high quality, clinical care free from avoidable harm, ensuring patient safety. When patient safety incidents do occur, they are managed in an open and transparent manner, in accordance with the Duty of Candour, ensuring a culture of continuous improvement as a result of learning from experience.

To facilitate learning from incident and near miss reporting, the trust has a robust framework embedded throughout the organisation evidencing a commitment and proven ability to effectively manage and demonstrate sustained learning from incidents reported by staff.

The trust recognises that incident reporting is more likely to take place in an organisation where there is a well-developed safety culture and strong leadership. We are therefore committed to nurturing a strong safety culture underpinned by the promotion of incident reporting, and ensuring that investigation is focused on learning and improving. This is achieved by ensuring that all staff throughout the organisation report incidents and patient safety incidents via the trust's incident reporting system, Datix.

The trust utilises a Root Cause Analysis (RCA) approach to incident investigation for significant, high risk rated incidents causing patient harm. Learning from moderate risk rated incidents is achieved via a Situation, Background, Assessment and Recommendation (SBAR) investigation. All RCA and SBAR investigations result in the development of an action plan involving staff which evidences how the trust ensures appropriate quality improvement actions are implemented to minimise the likelihood of incident reoccurrence.

Communication to enhance patient safety and learning across the wider health and social care economy is achieved via established internal and external escalation pathways to all relevant partner organisations, including hospital trusts, clinical commissioning groups and the local authority.

During 2016/17, the trust introduced weekly 'Patient Safety Soundbites' to disseminate learning resulting from thematic trend analysis from a range of data sources, including incidents, concerns and complaints, and incident investigations. Learning is summarised via a one page bulletin, which is delivered to staff each week by service leads and team leaders. Patient safety learning has included all of the trust's clinical quality improvement areas. Feedback from staff on this approach has been very positive.

# Never Event Incident Reporting

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## Performance in 2016 – 2017

During 2016/17 the trust reported one never event incident under the surgical never event criteria, relating to a wrong tooth extraction.

In accordance with trust policy and national guidance, all appropriate external reporting was conducted within the documented timeframes from the date of incident reporting via the trust's patient safety incident reporting system, Datix. This included reporting to NHS Improvement, NHS England, Care Quality Commission, Wirral Clinical Commissioning Group and Health Education England – North West Office. The incident was fully investigated via Root Cause Analysis (RCA) methodology by the trust's Governance and Dental Services.

The patient was fully informed of the RCA investigation, and a meeting was offered to review the findings and the learning identified from the investigation process, and actions implemented by the trust to prevent re-occurrence.

The trust commissioned specialist support to ensure an in-depth review of areas relating to human factors and culture could be fully explored. This allowed the trust to maximise learning to enhance patient safety whilst supporting staff.

The RCA investigation resulted in the development of a robust action plan with dental staff to optimise ownership whilst ensuring strong visible clinical leadership. The developed plan was aligned to the trust's transformation priority areas: Culture, People and Structure and included the following key quality improvements.

### **Culture**

The delivery of a human factors\* workshop by specialist external support was commissioned to support further understanding of the incident by the dental service. This approach reinforces the principle that patient safety is the role of all staff members.

The workshop resulted in the development of a quality improvement action plan based on the principles of human factors to support staff and patient safety across the dental service.

\*Human Factors is the scientific discipline concerned with the understanding of interactions among humans and other elements of a system, and the profession that applies theory, principles, data and methods to design in order to optimise human well-being and overall system performance.

## **People**

Amendments and enhancement to the tooth extraction surgical safety checklist were conducted to maximise safety whilst ensuring consistent implementation to support holistic, safe dental care.

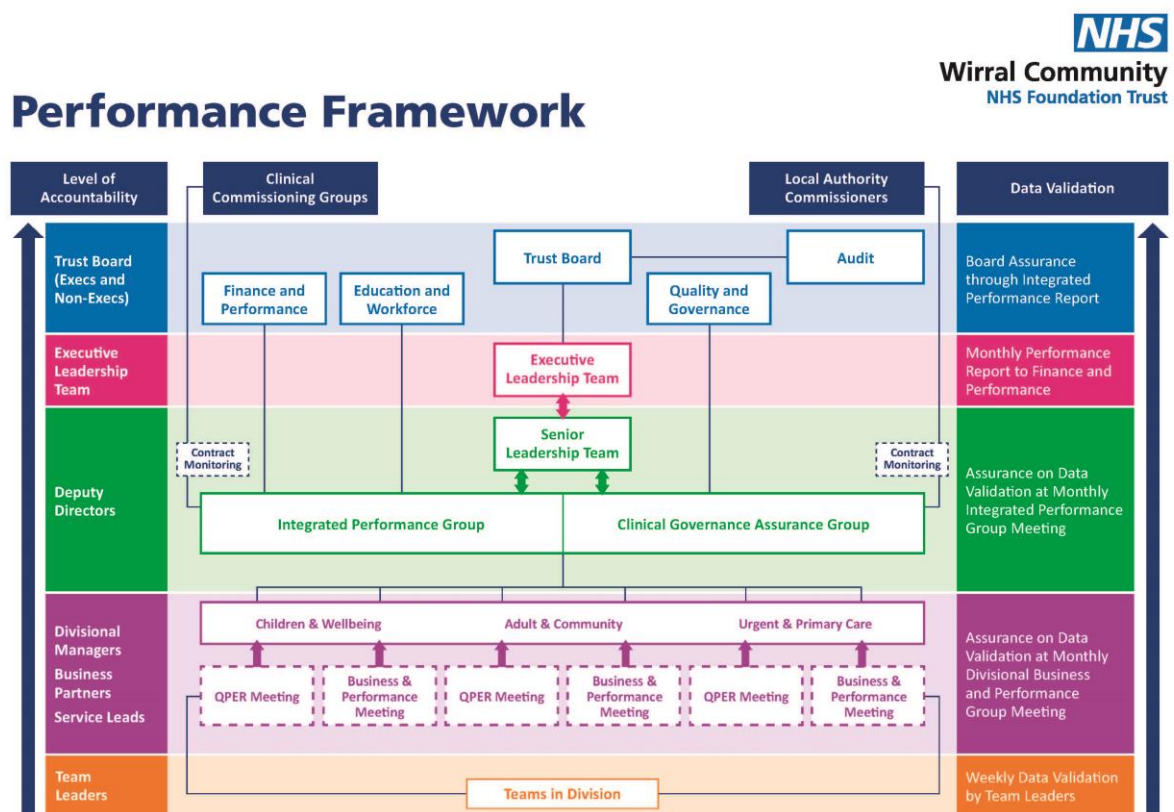
## **Structure**

A review of clinical documentation within the Dental Service was conducted in partnership with dental staff.

The developed action plan has been fully completed within the documented timeframes and fully reported both internally and externally in accordance with national guidance.

