NHS

Wirral Community Health and Care

NHS Foundation Trust

Annual Report 2020/21

Wirral Community Health & Care NHS Foundation Trust

Annual Report and Accounts

1 April 2020 -

31 March 2021

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 2020-21 will be made available on our website at www.wchc.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.

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

Performance Report

Performance overview from the Chief Executive - a review of our performance during 2020-21

Welcome to our Annual Report and Accounts for 2020-21, which sets out the Trust's response to COVID-19 and the tremendous resilience, determination and compassion shown by our staff. During 2020-21 we continued to provide high quality, safe care to our local communities and in responding to the challenges of the COVID-19 pandemic, we introduced new and innovative ways of working. We engaged with our partners to ensure a coordinated response to health and care services and we supported our workforce to ensure they were able to look after themselves, each other and our patients and service users.

This performance overview provides a summary of the Trust, our purpose, the key risks to the achievement of our objectives and how we performed during the 2020-21.

Our vision remains to be "***the outstanding provider of high quality, integrated care to the communities we serve"***. This is underpinned by our values:

Statement of the purpose and activities of Wirral Community Health & Care 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 to reflect the Board composition of 5 Non-Executive Directors and 4 Executive Directors.

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.

On 1 April 2019 the Trust officially changed its name to Wirral Community Health & Care NHS Foundation Trust. This was to acknowledge our successful integration of health and social care and to recognise our unique position within the system. As an organisation, we promote parity for health and social care as we continue to strive to provide the very best integrated community services for residents.

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

St Catherine's Health Centre
Derby Road
Birkenhead
CH42 0LQ

Tel: 0151 651 3939
www.wchc.nhs.uk

The accounts for the year ended 31 March 2021 have been prepared by Wirral Community Health and Care NHS Foundation 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 are a population health focussed organisation specialising in supporting people to live independent and healthy lives.

We play a key role in the local health and social care economy as a high-performing organisation with an excellent clinical reputation. Our vision recognises the important role we play in delivering integrated care with partners in the local health economy.

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, ensuring essential care continues to be delivered, and preventing a visit to hospital.

We employ over 1,700 members of staff, nearly 90% of whom are directly supporting our patients and service users. Our workforce represents 73% of the costs of the organisation and is our most important and valued resource. In 2020-21 we had a turnover of £92.5m.

What we do

Our services are local and community-based, provided from around 26 sites including care homes and specialist schools across Wirral, and including our main clinical bases, St Catherine's Health Centre in Birkenhead and Victoria Central Health Centre in Wallasey.

We also provide integrated 0-19 services in Cheshire East comprising health visiting, school nursing, family nurse partnership and breastfeeding support services from 23 bases including medical centres and children's centres.

Wirral Community Health & Care NHS Foundation Trust is one of a handful of places in England to have made significant progress towards truly integrated health and social care provision; of which we are very proud.

In the last quarter of 2020-21 we opened the Community Intermediate Care Centre, our first inpatient wards providing rehabilitation and re-ablement support to people following discharge from the hospital.

During 2020-21 we worked alongside the hospital and other health and social care partners to actively support the system to respond to the COVID-19 pandemic. Our Integrated Discharge Team worked with the hospital to affect the requirements of national guidance on effective discharges. We also provide specialist Infection, Prevention and Control in-reach support to

care homes across Wirral, to improve infection prevention and control standards, and improve response to outbreaks of COVID-19

In 2020-21, our services collectively delivered over 900,000 contacts, and despite the challenges of the pandemic over 575,500 of these contacts were face to face with our staff supported with all the appropriate PPE to deliver care safely.

Who we serve

Wirral is a borough of contrasts in both its physical characteristics and demographics. Rural areas and urban and industrialised areas are contained in an area of just 60 square miles.

Wirral is home to around 324,000 people. Demographically, Wirral differs slightly to England, as it has a lower proportion of younger adults in their 20s and 30s and a higher proportion of older people.

Despite a small geographical footprint, life expectancy varies by around 10 years between the most and least deprived areas, reflecting significant and long-term inequality across the borough.

Although Wirral has areas of great affluence, just over 35% of the population was classed as living in deprivation in 2019 (against a national average of 20%). Meanwhile, disease prevalence rates show that Wirral has higher percentages of the population living with long-term conditions than the North of England or England averages across 18 of 19 categories.