# Quality Governance Assurance Framework

During 2016/17 we further strengthened our clinical quality assurance framework, providing clear lines of responsibility and accountability to the Trust Board. The framework is detailed below:



# Transformation Programme

## Performance in 2016 -2017

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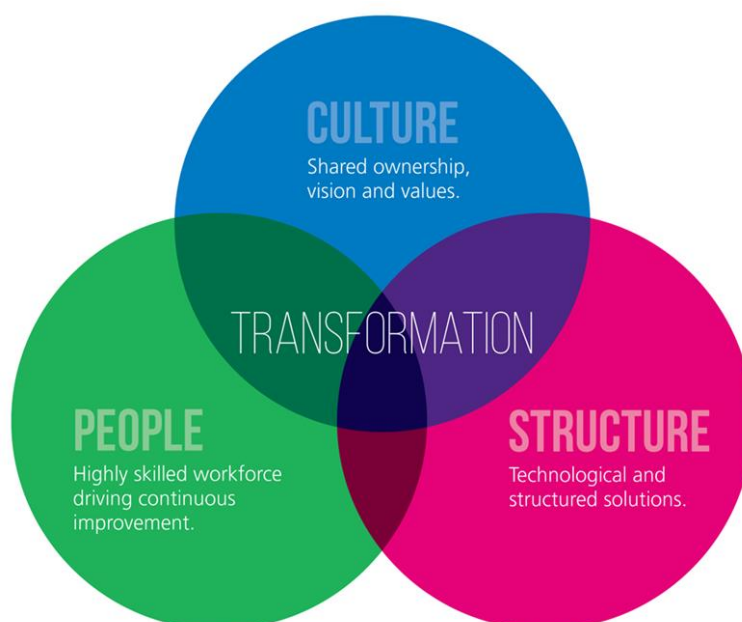
The vision for better and more sustainable care by 2020 rests on community-based models of care that are coordinated around people's needs.

To ensure trust clinical services develop in a way that supports this vision, the trust has introduced a major transformation programme '***Transforming Care Together***'.

The programme is ensuring our clinical services:

- are more integrated and person centred
- help people to remain living at home at times of vulnerability
- are aligned to commissioning intentions
- achieve improvements in quality alongside financial savings and efficiencies whilst still delivering the same high standard of care

To support the transformation programme, a bespoke model has been produced to demonstrate the three core elements required to deliver transformational change:



Key outcomes across each of the elements of the transformation programme include:

- transforming models of care
- transforming the workforce model
- transforming systems which support clinical care delivery
- transforming partnerships to deliver integrated, person centred care

Clinical reference groups have been established to co-design and test improvement ideas based on a shared purpose as well as providing scrutiny and oversight to the project.

The trust recognises that the key to success is for the programme to be driven by staff who are passionate about delivering a shared vision.

The transformation programme was presented via poster presentation at the RCN International Centenary Conference held in London, during November 2016.

# Strategic Objectives

2017/18

The Trust Board has considered the Five Year Forward View (sustainability and transformation plans) and our role in shaping the future of health and social care. It has set new organisational objectives for the coming year that will ensure we continue to deliver outstanding quality care, whilst supporting staff and maintaining our strong financial position.

The new objectives will support us to remain central to providing out-of-hospital care across Wirral and Cheshire.

Our vision remains - To be the outstanding provider of high quality, integrated care to the communities we serve.

Our new strategic objectives fall under three themes – The three Ps:

♥ Our Patients and Community			
<b>Objective</b>	To be an outstanding trust, providing the highest levels of safe and person-centred care.		
<b>Goals</b>	We will deliver outstanding, safe care every time.	We will provide more person-centred care.	We will improve services through integration and better coordination.
<b>I will...</b>	<b>be outstanding.</b>	<b>listen to patients and encourage feedback.</b>	<b>work smarter with internal and external colleagues.</b>

♥ Our People			
<b>Objective</b>	To value and involve skilled and caring staff, liberated to innovate and improve services.		
<b>Goals</b>	We will improve staff engagement.	We will advance staff wellbeing.	We will enhance staff development.
<b>I will...</b>	<b>listen and get involved.</b>	<b>invest in my wellbeing.</b>	<b>look for ways to develop myself.</b>

## ♥ Our Performance

<b>Objective</b>	To maintain financial sustainability and support our local system.		
<b>Goals</b>	We will grow community services across Wirral, Cheshire and Merseyside.	We will increase efficiency of corporate and clinical services.	We will deliver against contracts and financial requirements.
<b>I will...</b>	<b>promote my service.</b>	<b>suggest ways to make my service more efficient.</b>	<b>understand my service targets and help achieve them.</b>

### 3.2 Performance against relevant indicators and thresholds in the Risk Assessment and Single Oversight Frameworks

In accordance with the quality report for foundation trusts 2016/17 guidance, the following indicators appear in both the Risk Assessment Framework and the Single Oversight Framework, and have been identified as being applicable to the trusts.

Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway:

	16/17	15/16	14/15
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	100%	100%	N/A

A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge:

	16/17	15/16	14/15
A&E Maximum waiting time of four hours from arrival to admission/transfer/discharge	99.16%	99.57%	99.72%

# Annex 1:

## Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees

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### Statement from Wirral Clinical Commissioning Group

As lead commissioner Wirral CCG is committed to commissioning high quality services from Wirral Community NHS Foundation Trust. We take very seriously our responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened and acted upon.

Patient safety: It is disappointing that the Trust did not achieve their target in the reduction of avoidable grade 3 and 4 pressure sores. The CCG acknowledges the amount of focus the organisation has placed on this priority and the work that has been undertaken and supports this remaining a priority for 2017/18.

We note that there has been a 'never event' reported in 2016/17. This was due to wrong site surgery. Whilst disappointing that this was the second incident of this nature within a two year period, we commend the approach that the trust undertook in the commissioning support from an external expert to lead a workshop on human factors as part of the investigation. Through the contract monitoring process we are assured that all recommendations have been actioned.

Due to the non-achievement of the missed medications target, the CCG supports the trusts intention for this to remain a priority for 2017/18.

Patient experience: The Trust has maintained the challenging 2016/17 target of 90 % for Friends and Family Test and the CCG has used some of the patient stories at its own the Governing Body meetings. The CCG commends the Trust in its work in relation to patient experience.

Clinical Effectiveness: the Trust is to be commended on the work that has been undertaken in relation to the large improvement programme in 2016/17. Although there have been no national clinical audits or national confidential enquiries that were applicable to the trust in 2016/17. It is pleasing to see that 24 clinical audits were undertaken and as a result of these plans have been implemented to improve quality.

It is disappointing to note that the staff sickness levels are at 5.2% which is an increase on last year's performance and above the national average. We acknowledge that the trust will strive to improve this, and it remains an objective for 2017/18 and this will be monitored by the CCG throughout the contracting year.

Looking forward in 2017/18, the CCG can confirm that the priorities for improving quality that have been identified by the Trust are priorities for the CCG including:

#### Patient Safety

- Pressure Ulcers

- Missed medications
- Sepsis

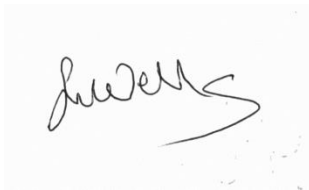
#### Patient experience

- Access to services
- Patient engagement
- Always events

#### Clinical Effectiveness

- Staff training
- Quality Improvement
- Clinical Effectiveness and Innovation

We believe that this quality account gives a high profile to continuous quality improvements in Wirral Community Trust and the monitoring of the priorities for 2016/17. Wirral Clinical Commissioning Group looks forward to continuing to work in partnership with the Trust to assure the quality of services commissioned over the forthcoming year.

A handwritten signature in black ink, appearing to read 'Sue Wells', is centered within a light gray rectangular box.