This disparity was also evident in the effect of the COVID pandemic on the Wirral population, with more deprived neighbourhoods typically experiencing worse effects.

Wirral does, however, perform well compared to similar areas on a range of factors such as homelessness and educational attainment. The percentages of children classed as being ready for school and attainment at GCSE are above average and these are both important for the future prosperity of Wirral residents.

Whilst Cheshire East tends to have overall better health outcomes and generally lower levels of deprivation than Wirral, it faces a similar set of population-level factors, with demographic pressure and the health and care consequences of an ageing population, plus the need for service reconfiguration. Compared to Wirral, it also has a significantly more rural geography, with associated challenges for service delivery.

Our business environment and strategy for 2020-21

During 2020-21, the overwhelming need was for the Trust to respond effectively to the COVID-19 pandemic.

The Trust played a significant role both strategically and operationally in this response. During most of the year the Trust delivered services under national ‘command and control’ arrangements.

The pandemic placed a great focus on developing capacity in intermediate care and rapid response provision, building telehealth provision to keep people safe whilst reducing impact on secondary care services, supporting COVID testing, and infection control in all settings and especially in care homes.

Through 2020-21, whilst the COVID-19 pandemic has been the focus of all operational delivery, the development of the Integrated Care System (ICS) model has continued. The Cheshire & Merseyside system (which will be the ICS in which all of the Trust’s services will be delivered when it becomes a statutory body) acted as an important level of coordination for the pandemic response.

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.

As in previous years, most of our funding came through block contracts with the following organisations:

- Wirral Health & Care Commissioning (WHCC) /NHS Wirral CCG
- NHS England
- Wirral Borough Council
- Cheshire East Council

During 2020-21 additional funding was provided to enable trusts to manage the pandemic response. Therefore funding was also provided from NHS England / Improvement via Liverpool CCG.

Whilst we may see changes to the commissioning model for services in future, the commissioning cycle for some services, particularly those commissioned by local authorities, has continued. We were delighted to be awarded the contract for 0-19 services in St Helens during 2020-21, to commence in September 2021. This reflects our strategic aim of providing services where we are best placed to do so and improve the offer for residents within Cheshire and Merseyside.

Strategic and operational risk and opportunities

In line with national guidance describing streamlined approaches to governance, the Trust quickly established emergency governance arrangements in April 2020. This guidance outlined the principles of Board assurance and governance the Trust should follow. An overall streamlined approach to existing governance was adopted together with increased risk appetite and risk tolerance to support the Trust's response.

The Trust's Risk Policy sets out the Trust's approach which is preventative, aimed at influencing behaviour and developing a culture within which risks are recognised early and promptly addressed. This process is aligned to controlling clinical and non-clinical risks and to support a pervasive safety culture.

To reflect the emergency governance arrangements, the Trust's Risk Policy was also reviewed, highlighting changes to risk escalation and monitoring. The update included recognition of risk identification and escalation under emergency governance arrangements implemented as a result of the Trust's response to COVID-19 and the identification of COVID-19 specific risks. Risks were recorded at service, divisional and organisational level forming the Trust's organisational risk register.

Strategic risks affecting the Trust are identified and managed through the Board Assurance Framework (BAF).

The strategic risks noted against each strategic theme are detailed in the Annual Governance Statement. During 2020-21 there were 13 principal risks (strategic risks) recorded on the BAF against the organisation's three strategic areas of Our Population, Our People and Our Performance. The strategic risks reflected the requirements of the NHS response to COVID-19 and when the national Phase 3 response letter was issued in July 2020 the risks were closely aligned (in-year) to those priorities.

The on-going assessment of in-year and future risks was essential during the Trust's response to COVID-19 with the changing demands on services and requirements as part of the NHS Level 4/5 incident. Major risks related to;

- Delivery of safe services and inclusive restoration of services

- Regulatory, statutory and professional compliance
- Equity of access, experience and outcomes
- Implementation of the requirements of the NHS People Plan
- Staff availability and reduced motivation due to the emergency response and associated on-going pressures
- Financial impact of COVID-19 on the financial sustainability of the Trust
- Maintaining effective cyber defences
- Establishing the right partnerships to support the development of the ICS and ICP

The NHS Long Term Plan recognised community services as a central pillar of the NHS. The Trust has embraced the development of the Integrated Care System (ICS) model and recognises the opportunities this model offers for the continued development of community services, as part of the holistic system. The Trust is committed to delivering high quality care across all of our services, including the recently opened bedded units, which have been commissioned for a further two years.

Operational planning

The increasing focus on integrated planning and delivery on the ICS footprint is reflected in the operational planning narrative submissions to NHS England.

For 2020-21, for the first time, this was produced for the whole system by Cheshire & Merseyside ICS colleagues.

Whilst finance and workforce plans were submitted for each organisation, the Trust and other Wirral NHS trusts' submissions were drawn together to give a Wirral perspective, which then formed part of a combined Cheshire & Merseyside plan.

Delivery during the COVID -19 pandemic

The scale of challenge for the Trust, and for the NHS as a whole, has been immense, and we were delivering vital services in this high paced and ever-changing environment. The whole organisation has faced great pressures that have stimulated changes in working practices, sometimes in partnership with others, and which have led to imaginative innovation.

A national Level 4 incident was declared on 3 March 2020, and in response to the emergency situation, the Trust's control environment was revised to respond to the national command and control structure. Further details of our response to the COVID-19 health emergency are described in the Annual Governance Statement and performance analysis.

We developed significant services for our communities to support their health and wellbeing during the pandemic, and developments during 2020-21 include;

- Integrated community pathways including four new 'discharge from hospital' pathways
- A COVID 'virtual ward' in the community
- Tele health monitoring for people with exacerbations and deterioration of COPD and heart failure, and the establishment of the Oximetry @Home service
- Hospital @ Home pilot in partnership with the local hospital trust
- Opening of the Community Intermediate Care Centre
- Enhanced palliative and end of life pathways
- Enhanced Infection, Prevention and Control support to care homes

- NHS 111 - transforming the way patients access urgent and emergency care by offering a single point of access, standardised assessment, clinical validation and onward direct referral to ED or other alternative services
- Supporting emergency bed provision – the Trust provided enhanced Multi-Disciplinary Team wrap around across the emergency bed base to support flow through the community and emergency bed bases.
- Established and delivered two new COVID-19 testing services and supported the system vaccination programme
- Achieved the ISO 14001-2015 Environmental Award
- Engagement with our governors and members (through the Your Voice group) remained during the pandemic to provide regular updates on the Trust's response
- Our staff are our greatest resource and support to staff to keep them safe during the pandemic was a priority, and included:
  - individual risk assessments,
  - Personal Protective Equipment
  - lateral flow testing
  - well-being advice and support
  - enhanced daily communication bulletins
  - weekly vlogs by senior leaders
  - working from home where possible

We are delighted that our expertise and care has been recognised in a number of regional and national awards including,

- the Finance Team was awarded Level 2 Future-Focused Finance Towards Excellence Accreditation
- The Queen's Nursing Institute awarded the Philip Goodeve-Docker Memorial Prize 2020 to a Senior Nurse Practitioner
- the Cheshire & Merseyside Social Value Award
- Shortlisted for the HSJ Patient Safety Awards in two categories
  - The Integrated Therapy Review initiative has been shortlisted for 'Improving Care for Children and Young People Initiative of the Year'
  - The IPC Care Home Project has been shortlisted for the 'COVID-19 Infection Prevention and Control Award'.

Developing Place-Based Care

In line with our organisational strategy and anticipated national reforms, we also began planning to introduce a new operational model in Wirral, based around the principle of all-age, integrated teams operating within localities and aligned to Wirral's Primary Care Networks. This is an important evolution of previous staffing alignment as it will create the team structures that enable closer coordination with primary care partners.

We recognise that integration is the cornerstone of our care model which the Trust is ideally placed and enthusiastic to lead alongside colleagues in primary care.

With primary care and commissioners, we have been jointly leading the implementation of improvements including the Enhanced Health in Care Homes model. This is a significant development, representing the first national service specification to be jointly delivered by both primary and community teams.

Developing these closer and stronger relationships between primary and community teams, is consistent with the NHS Long Term Plan and essential for implementing Place-Based Care in Wirral.

We have also been closely involved in discussions that will lead to the formal partnership model that will see Wirral (and the other 8 local authority areas in Cheshire & Merseyside ICS) be recognised as an Integrated Care Partnership.