**Sue Wells**

**Chair**

**Wirral CCG**

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**Quality Account Commentary**  
**for Wirral Community NHS Foundation Trust**  
**provided by Healthwatch Wirral CIC**

**May 2017**

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Healthwatch Wirral (HW) would like to thank Wirral Community NHS Foundation Trust for the opportunity to comment on the Quality Account for 2016/17. HW established a sub group of volunteers and staff who read, discuss and produce a commentary for the Quality Account. The HW Quality Account sub group met on Friday 5<sup>th</sup> May 2017 to compile this response.

**Priorities for 2017/18**

The 3 priorities were noted. HW were pleased that the Trust developed the priorities in partnership with the Trust's Clinical Quality Improvement Group and frontline clinical staff and that quality improvement action plans have been developed in relation to each clinical area.

We look forward to receiving quarterly reviews on progress against these priorities.

**Review of Performance in 2016/17**

**It was positive to note that:-**

- The Trust had successful achievements in their Commissioning for Quality and Innovations (CQUIN) schemes and Quality objectives.
- The Trust have successfully achieved all goals in Patient Experience and Clinical Effectiveness
- The Friends and Family score exceeded the Trust's target for the year.
- The Trust continues to present patient stories to the Board to enable them to understand patient experience and evaluate what the organisation is doing well and what could be improved.
- The Trust has engaged with staff in the development of Centralised Clinical Triage.
- The Speech and Language Therapy Service is utilizing technology such as Skype to enable parents to observe and take part with their children in therapy sessions at school.
- The culture of incident reporting has remained a high priority for the Trust resulting in a rating of significant assurance from a quality spot check conducted by Mersey Internal Audit Agency.
- The Trust performed well in the Local Clinical Audits

### **It was disappointing to read that:-**

- The Trust had not achieved its targets in Patient Safety Priorities, Pressure Ulcers and Medication Incidents. The Trust has changed its reporting system which has resulted in an increase in reporting incidents. It is gratifying to know that pressure ulcers have been reviewed by the Trust's Pressure Ulcer Multidisciplinary Group and medication incidents have been reviewed by the Medicines Governance Pharmacy Team and frontline staff.

Both remain a priority for the Trust and Healthwatch look forward to receiving updates on their progress throughout 2017 to 2018.

- The Trust had one never event during the year, however, it was reassuring to hear that the incident was fully investigated and a robust action plan with dental staff was put in place.
- The staff satisfaction survey results were disappointing. The Trust believed this was due to organisational changes during the year and they will continue to promote the Worklife Balance Policy.
- The Trust were not given the opportunity to participate in the National Clinical Audits due to lack of eligibility.

HW has enjoyed working alongside the Community Trust as it recognises the value in our relationship and has utilised the functions, duties and powers of HW to provide challenge and assurances. HW appreciates the opportunity to comment on the report as a "critical friend" and we look forward to working with the Trust to support the implementation of the Quality Account and strategic plans.

"Healthwatch would like to add their congratulations to the Trust on obtaining Foundation Trust status."

**Karen Prior**

Healthwatch Wirral Chief Officer

On behalf of Healthwatch Wirral

**Statement from Wirral Metropolitan Borough Council****18<sup>th</sup> May 2017****Commentary on the draft Quality Account, 2016/17****Wirral Community Trust**

During the 2016/17 municipal year, the People Overview & Scrutiny Committee undertook the health scrutiny function at Wirral Council. The Committee established a Panel of Members (the Health and Care Performance Panel) to undertake on-going scrutiny of performance issues relating to the health and care sector. Members of the Panel met on 10<sup>th</sup> May 2017 to consider the draft Quality Account and received a verbal presentation on the contents of the document. Members would like to thank Wirral Community Trust for the opportunity to comment on the draft Quality Account 2016/17. Members look forward to working in partnership with the Trust during the forthcoming year. Members provide the following comments:

**Overview**

Members note the inclusion of details of staff awards and publications in the 2016/17 Quality Account and congratulate the Trust and its staff on these achievements.

**Progress on 2016/17 Priorities for Improvement**

Although concerned that two patient safety priorities, to reduce pressure ulcers and missed medication incidents were not met in 2016/17, Members are reassured that the Trust has included these priorities among the 2017/18 priorities for improvement.

**Patient Experience Priority for Improvement 2017/18: Access to services**

Members welcome plans to introduce the Tele-health service to provide clinical expertise and enhance support and guidance given to care home staff. It is hoped that this priority will achieve its stated goal of reducing unnecessary visits to A&E from care homes, enhancing the patient experience and reducing pressure on ambulance services. Members look forward to receiving an update in next year's Quality Account.

**Other Comments****Culture of learning from incidents**

Members welcome the Trust's work to embed a culture of openness and transparency throughout the organisation to support learning from incidents. This is demonstrated by the work to introduce a cultural safety tool in partnership with Advancing Quality Alliance and the use of the Datix incident reporting tool. Members are encouraged by the positive staff response to the weekly circulation of the 'Patient Safety Sound bites' bulletin to disseminate learning from incidents.

## **Speech and Language Therapy Service**

Members are impressed by the introduction of Skype therapy sessions for children in the school and home environment. The flexibility of this approach, allowing parents to observe and take part in sessions is viewed positively by Members, who note the excellent patient and parent feedback reported. Members are encouraged by this innovative approach to providing therapy and would be interested to see how this method of therapy delivery is expanded to other services in future.

## **Integration of Health and Care Services**

As the integration of health and care services develops through the Transforming Care Together programme it will be important to be able to demonstrate that true integration of service delivery takes place and provides person-centred care. As Accountable Care arrangements are further developed, an appropriate governance framework will be required to enable closer partnership working, including a suitable approach to the sharing of risk.

I hope that these comments are useful

A handwritten signature in dark ink, appearing to read 'Moira McLaughlin', written in a cursive style.

Councillor Moira McLaughlin

Former Chair, Health and Care Performance Panel and

Former Chair, Families and Wellbeing Policy & Performance Committee

## Annex 2:

### Statement of directors' responsibilities for the quality report

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

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports (which incorporate the above legal requirements), and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the Quality Report.


In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance
- the source of the Quality Report is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period 1 April 2016 to 30 May 2017
  - papers relating to quality reported to the board over the period 1 April 2016 to 30 May 2017
  - feedback from commissioners dated 30/05/2017
  - feedback from governors dated 18/04/2017
  - feedback from local Healthwatch organisations dated 05/05/2017
  - feedback from Overview and Scrutiny Committee dated 18/05/2017
  - the trust's Quarter 4 complaints report dated 19/04/2017
  - the national staff survey 07/03/2017
  - the Head of Internal Audit's annual opinion of the trust's control environment dated 19/04/2017
  - CQC inspection report dated 18/11/2014
- the Quality Report represents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the board

30 May 2017  Chairman

30 May 2017  Chief Executive

# Annex 3:

## Independent Auditor's Limited Assurance Report

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### **Independent Practitioner's Limited Assurance Report to the Board of Governors of Wirral Community NHS Foundation Trust on the Quality Report**

We have been engaged by the Board of Governors of Wirral Community NHS Foundation Trust to perform an independent limited assurance engagement in respect of Wirral Community NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and additional supporting guidance in the 'Detailed requirements for quality reports for foundation trusts 2016/17' (the 'Criteria').

#### **Scope and subject matter**

The indicators for the year ended 31 March 2017 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period selected from the subset of mandated indicators. The testing of this indicator was mandated by NHS Improvement as first in a prescribed order of preference;
- Number of avoidable community acquired grade 3, 4 (EPUAP) and unstageable pressure ulcers in 2016/17. The testing of this indicator was mandated by NHS Improvement as it was an indicator included within the Quality Report.