This will require formal arrangements for NHS, local authority and other partners to work together to deliver integrated care and reduce health inequalities and improve outcomes. These arrangements will be put in place during 2021-22.

Looking forward

The coming year will bring great challenges for the health and care system in Cheshire & Merseyside, as well as opportunities to work differently and build a better health and care system.

One challenge is simply the recovery from the COVID-19 pandemic, recognising the possibility of further disruption caused by new coronavirus variants. This recovery includes the need to support our staff whilst dealing with residents' health problems that have been exacerbated during this period.

We will build on the use of digital technology and agile ways of working that rapidly evolved during the pandemic, as well as working as part of the Healthy Wirral programme to transform unscheduled and planned care pathways. This will be done with a strong focus on Quality Improvement.

We will also be testing a different approach to working with residents, offering adult social care in a more person-centred way, which we believe will better meet people's needs. We will also be reshaping our locality teams to integrate with Primary Care Networks and provide more coordinated care with a better understanding of local communities' needs.

In September 2021 we will be commencing the St Helens 0-19 contract, bringing our model of child and family-focused delivery to a new part of Cheshire & Merseyside.

These developments, and more, are described in our Strategic Workplan for 2021-22.

We are very proud of these developments and others delivered during the year, and to recognise these achievements we have chosen to include the detailed analysis of performance in this Annual Report, even though this is optional for 2020-21 due to the impact of the COVID-19 health emergency.

The Trust published the Quality Account in line with national requirements. The Quality Account is not included in this Annual Report as trusts are not required to include this for 2020-21. However, the Quality Account is available on the Trust website.

During 2020-21 due to the COVID-19 pandemic the single oversight framework and use of resources requirements were suspended, and additional funding was provided to trusts. The Trust operated effectively within this regime and met all the national and regional financial requirements.

The Trust was inspected by the CQC in 2018. In March 2020 the CQC issued the Routine Provider Information Request (RPIR) to the Trust for submission, but this process was stopped due to the COVID-19 pandemic and the response of the Trust to the national Level 4 incident. We look forward to resuming the CQC inspection process as soon as possible and the opportunity this will provide to demonstrate the significant improvements the Trust has made. The Trust has remained in regular contact with the CQC through engagement meetings and the CQC has provided regulatory support as the Trust brought new services,

particularly the CICC, on-line during 2020-21.

Going Concern

The Trust's Annual Report and Accounts have been prepared on a going concern basis. This takes account of the uncertainties during the COVID-19 pandemic and the national changes in operational planning processes for 2021-22.

After making appropriate enquiries, the directors have a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Further detail on the key areas of consideration is included in the note 1 to the financial statements.

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

As Accountable Officer, and on behalf of the Directors of the Trust, I can 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.

Karen Howell

Chief Executive

21 October 2021

Performance Analysis

Trust performance during the COVID-19 pandemic 2020-21

The work of our community health and care Trust is incredibly diverse both in terms of the services we provide and the environments we work in, and it is the resilience, adaptability, determination and compassion of our staff that make this organisation what it is. We offer over 39 services at nearly 50 sites across Wirral and Cheshire East and in residents' own homes. During 2020-21 and in our response to COVID-19 our services continued to actively support and care for our communities. All our services (from our community nursing service, our social workers, therapists, GP Out of Hours, and our 0-19 service, to name a few) adapted to the challenges presented by the pandemic to ensure that essential care and support continued to be provided to people in their own homes, preventing as much as possible unnecessary admissions to hospital.

The scale of the COVID challenge for the Trust and for the NHS as a whole, has been immense but we have also seen great innovation and the introduction of new ways of working to support our communities. Existing partnerships have been strengthened and many new partnerships formed which have brought benefits for so many.

This performance analysis describes the Trust's performance in relation to the COVID-19 response during 2020-21.

Section 1: COVID-19 response

The Trust's response to COVID-19 began in January 2020 when Wirral welcomed UK citizens repatriated from Wuhan in China, and subsequently from Japan, to the Arrowe Park Hospital site.

The Trust worked tirelessly with partners to support patients and the communities we serve, through existing and new service delivery as the whole country responded to waves of COVID infections; with the NHS delivering services in unprecedented conditions. The greatest risk facing all NHS organisations during 2020-21 was the response to the COVID pandemic, whilst also continuing to deliver non-covid essential services.

On 30th January 2020 NHS England and Improvement (NHS E&I) declared a Level 4 National Incident in response to the COVID-19 pandemic; the highest category of emergency for the NHS. This required NHS England Command and Control to support the NHS response which was co-ordinated in collaboration with local commissioners at the tactical and local level.

Together with all health and care system partners and other statutory bodies, both locally and regionally, the Trust responded swiftly and effectively to plan and deliver a coordinated response to the pandemic.

In line with national guidance issued for NHS Community Services, the Trust completed a thorough review of all services with some services stopped, some reduced and others maintained to ensure appropriate support to the people of Wirral and Cheshire East. Any reduction in service delivery was supported by the identification of those at high-risk to ensure continued care and support was available, as well as signposting to alternative services and self-help resources where appropriate.

Many services developed new and innovative delivery models such as the adoption of digital platforms to consult with patients, service users and the public virtually/remotely.

The change to service delivery also facilitated the reassignment of staff across the organisation to high priority areas including Community Nursing, Social Care, Intermediate Care and Unplanned Care. The flexibility, adaptability and willingness of staff to ensure an effective COVID response was inspiring.

The Trust implemented all appropriate Infection Prevention & Control guidance issued by Public Health England, in order to keep staff, patients, service users and members of the public safe when delivering and accessing services. The provision of PPE equipment to staff was paramount, recognising the Trust's duty of care to its workforce, and mutual aid arrangements were implemented across the local and regional response.

In line with national guidance, local contracts with the CCG and Wirral Council were suspended, and therefore related performance measures were also suspended.

It was not necessary to enact any Care Act Easements for Adult Social Care and the Trust continued to deliver its statutory duties (see page 35 for further details).

All key quality measures continued to be monitored by the Trust, with the Trust's Quality & Safety Committee remaining in place to ensure a focus on quality and safety.

Ensuring equity of delivery and access

In responding to the COVID-19 pandemic, the Trust and all system partners acknowledged our individual and collective legal duty under the Equality Act 2010.

NHS services were not delivered in the usual way and we were therefore focused on ensuring that our services were accessible to all groups.

Following the implementation of the national guidance issued for NHS Community Services, all services conducted an Equality Impact Assessment to understand the potential impact on vulnerable and protected groups and to reduce as far as possible any potential negative impact. This process resulted in a range of decisions to continue to provide the most important services to those who needed them most. This involved using virtual consultations and telephone consultations and establishing alternative modes of delivery to ensure there was still a minimum service available, e.g. focussing on those with disabilities or those in vulnerable age categories.

In the delivery of services, the Trust's Accessible Information Standard protocol was also vital to ensure that adaptations were made for those with additional communication needs.

Many Trust services engage with dedicated user groups to understand the needs of their users and to develop specific strategies to support them e.g. the Sexual Health Service has links with LGBTQ+, disability and age-related community groups. This was important in the Trust's response to COVID-19 to ensure continued equity of access.

All policies developed during the year were also subject to a further equality analysis to determine any impact on patients and service users, and on-going analysis of complaints and concerns particularly based on protected characteristics was completed.

The introduction of virtual consultations was well received by our service users and patients throughout the pandemic.

During 2020-21, 333,822 video or telephone contacts took place with service users and patients across Wirral and Cheshire East. This approach enabled people to receive care safely from the comfort of their own home or care setting.

The use of virtual consultations increased across all services, but particularly within our 0-19/+ Health and Wellbeing Services in Wirral and Cheshire East.

Feedback from our families on the use of video consultations was positive.

"Children are in home environment so are able to see what they are like normally."

"My daughter was happy to answer the questions in the comfort of her own home."

"Being able to have a more natural conversation; the opportunity for myself and my daughter to see the health visitor."