We refer to these national priority indicators collectively as the 'Indicators'.

#### **Respective responsibilities of the directors and Practitioner**

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and

supporting guidance and the six dimensions of data quality set out in the 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 01/06/2016 to 30/05/17
- papers relating to quality reported to the Board over the period 01/04/2016 to 30/05/2017.
- feedback from Commissioners dated 31/05/2017;
- feedback from Governors dated 18/04/2017
- feedback from local Healthwatch organisations dated 05/05/2017;
- feedback from Overview and Scrutiny Committee dated 10/05/2017;
- the Trust's Quarter 4 complaints report 19/04/2017
- the national staff survey dated 07/03/2017;
- the Care Quality Commission inspection report dated 18/04/2014;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 19/04/2017.

We consider the implications for our report if we become aware of any apparent mis-statements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Board of Governors of Wirral Community NHS Foundation Trust as a body, to assist the Board of Governors in reporting Wirral Community NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the Board of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of Governors as a body, and Wirral Community NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

### **Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other

than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicators tested back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

## **Limitations**

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Wirral Community NHS Foundation Trust.

Our audit work on the financial statements of Wirral Community NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as Wirral Community NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to Wirral Community NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to Wirral Community NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Wirral Community NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Wirral Community NHS Foundation Trust] and Wirral Community NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

## Conclusion

Based on the work described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

*Mark Heap*

Grant Thornton UK  
LLP Chartered  
Accountants

4 Hardman  
Square  
Spinningfields  
Manchester

M3 3EB

Grant Thornton UK LLP

31 May 2017

# Independent Auditors Report

## Independent auditor's report to the Council of Governors of Wirral Community NHS Foundation Trust

### Our opinion on the financial statements is unmodified

In our opinion:

- the financial statements give a true and fair view of the financial position of the Wirral Community NHS Foundation Trust (the Trust) as at 31 March 2017 and of its expenditure and income for the period then ended; and
- the financial statements have been prepared properly in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/2017 and the requirements of the National Health Service Act 2006.

### Who we are reporting to

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors 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 Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

### What we have audited

We have audited the financial statements of Wirral Community NHS Foundation Trust for the period ended 31 March 2017, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes.

The financial reporting framework that has been applied in their preparation is applicable law and the NHS foundation trust annual reporting manual 2016/17.



### Overview of our audit approach

Overall materiality: £963,000 which represents 1.5% of the Trust's gross operating expenses.

We performed a full-scope audit of Wirral Community NHS Foundation Trust.

The key audit risk was identified as the occurrence and valuation of healthcare income.

### Our assessment of risk

In arriving at our opinions set out in this report, we highlight the following risk that, in our judgement, had the greatest effect on our audit and how we tailored our procedures to address this risk in order to provide an opinion on the financial statements as a whole. This is not a complete list of all the risks we identified:

Audit risk	How we responded to the risk
<p><b>Occurrence and valuation of income from patient care activities</b></p> <p>97% of the Trust's income from patient care activities is derived from contracts with commissioners. These contracts include the rates for and level of patient care activity to be undertaken by the Trust.</p> <p>The Trust recognises patient care activity income during the year based on the completion of these activities. Patient care activities provided that are additional to those incorporated in the contracts with commissioners, are subject to verification and agreement by the commissioners and their agreement of invoice values. As such, there is the risk that income is recognised for these additional services that is not subsequently agreed to by the commissioners.</p> <p>We therefore identified occurrence and valuation of income from patient care activities as a significant risk requiring special audit consideration.</p>	<p>Our audit work included, but was not restricted to:</p> <ul style="list-style-type: none"> <li>evaluating the Trust's accounting policy for recognition of income from patient care activities for appropriateness;</li> <li>gaining an understanding of the Trust's system for accounting for income from patient care activities and evaluating the design of the associated controls;</li> <li>obtaining an exception report from the Department of Health (DoH) that details differences in reported income and expenditure between NHS bodies; agreeing the figures in the exception report to the group's financial records; and for differences calculated by the DoH as being in excess of £250,000, obtaining corroborating evidence to support the value recorded in the financial statements by the Trust;</li> <li>agreeing, on a sample basis, amounts recognised in income from patient care activities in the financial statements to signed contracts, contract variations and invoices.</li> </ul> <p>The Trust's accounting policy on income recognition is shown in note 1.5 to the financial statements and related disclosures for income from patient care activities are included in note 4.</p>

## Our application of materiality and an overview of the scope of our audit

### Materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

This is our first year of appointment for the Trust. We determined materiality for the audit of the Trust's financial statements as a whole to be £963,000, which is 1.5% of the Trust's gross operating expenses for the eleven month period ending 31 March 2017. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how it has expended its revenue and other funding.

We use a different level of materiality, performance materiality, to drive the extent of our testing and this was set at 70% of financial statement materiality for the audit of the financial statements. We also determined a lower level of specific materiality for as related party transactions and disclosures of senior manager remuneration in the Remuneration Report.

We determined the threshold at which we will communicate misstatements to the Audit Committee to be £48,000. In addition, we will communicate misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

### **Overview of the scope of our audit**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of:

- whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed;
- the reasonableness of significant accounting estimates made by the Chief Executive as Accounting Officer; and
- the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

We conducted our audit in accordance with International Standards on Auditing (ISAs) (UK and Ireland) having regard to the Financial Reporting Council's Practice Note 10 'Audit of financial statements of public sector bodies in the United Kingdom'. Our responsibilities under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code) and those standards are further described in the 'Responsibilities for the financial statements and the audit' section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

We are independent of the Trust in accordance with the Auditing Practices Board's Ethical Standards for Auditors, and we have fulfilled our other ethical responsibilities in accordance with those Ethical Standards.

Our audit approach was based on a thorough understanding of the Trust's business and is risk based, and included an interim visit, to evaluate of the Trust's internal control relevant to the audit including relevant IT systems and controls over key financial systems.

### **Overview of the scope of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources**

We have undertaken our review in accordance with the Code, having regard to the guidance on the specified criteria issued by the Comptroller and Auditor General in November 2016, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the period ended 31 March 2017, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code. Based on our risk assessment, we undertook such work as we considered necessary.

## Other reporting required by regulations

### **Our opinion on other matters required by the Code is unmodified**

In our opinion:

- the parts of the Remuneration Report and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2016/17 and the requirements of the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the annual report for the financial period for which the financial statements are prepared is consistent with the audited financial statements.

### **Matters on which we are required to report by exception**

Under the ISAs (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or
- otherwise misleading.

In particular, we are required to report to you if:

- we have identified any inconsistencies between our knowledge acquired during the audit and the Directors' statement that they consider the annual report is fair, balanced and understandable; or
- the annual report does not appropriately disclose those matters that we communicated to the Audit Committee which we consider should have been disclosed.

Under the Code we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2016/17 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls; or
- we have reported a matter in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we have referred a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- 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 period ended 31 March 2017.

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

### **Responsibilities for the financial statements and the audit**

What the Chief Executive, as Accounting Officer, is responsible for:

As explained more fully in the Statement of Accounting Officer's responsibilities, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis

set out in the Directions and for being satisfied that they give a true and fair view. The Accounting Officer is also responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

**What we are responsible for:**

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Code and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

We are required under Section 1 of Schedule 10 of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. 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.

**Certificate**

We certify that we have completed the audit of the financial statements of Wirral Community NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code.