For any patients or service users unable to access digital services, the Trust was pleased to be able to signpost to Age UK Wirral who ran a digital inclusion project which loaned devices with a data allowance on a 12-week basis

Despite the increase in remote contacts, almost two thirds of all contacts (909,340) in 2020-21 were delivered face-to-face by Trust staff. Full details of the contacts for the year are shown below;

Division	Service - Contacts 2020-21	
Access & Intermediate Care Services	Community Intermediate Care Unit (CICC) Established Jan 21	13,451
	Transfer to Assess	12,281
	Community Integrated Response Team (CIRT)	20,113
	Birkenhead Integrated Care Co-Ordination Team (ICCT)	4,914
	South Wirral ICCT	5,936
	Wallasey ICCT	5,582
	West Wirral ICCT	3,403
	Rapid Community Response Team	1,445
	Central Advice & Duty Team (CADT)	3,026
	First Contact	2,490
	Integrated Discharge Team	1,521
	Occupational Therapy	2,217
	Promoting Older People's Independence (POPIN)	1,216
	Visual Impairment	381
	Provider Led Review Team	682
	Short Term Assessment & Reablement (STAR)	5,509

	Multi-Agency Safeguarding Hub (MASH) Team	605
Adult & Community Services	Community Nursing/Matrons/ICCT	292,310
	Integrated Continence	15,855
	Intermediate Care Therapies	9,395
	Community Discharge team	2,723
	Specialist Palliative Care	10,818
	Parkinson/Alzheimers	2,242
	Tissue Viability	343
	Community Cardiac Service & Diagnostics	44,643
	Speech and Language Therapy	4,504
	Community Physiotherapy, Musculoskeletal & Pelvic Health	11,897
	Podiatry	14,912
	Dietetics	10,926
	Weight Management Service	3,254
	Rehabilitation at Home	3,452
	Wheelchairs (Wirral & West Cheshire)	1,844
Urgent & Primary Care	Single Point of Access	16,422
	Deep Vein Thrombosis	8,921
	Urgent Care Treatment Centre / Walk-in Centre's	29,774
	Nurse Advice Line	41,734
	Dental Service	2,179
	Ophthalmology	10,727
	Teletriage	3,842
	GP Out of Hours	40,413
Integrated Children's	Health Visitors & Family Nurse Partnership – Wirral	52,292
	Health Visitors & Family Nurse Partnership – East Cheshire	63,246
	School Nursing – Wirral	49,339
	School Nursing – East Cheshire	38,083
	Sexual Health	18,399
	Paediatric Nutrition & Dietetics	2,921
	Paediatric Speech and Language Therapy	12,529
	Paediatric Continence	4,629
TOTAL		**909,340**

Financial performance

During 2020-21 financial planning and performance processes were suspended nationally.

For the first half of 2020-21 all Trusts were given additional funding to manage the pandemic response and in order to achieve a breakeven position each month.

From 1 October 2020 to 31 March 2021 the Trust agreed a plan for a £22k deficit for the rest of the year. The Trust achieved an £88k underlying surplus for the year, £110k ahead of plan.

The surplus recognised by NHS England/Improvement excludes several non-cash adjustments in the financial statements:

	2020-21 £'000
Net deficit for the year in the financial statements	(580)
Adjustment for items excluded by NHSI/E	
Net impairments of land and buildings	112
Remeasurement of Merseyside Pension Scheme Liabilities	750
Net impact of DHSC centrally procured inventories	(194)
Total	**88**

Due to the pandemic, assessments under the Use of Resources rating were also suspended. However, the Trust maintained strong cash levels and good liquidity during the year. The Use of Resources criteria are being revised nationally for 2021-22.

Cost Improvement Plan

In March 2020, due to the impact of the pandemic, emergency funding arrangements were put in place across the NHS to ensure all Trusts could respond dynamically to the situation.

As a result, the 2020-21 financial planning process, use of resources monitoring and the requirement to make savings through a cost improvement programme (CIP) were suspended nationally. All trusts were provided with emergency funding to enable them to meet patient needs and achieve financial break even.

Prior to this, the Trust had developed a CIP plan to achieve £2.1m recurrent savings during the year through a range of transformation and efficiency schemes. Despite suspension of many of these schemes, the Trust still achieved £626k of recurrent savings against baseline costs.

The Trust surplus for the year was £88k (excluding technical accounting adjustments) against a forecast breakeven position. The Trust has maintained good liquidity with strong cash balances. Capital spend of £4.98m was in line with £5m forecast spend for the year.

Discharges from hospital into community care

National legislative changes in August 2020 gave all community trusts the responsibility for the effective discharge of patients who were assessed as medically fit to leave hospital.

The safe and effective discharge of patients from the hospital was essential during the pandemic, to move patients who were medically fit out of the hospital into their place of residence or care setting.

This change to the hospital discharge process was a priority in managing and mitigating the risks associated with the COVID pandemic.