**Mark Heap**

Mark Heap  
Director  
for and on behalf of Grant Thornton UK LLP

4 Hardman Square  
Spinningfields  
Manchester  
M3 3EB  
31 May 2017

# **WIRRAL COMMUNITY NHS FOUNDATION TRUST**

## **FINANCIAL STATEMENTS FOR THE ELEVEN MONTH PERIOD TO 31 MARCH 2017**

## **FOREWORD TO THE ACCOUNTS**

Wirral Community NHS Foundation Trust

Accounts for the eleven month period ended 31 March 2017

The following presents the accounts for Wirral Community NHS Foundation Trust for the eleven month period ended 31 March 2017.

These accounts have been prepared by Wirral Community NHS Foundation Trust in accordance with the requirements as set out in paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 (the 2006 Act) in the form which NHS Improvement, the regulator of NHS Foundation Trusts has, with the approval of the Treasury, directed.

## Statement of Comprehensive Income

	Note	Eleven months to 31 March 2017 £000
Operating Income from patient care activities	4	62,765
Other operating income		2,814
Total operating income		65,579
Operating Expenses of continuing operations	5	(62,855)
Impairment adjustments	8	599
<b>OPERATING SURPLUS / (DEFICIT)</b>		<b>3,323</b>
FINANCE COSTS		
Finance income		15
PDC Dividends payable		(574)
NET FINANCE COSTS		(559)
Gains/(losses) on disposal of assets		(26)
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>		<b>2,738</b>
Other comprehensive income		
Revaluations	18	182
<b>TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE PERIOD</b>		<b>2,920</b>

Reconciliation from the Statement of Comprehensive Income to the Trust trading position

	Eleven months to 31 March 2017 £000
Surplus/(deficit) from continuing operations	2,738
Normalising adjustments:	
Gains/(losses) on disposal of assets	26
Impairment/(reversal of impairment) of land and buildings	(599)
<b>Trading (deficit)/surplus for the period</b>	<b>2,165</b>

The notes on pages 90 to 110 form part of these accounts

## Statement of Financial Position

Opening balance 1 May 2016 £000		note	31 March 2017 £000
	<b>Non-current assets</b>		
869	Intangible assets	9	1,177
21,554	Property, plant and equipment	10	22,540
198	Trade and other receivables	13	182
<b>22,621</b>	<b>Total non-current assets</b>		<b>23,900</b>
	<b>Current assets</b>		
418	Inventories	12	459
5,736	Trade and other receivables	13	4,923
4,280	Cash and cash equivalents	14	6,974
<b>10,434</b>	<b>Total current assets</b>		<b>12,356</b>
<b>33,055</b>	<b>Total Assets</b>		<b>36,256</b>
	<b>Current liabilities</b>		
(7,506)	Trade and other payables	15	(8,446)
(685)	Provisions	16	(26)
<b>(8,191)</b>	<b>Total current liabilities</b>		<b>(8,472)</b>
<b>24,864</b>	<b>Total assets less current liabilities</b>		<b>27,784</b>
<b>24,864</b>	<b>Total assets employed</b>		<b>27,784</b>
	<b>Financed by Taxpayers equity</b>		
199	Public Dividend Capital		199
3,169	Revaluation reserve	18	3,351
21,496	Income and expenditure reserve		24,234
<b>24,864</b>	<b>Total taxpayers' and others' equity</b>		<b>27,784</b>

The financial statements and notes on page 87 to 110 were approved by the Audit Committee, on behalf of the Board, on 30 May 2017. They are signed on its behalf by:



Chief Executive

30 May 2017

## Statement of Changes in Taxpayers' Equity

	Total Taxpayers equity £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000
<b>Taxpayers' and Others' Equity at 1 May 2016</b>	<b>24,864</b>	<b>199</b>	<b>3,169</b>	<b>21,496</b>
Surplus/(deficit) for the year	2,738	0	0	2,738
Impairments	60	0	60	0
Revaluations	122	0	122	0
<b>Taxpayers' and Others' Equity at 31 March 2017</b>	<b>27,784</b>	<b>199</b>	<b>3,351</b>	<b>24,234</b>

## Statement of Cash Flows

	Eleven months to 31 March 2017 £000
<b>Cash flows from operating activities</b>	
<b>Operating surplus/(deficit)</b>	<b>3,323</b>
Depreciation and amortisation	1,231
Impairments/(Reversal of Impairments)	(599)
(Increase)/Decrease in Trade and Other Receivables	849
(Increase)/Decrease in Inventories	(41)
Increase/(Decrease) in Trade and Other Payables	865
Increase/(Decrease) in Provisions	(659)
<b>NET CASH GENERATED FROM/(USED IN) OPERATIONS</b>	<b>4,969</b>
<b>Cash flows from investing activities:</b>	
Interest received	15
Purchase of intangible assets	(579)
Purchase of Property, Plant and Equipment	(1,071)
<b>Net cash generated from/(used in) investing activities</b>	<b>(1,636)</b>
<b>Cash flows from financing activities:</b>	
PDC Dividend paid	(640)
<b>Net cash generated from/(used in) financing activities</b>	<b>(640)</b>
Increase/(decrease) in cash and cash equivalents	2,694
Cash and Cash equivalents at 1 May 2016	4,280
<b>Cash and Cash equivalents at 31 March 2017</b>	<b>6,974</b>

## Notes to the Accounts

### 1. Accounting Policies

NHS Improvement has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual, which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2016–17 Department of Health Group Manual for Accounts issued by the Department of Health. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to NHS Foundation Trusts. The accounting policies adopted by the Trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

#### 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.

#### 1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

##### 1.3.1 Critical accounting judgments and key sources of estimation uncertainty

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.

##### 1.3.2 Critical judgments in applying accounting policies

In the process of applying the Trust's accounting policies, management has not been required to make any judgements, apart from those involving estimations, which have had a significant effect on the amounts recognised in the financial statements.

#### 1.4 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the Statement of Financial Position date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year. Valuation and impairment of non-financial assets – the Trust assesses whether there are any indicators of impairment for all non-financial assets at each reporting date. The key area of uncertainty relates to the Trust's valuation of its land and buildings. Further details are provided in Note 10. The land and buildings were revalued by Cushman and Wakefield DTZ Debenham Tie Leung Ltd as at 31 March 2017.

## **1.5 Revenue**

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of revenue for the Trust is from commissioners for healthcare services.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

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 e.g. by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

## **1.6 Employee Benefits**

### **Short-term employee benefits**

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employee. The cost of annual leave entitlement earned but not taken by employees at the end of the period is not recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period as it is not deemed to be material.

### **Retirement benefit costs**

Past and present employees are covered by the provisions of the NHS Pensions Scheme (the scheme). The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is 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, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

## **1.7 Other expenses**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable. Expenditure is recognised in the Statement of Comprehensive Income except where it results in the creation of a non-current asset such as property, plant and equipment.

## **1.8 Property, plant and equipment**

### **Recognition**

Property, plant and equipment is capitalised if:

- 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 will be supplied to the Trust;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and
  - 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 a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
  - Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

### **Valuation**

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

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any impairment.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost calculations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses

recognised in the revaluation reserve are reported as expenditure in the Statement of Comprehensive Income.

### **Subsequent expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

## **1.9 Intangible assets**

### **Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably and is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant & equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised; it is recognised as an operating expense in the period in which it is incurred. Internally generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The intention to complete the intangible asset and use it;
- The ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- The ability to measure reliably the expenditure attributable to the intangible asset during its development

### **Measurement**

The amount initially recognised for internally generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market or, where no active market exists, at amortised replacement cost (modern equivalent asset basis), indexed for relevant price increases as a proxy for fair value. Internally developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

## **1.10 Depreciation, amortisation and impairments**

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

## **1.11 Leases**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

### **The Trust as lessee**

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability 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.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

### **The Trust as lessor**

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

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 on a straight-line basis over the lease term.

#### **1.12 Inventories**

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

#### **1.13 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 three 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.

#### **1.14 Provisions**

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where the effect of the time value of money is significant, the estimated risks-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

#### **1.15 Clinical negligence costs**

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although the NHSLA is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 16.

#### **1.16 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 the NHS Litigation Authority 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 as and when they become due.

### **1.17 Contingencies**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

### **1.18 Financial assets**

Financial assets are recognised when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- at fair value through income and expenditure;
- held to maturity investments;
- available for sale financial assets; and
- loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition. 'Loans and receivables' is the only category relevant to the Trust.

#### **Loans and receivables**

Loans and receivables are the only category of financial assets relevant to the Trust. These are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included within current assets.

The Trust's loans and receivables comprise:

- cash and cash equivalents;
- NHS receivables;
- Other receivables; and
- Accrued income.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

### **1.19 Financial liabilities**

Financial liabilities are recognised on the statement of financial position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

All of the Trust's financial liabilities are classified as "other financial liabilities". Financial liabilities are initially recognised at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

### **1.20 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.

### **1.21 Public Dividend Capital (PDC) and PDC dividend**

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

An annual charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as public dividend capital dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average carrying amount of all assets less liabilities, except for donated assets and cash balances with the office of the Paymaster General. The average carrying amount of assets is calculated as a simple average of opening and closing relevant net assets.

### **1.22 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, including losses which would have been made good through insurance cover (with insurance premiums then being included as normal revenue expenditure).

### **1.23 Accounting Standards that have been issued but have not yet been adopted**

The Treasury FReM does not require the following Standards and Interpretations to be applied in 2016 -17. The application of the Standards, as revised, would not have a material impact on the accounts for 2016 -17 were they applied in that year:

- IFRS 9 Financial Instruments - Application required for accounting periods beginning on or after 1 January 2018;

- IFRS 15 Revenue from contracts with customers - Application required for accounting periods beginning on or after 1 January 2017; and
- IFRS16 Leases - Application required for accounting periods beginning on or after 1 January 2019.

As these standards are not yet adopted by the FReM, early adoption is not permitted.

## 2. Foundation Trust Status

On 1 May 2016 Wirral Community NHS Foundation Trust was licensed by NHS Improvement. The assets, liabilities and activities of the Wirral Community NHS Trust were transferred to the Foundation Trust. Therefore these financial statements reflect the eleven month accounting period from 1 May 2016 to 31 March 2017 and the opening and closing financial position for this period.

## 3. Operating Segments

The services provided by the Trust are interdependent and therefore the Board considers that the Trust has only one operating segment, that of the provision of healthcare.

### 4.1 Operating Income by Type

	Eleven months to 31 March 2017 £000
Income from activities	
NHS Trusts / NHS Foundation Trusts	1,681
CCGs / NHS England	45,613
Local Authorities	15,243
NHS injury scheme (was RTA)	217
Non NHS: Other	11
<b>Total income from activities</b>	<b>62,765</b>
Education and training	483
Sustainability and Transformation Fund	1,294
Other	175
Rental revenue from operating leases	862
<b>Total other operating income</b>	<b>2,814</b>
<b>TOTAL OPERATING INCOME</b>	<b>65,579</b>

### 4.2 Income from Activities by Class

	Eleven months to 31 March 2017 £000
<b>Income from activities</b>	
Income from CCGs and NHS England	45,613
Income from other sources	17,144
Other clinical income	9
<b>Total income from activities</b>	<b>62,765</b>
Total other operating income	2,814
<b>Total operating income</b>	<b>65,579</b>

## 5 Operating expenses

	Eleven months to 31 March 2017 £000
Purchase of Healthcare from other NHS bodies	95
Employee Expenses - Executive directors	739
Employee Expenses - Non-executive directors	86
Employee Expenses - Staff	42,782
Supplies and services - clinical (excluding drug costs)	7,432
Supplies and services - general	882
Establishment	1,942
Transport	147
Premises	4,225
Increase/(decrease) in provision for impairment of receivables	25
Drug costs	648
Operating lease rentals	1,240
Depreciation on property, plant and equipment	960
Amortisation on intangible assets	271
Audit fees:	
- audit services - statutory audit	37
- other services – audit related assurance services	7
Internal audit	44
Clinical negligence	72
Legal fees	116
Consultancy costs	259
Training, courses and conferences	181
Car parking & Security	253
Hospitality	7
Publishing	1
Insurance	98
Other services, e.g. external payroll	228
Losses, ex gratia & special payments	41
Other	38
<b>OPERATING EXPENSES</b>	<b>62,855</b>
Impairment/(reversal) to property, plant and equipment	(599)
<b>TOTAL OPERATING EXPENSES</b>	<b>62,256</b>

## 6 Operating Leases

### 6.1 Trust as Lessee

The majority of the Trust's operating leases are in respect of properties which are owned by NHS Property Services.

	Eleven months to 31 March 2017		
	Total £000	Buildings £000	Other £000
Minimum lease payments	1,240	1,183	57
<b>TOTAL</b>	<b>1,240</b>	<b>1,183</b>	<b>57</b>
Future minimum lease payments due:			
- not later than one year;	2,200	2,155	45
- later than one year and not later than five years;	6,114	6,104	10
- later than five years.	14,740	14,738	2
<b>TOTAL</b>	<b>23,054</b>	<b>22,997</b>	<b>57</b>

### 6.2 Trust as Lessor

The majority of rental agreements are in respect of Trust-owned properties occupied by other NHS organisations.

	Eleven months to 31 March 2017 £000
<b>Operating Lease Income</b>	
Rents recognised as income in the period	862
<b>TOTAL</b>	<b>862</b>
<b>Future minimum lease payments due</b>	
- not later than one year;	922
- later than one year and not later than five years;	3,850
- later than five years.	0
<b>TOTAL</b>	<b>4,772</b>

## 7.1 Employee benefits

	Eleven months to 31 March 2017		
	Total £000	Permanent £000	Other £000
Salaries and wages	33,550	31,966	1,584
Social security costs	3,417	3,417	0
Employers contributions to NHS Pensions	4,701	4,701	0
Other pension contributions	22	22	0
Termination benefits	0	0	0
Agency/contract staff	1,831	0	1,831
<b>TOTAL</b>	<b>43,521</b>	<b>40,106</b>	<b>3,415</b>

## 7.2 Exit packages

In the eleven month period to 31 March 2017 one exit package was agreed as a compulsory redundancy in accordance with the provisions of the Trust's organisational change policy. The cost to the Trust was £46,569.

Wirral Community NHS Trust agreed three exit packages in April 2016 and 35 in the previous financial year. These were all through a Mutually Agreed Resignation Scheme (MARS) or in accordance with the provisions of the Trust's organisational change policy. Although some of these staff did not leave until the current financial period, the costs for these departures were recognised before 1 May 2016 and were fully provided for in the period in which they were agreed.