The Trust worked closely and proactively with all system partners and especially with the hospital trust, to quickly put in place four new discharge pathways (as detailed below). This was a fantastic achievement and supported the flow of patients through the services to ensure they were in receipt of the appropriate care, at the right time and in the right place.

Discharge Pathway	Description
Pathway Zero	The patient was discharged from hospital direct to their place of residence
Pathway 1 *Trust's area of responsibility*	Patient may have required community nurse support at home or a social care package of care when discharged. The Trust reviewed their needs and arranged the necessary support for the discharge.
Pathway 2 *Trust's area of responsibility*	Patient not assessed as suitable to return home straightaway and required reablement through a short stay placement in Transfer To Assess (T2A). The therapy and social care teams from the Trust facilitated the patients return into community care and their place of residence.
Pathway 3 *Trust's area of responsibility*	Patients with complex needs, and the majority were not well enough to return to their place of residence and may have required long-term care in a nursing home or an end of life pathway of care.

The Trust's Integrated Discharge Team (IDT) facilitated the discharges. The IDT consisted of a multi-disciplinary team of staff from the Trust and the hospital, co-located on the hospital site to ensure swift and timely action.

The service operated 7 days a week to ensure all discharges were appropriately reviewed and where necessary packages of care were put in place to facilitate a safe discharge.

Community Integrated Care Centre (CICC)

In the first week of January 2021, the Trust opened the Bluebell Ward in our new Community Intermediate Care Centre on the Clatterbridge hospital site, and this was soon extended to a further ward, the Iris Ward, by early February 2021 *(which remained open until March 2021 to support the response to the second wave of COVID-19).* This was a significant project that the Trust has been proud to deliver, with support from system partners, and marks the start of the expansion of the Trust's intermediate care offer for Wirral residents.

The CICC provides vital support in the safe and effective discharge of patients from the hospital and importantly their reablement to support them getting home as quickly as possible. An integrated multi-disciplinary team including managers, physiotherapists, occupational therapists, social workers, nurses, health care assistants, administrators and ward clerks all work together to provide the highest standards of care to the patients.

As the new wards were opened during the peak of the second wave of the COVID-19 pandemic, a number of reassigned staff supported the wards with additional specialist nursing staff including infection, prevention and control, safeguarding and tissue viability providing additional support. The Trust was also delighted to welcome a number of final year students to support the opening of the wards; their contribution was vital and all reported having a positive experience working at the CICC.

The Ward Manager provided daily updates for the Staff Bulletin when the unit opened, and a selection is included below:

"Our third patient who was waiting on their COVID-19 test result yesterday, tested negative and has arrived at the ward today. We are excited to welcome yet another patient to the

Bluebell Ward and begin therapies."

"The pace is certainly picking up here at the Bluebell Ward. Another patient has arrived today (taking our total to 6 patients) after following the COVID secure procedures in place to protect both our patients and staff. We are currently awaiting some more patient arrivals from the hospital – all being well, they should arrive soon."

"I would also like to finally say – we would love for you to take a shift here at Bluebell Ward. If you would like to arrange a shadow shift here at the ward to find out what it's like, whether that's for an hour or the whole day, then please contact us. We hope to meet some of you very soon."

For the Board of Directors April 2021 meeting the Journey of Care and Staff Stories were brought together as they both featured experiences and shared feedback from the Community Intermediate Care Centre (CICC), opened by the Trust in January 2021.

This story featured a gentleman who was currently a patient on the CICC and a member of staff who has returned to the Trust from retirement to support the response to COVID-19 and had worked on the CICC supporting staff and students.

Listening to the voices of our service users and patients is central to our culture of learning and improvement. This is particularly important for a new facility like the CICC and when we hear any concerns and complaints.

In the last quarter of 2020-21, the CICC welcomed and cared for 174 patients.
The Trust's Chief Operating Officer (on the left), and Chief Nurse (on the right), paid a visit to see the new units and meet the team, the ward manager (in the front centre).

Supporting unnecessary hospital admissions

During the response to COVID-19 and particularly during the winter period, the Trust worked closely with partners across the local system to improve existing pathways for urgent care and develop new pathways, to provide sufficient capacity for those who needed care but did not require the level of care provided by the A&E department or to be admitted.

These vital services not only relieved the pressure on the hospital during a challenging time, but also provided high quality, alternative care options for people outside the hospital.