## 7.3 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](http://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 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 are accepted as providing suitably robust figures for financial reporting purposes. The valuation of scheme liability as at 31 March 2017 is based on valuation data as 31 March 2016, updated to 31 March 2017 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 scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension 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 their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

## 7.4 Retirements due to ill-health

During the eleven months to 31 March 2017 there were no early retirements from the Trust on the grounds of ill-health. The cost of early retirement is borne by the Trust, but where this is due to ill-health these costs are met by the NHS Pension Scheme.

## 7.5 Directors' Remuneration

The aggregate amount paid to Directors in the period was:

	Eleven months to 31 March 2017	
	Executive Directors	Non-Executive Directors
	£'000	£'000
Salary	511	81
Social security costs	51	5
Employers pension contributions - NHS	67	0
Employers pension contributions - other	11	0
Payments to third parties	99	0
	<b>739</b>	<b>86</b>
Taxable benefits	21	0
	<b>760</b>	<b>86</b>

Further details of Directors' remuneration are included within the remuneration report.

## 8 Impairment of assets

During the eleven month period to 31 March 2017 the Trust reviewed its non-current assets and, following the advice of the Trust's valuers, made the following impairment adjustments to the Trust's land and buildings. No impairments were identified in any other class of tangible or intangible assets.

	Eleven months to 31 March 2017		
	Net impairments	Impairments	Reversals
	£000	£000	£000
<b>Impairments charged to operating surplus</b>			
Changes in market price	(599)	138	(738)
<b>Total impairments charged to operating surplus</b>	<b>(599)</b>	<b>138</b>	<b>(738)</b>
Impairments charged to the revaluation reserve	(60)	8	(68)
<b>Total impairments</b>	<b>(659)</b>	<b>146</b>	<b>(805)</b>

## 9.1 Intangible assets

	Eleven months to 31 March 2017	
	Total	Software
	£000	£000
Valuation/Gross cost at 1 May 2016	1,168	1,168
Additions - purchased	579	579
<b>Gross cost at 31 March 2017</b>	<b>1,747</b>	<b>1,747</b>
<b>Less:</b>		
Amortisation at 1 May 2016	299	299
Provided during the year	271	271
<b>Amortisation at 31 March 2017</b>	<b>570</b>	<b>570</b>
<b>Net Book Value at 31 March 2017</b>	<b>1,177</b>	<b>1,177</b>

## 9.2 Economic life of intangible assets

The economic life of intangible assets is based on assessment of the individual asset within the following range:

	Min Life Years	Max Life Years
Internally generated	3	5
Purchased software	3	5

## 10.1 Property, plant and equipment

	Total £000	Land £000	Buildings £000	Plant & Equipment £000	Transport equipment £000	Information Technology £000	Furniture & fittings £000
<b>Transferred valuation/Gross cost at 1 May 2016</b>	<b>23,478</b>	<b>1,005</b>	<b>18,196</b>	<b>963</b>	<b>13</b>	<b>2,860</b>	<b>441</b>
Additions - purchased	1,191	0	383	142	0	666	0
(Impairments)/reversal charged to operating expenses	738	0	738	0	0	0	0
(Impairments)/reversal charged to the revaluation reserve	60	0	60	0	0	0	0
Revaluations	(296)	122	(418)	0	0	0	0
Disposals	(38)	0	(38)	0	0	0	0
<b>Valuation/Gross cost at 31 March 2017</b>	<b>25,132</b>	<b>1,127</b>	<b>18,920</b>	<b>1,105</b>	<b>13</b>	<b>3,526</b>	<b>441</b>
<b>Less:</b>							
<b>Transferred accumulated depreciation at 1 May 2016</b>	<b>1,924</b>	<b>0</b>	<b>24</b>	<b>507</b>	<b>11</b>	<b>1,162</b>	<b>220</b>
Provided during the year	960	0	274	161	2	482	41
Impairments	138	0	138	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Revaluation surpluses	(418)	0	(418)	0	0	0	0
Disposals	(13)	0	(13)	0	0	0	0
<b>Accumulated depreciation at 31 March 2017</b>	<b>2,592</b>	<b>0</b>	<b>6</b>	<b>668</b>	<b>13</b>	<b>1,644</b>	<b>261</b>

## 10.2 Property, plant and equipment financing

	Total £000	Land £000	Buildings £000	Plant & Equipment £000	Transport Equipment £000	Information Technology £000	Furniture & Fittings £000
<b>Net book value 31 March 2017</b>							
Owned	22,540	1,127	18,914	437	0	1,882	180
Finance lease	0	0	0	0	0	0	0
<b>Total net book value at 31 March 2017</b>	<b>22,540</b>	<b>1,127</b>	<b>18,914</b>	<b>437</b>	<b>0</b>	<b>1,882</b>	<b>180</b>

### 10.3 Valuation of land and buildings

The Trust's land and buildings comprise several health centres and clinics across the Wirral. As disclosed in note 1, the estate was revalued by Cushman and Wakefield DTZ Debenham Tie Leung Ltd as at 31 March 2017.

### 10.4 Economic life of property, plant and equipment

The economic life of property, plant and equipment, is based on assessment of the individual asset or, in the case of buildings, the advice of the Trust's valuers.

	<b>Min Life Years</b>	<b>Max Life Years</b>
Buildings	4	88
Plant & Equipment	5	15
Transport equipment	3	7
Information Technology	3	5
Furniture & Fittings	5	5

### 11 Capital commitments

At 31 March 2017 the Trust had no capital commitments (1 May 2016: none).

### 12 Inventories

<b>Opening balance 1 May 2016 £000</b>		<b>31 March 2017 £000</b>
<u>418</u>	Consumables	<u>459</u>
<b>418</b>	<b>TOTAL Inventories</b>	<b>459</b>
	Additions	3,175
	Inventories recognised in expenses	<u>(3,134)</u>
	<b>TOTAL Inventories recognised in expenses</b>	<b>459</b>

### 13.1 Trade and other receivables

	Current		Non-current	
	Opening balance 1 May 2016	31 March 2017	Opening balance 1 May 2016	31 March 2017
	£000	£000	£000	£000
NHS Receivables	2,609	2,350	0	0
Non NHS Receivables	2,300	1,524	0	0
Provision for impaired receivables	(495)	(520)	0	0
Prepayments	932	984	0	0
Accrued income	360	375	198	182
Operating lease receivables	0	0	0	0
PDC receivable	0	20	0	0
VAT receivable	30	190	0	0
<b>TOTAL TRADE AND OTHER RECEIVABLES</b>	<b>5,736</b>	<b>4,923</b>	<b>198</b>	<b>182</b>

### 13.2 Provision for impairment of receivables

	31-Mar-17
	£000
Transferred at 1 May 2016	495
Increase in provision	25
Amounts utilised	0
Unused amounts reversed	0
<b>At 31 March 2017</b>	<b>520</b>

### 13.3 Analysis of impairment of receivables

	31-Mar-17	
	£000 Trade Receivables	£000 Other Receivables
<b>Ageing of impaired receivables</b>		
0 - 30 days	7	0
30-60 Days	4	0
60-90 days	17	0
90- 180 days	17	0
over 180 days	475	0
<b>Total</b>	<b>520</b>	<b>0</b>
<b>Ageing of non-impaired receivables past their due date</b>		
0 - 30 days	2,332	0
30-60 Days	573	0
60-90 days	73	0
90- 180 days	376	0
over 180 days	0	0
<b>Total</b>	<b>3,354</b>	<b>0</b>

## 14 Cash and cash equivalents

	£000
<b>Transferred at 1 May 2016</b>	4,280
Net change in year	<u>2,694</u>
<b>At 31 March 2017</b>	<b>6,974</b>
Comprising:	
Cash at commercial banks and in hand	1
Cash with the Government Banking Service	<u>6,973</u>
<b>Cash and cash equivalents as in SoCF</b>	<b>6,974</b>

## 15 Trade and other payables

Opening balance 1 May 2016 £000		31 March 2017 £000
	<b>Current</b>	
2,312	NHS payables - revenue	2,293
60	Other trade payables - capital	180
3,254	Other trade payables - revenue	3,890
522	Social Security costs	488
46	VAT payable	0
414	Other taxes payable	348
898	Accruals and deferred income	<u>1,246</u>
	<b>TOTAL CURRENT TRADE AND OTHER</b>	
<b>7,506</b>	<b>PAYABLES</b>	<b>8,446</b>

## 16.1 Provisions for liabilities and charges

Opening balance 1 May 2016		31 March 2017 £000
26	Other legal claims	26
659	Redundancy	<u>0</u>
<b>685</b>	<b>Total</b>	<b>26</b>

## 16.2 Analysis of liabilities and charges

	Total £000	Redundancy £000	Other legal claims £000
Transferred at 1 May 2016	685	659	26
Change in the discount rate	0	0	0
Arising during the year	47	47	0
Utilised during the year	(633)	(633)	0
Reversed unused	(73)	(73)	0
Unwinding of discount	0	0	0
<b>At 31 March 2017</b>	<b>26</b>	<b>0</b>	<b>26</b>
Expected timing of cashflows:			
- not later than one year;	26	0	26
- later than one year and not later than five years;	0	0	0
- later than five years.	0	0	0
<b>TOTAL</b>	<b>26</b>	<b>0</b>	<b>26</b>

The redundancy provision related to payments to staff under the Mutually Agreed Resignation Scheme (MARS) and compulsory redundancy in accordance with the provisions of the Trust's organisational change policy.

£7,915,910 is included in the provisions of the NHS Litigation Authority at 31 March 2017 in respect of clinical negligence liabilities.

## 17 Contingencies

The Trust has £8,550 contingent liabilities relating to NHS Litigation Authority cases as at 31 March 2017. There have been no contingent assets or other contingent liabilities recognised at 31 March 2017.

## 18 Revaluation reserve

	Total revaluation reserve £000
Revaluation reserve transferred at 1 May 2016	3,169
Impairments	60
Revaluations	122
<b>Revaluation reserve at 31 March 2017</b>	<b>3,351</b>

Balances within the revaluation reserve relate solely to changes in valuation of land and buildings owned by the Trust. Movements in the period arise from the revaluation of the Trust's land and buildings by the Trust's valuers, by Cushman and Wakefield DTZ Debenham Tie Leung Ltd as at 31 March 2017

## 19 Financial instruments

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 NHS Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the NHS 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 NHS 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 NHS 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.

### 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.

### Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2017 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 Groups, which are financed from resources voted annually by Parliament and other public sector bodies.. The Trust funds its capital expenditure from funds available from generated surpluses for the provision of public sector services. The Trust is not, therefore, exposed to significant liquidity risks

	<b>Loans and receivables</b>
	<b>£000</b>
<b>Assets per Statement of Financial Position at 31 March 2017</b>	
Trade and other receivables	4,432
Cash and cash equivalents at bank and in hand	6,974
<b>Total as at 31 March 2017</b>	<b>11,406</b>
	<b>Other financial liabilities</b>
	<b>£000</b>
<b>Liabilities per Statement of Financial Position at 31 March 2017</b>	
Trade and other payables	7,527
<b>Total at 31 March 2017</b>	<b>7,527</b>

## **20 Related party transactions**

Wirral Community NHS Foundation Trust is a public interest body authorised by NHS Improvement, the regulator of Foundation Trusts.

During the period none of the Board members or key management staff, or parties related to them, has undertaken any material transactions with the Trust except for:

- Val McGee is an employee of Cheshire and Wirral Partnership NHS Foundation Trust but is a Board member of Wirral Community NHS Foundation Trust
- Ewen Sim and Murray Freeman are both Board members of the Trust and also GPs in the Wirral whose practices rent property from the Trust.

Declarations of interest are given at the start of each meeting.

The Department of Health is a related party as the parent department of the Trust. The Trust has material transactions with the department, with the NHS Litigation Authority, NHS Business Services Authority and with other related NHS clinical commissioning groups and NHS Foundation Trusts in the normal course of business.

Additionally, it has material transactions with local government bodies – principally Wirral Metropolitan Borough Council and Cheshire East Council.

The Trust's Council of Governors are drawn from a range of local stakeholders including patient groups, the local councils, CCGs and other Trusts. Therefore many, by nature of their appointment, have interest in organisations with whom the Trust contracts. A register of interests is maintained and declarations of interest are given at each Governor meeting.

## **21 Losses and special payments**

During the period the Trust made four special payments with a total value of £40,530. Of these, two claims totalling £26,830 related to cases handled by the NHS Litigation Authority. The Trust did not write off any receivables in the period.

## **22 Event after the Statement of Financial Position date**

On 3 May the Trust Board approved the transfer of Adult and Social Care services from Wirral Metropolitan Borough Council with effect from 1 June 2017. This will result in the transfer of in excess of 200 social care staff to the Trust and additional annual income of £8.3m to enable integrated health and social care in the community across the Wirral.

## Appendix 1 - Register of Interest of the Board of Directors of Wirral Community NHS Foundation Trust 2016-17

Name	Interest Registered
Christine Allen Non-Executive Director	Director - Forum Creative Enterprises Director - Foundation Enterprises Northwest Council Member/Foundation Governor - University of Chester Magistrate - Wirral Bench Director/Trustee – Transforming Lives Together
Sandra Christie Director of Nursing & Performance	No interest to declare.
Phillip Clow Director of Business Development & Strategy	No interest to declare.
Dr Murray Freeman Non-Executive Director	General Practitioner - Victoria Park Practice CQC specialist advisor Trustee - Wirral Citizens Advice Bureau Spouse - employed by Wirral Community NHS Trust
Mark Greatrex Director of Finance & Resources	No interest to declare.
Jo Harvey Director of HR & Organisational Development	No interests to declare.
Karen Howell Chief Executive	No interests to declare.
Val McGee – Director of Integration & Partnerships	No interests to declare.

Name	Interest Registered
Prof. Ewen Sim	Partner in GP Practice – Paxton Medical Group (Fenderway) Member - British Medical Association Associate Member - Royal College of GP's Member - Liverpool Medical Institution Chairman - Wirral Practitioners Study Group Member - Clinical Senate, Wirral CCG Education and Training Lead (appointed ) - Wirral CCG Member - BMA Committee of Medical Managers Member - Hoylake Allotment Associations Visiting Professor - University of Chester GP Appraiser - NHS England
Brian Simmons Non-Executive Director	No interest to declare.
Frances Street Chairman	Director - Sun Valley Ltd Chair - 'Johnnie' Johnson Housing Trust Deputy Chair - North West Cancer Research Governor - 6 <sup>th</sup> Form College
Alan Wilson Non-Executive Director	Managing Partner - Alan Wilson Consultancy

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