These pathways are referred to as A&E/admission avoidance pathways and include;

NHS111 First

This is a national initiative that provides an assessment of a person's needs (not for life threatening symptoms) before they attend A&E and can refer appropriately e.g. to the Urgent Treatment Centre, Walk-in Centre or GP.

The service is also able to book appointments at A&E which has minimised the number of people arriving at one time, thereby helping to maintain social distancing and reduce the risk of spreading COVID-19.

The Trust was proud to lead the successful implementation of this new service in Wirral, which launched as per the national timetable in November 2020.

The second phase of the NHS 111 First service will focus upon a wider range of direct referral services including mental health, again aiming to reduce further unnecessary attendances at A&E.

Rapid Community Response

The Trust's Rapid Community Response Team provides support within two hours of receiving a referral either from a GP, the Urgent Treatment Centre or a Walk-in Centre. During the Trust's response to COVID-19, the team of highly skilled nurses provided support to patients either at home or in an alternative care setting, avoiding unnecessary hospital admissions as much as possible.

One gentleman thanked the Rapid Response Service for their support;

"…I rang the GP and within an hour two angels from the Wirral NHS rapid response crisis team were at the front door dressed in their nurse uniform, plastic apron face mask one had a plastic visor the other safety goggle. I could see the apprehension maybe fear in their eyes. They only knew they were coming to assess an infection. BUT THEY STILL CAME INTO MY HOUSE.

All day yesterday and again today their team of about ten nurses and therapists were like bees going in and out of the hive. Whilst we are all a bit more relaxed today the dedication, love and care is at the highest professional level."

Single Point of Access

The Single Point of Access supports GPs and health professionals in providing easier access to hospital and community services and social care. The service is staffed by nurse clinicians with all referrals triaged and assessed based on the needs of the patient aiming to prevent unnecessary hospital admissions.

During the Trust's response to COVID-19 this service also provided valuable support to the wider Wirral system.

Integrated community pathways

The Trust identified opportunities to redesign community pathways to further integrate the services involved including Community Nursing, Palliative Care, Community Matrons and the Community Integrated Response Team. The enhanced integrated working included clearer referral pathways, and transfer of care between the teams, together with descriptions of the services to avoid duplication and increase efficiency. These changes enabled the Trust to respond more rapidly to patient needs and prevent further deterioration wherever possible and better utilise the range of skills available in the community.

Oximetry @ Home

The service began in November 2020, and the Trust's Telehealth Team quickly provided a monitoring service for patients referred by primary care with suspected symptoms or a confirmed diagnosis of COVID-19.

The range of monitoring undertaken was dependent upon the patient's clinical need.

The service increased the capacity within primary and community services for patients diagnosed with COVID-19, enabling patients to be cared for out of hospital where possible, and thus reducing unnecessary hospital admissions associated with COVID-19. This was the result of a national directive. However, Wirral rapidly implemented the directive using the Telehealth platform, and redeployed staff from services that had been stepped down, to offer the oximetry at home service to as many people with COVID-19 as possible.

The COVID virtual ward

During 2020-21, a variety of new virtual ward models of care were implemented across England to support patients to avoid an admission to hospital where possible, and prompt discharge from hospital for patients once they were medically fit to leave.

This was a further element of the risk mitigation in response to COVID-19.

The virtual ward in Wirral was developed by the Trust in partnership with Primary Care and Wirral University Teaching Hospital. This new service aimed to improve health outcomes for patients diagnosed with COVID-19 through early supportive discharge into a virtual ward in a community setting.

The patients were cared for by the hospital Community Respiratory Tteam, with the Trust providing Telehealth/Oximetry @ Home service.

The local hospital A&E department referred 31 patients who were discharged and monitored via the Telehealth/Oximetry @ Home service, and a further 16 patients referred from the wards and hospital respiratory team. This emerging service ensured that if patients were deteriorating rapidly and were at risk of 'silent hypoxia' or sepsis they received the appropriate level of specialist care to improve their clinical outcomes and chances of survival.

A retrospective audit of the 44 hospital admissions from ovid at home service during Wave 2 of the pandemic showed an 86% discharge to home and survival rate.

COVID testing facilities

The Trust provided vital support to the community of Wirral at the height of the pandemic by working with partners to establish and run a home swabbing service and a satellite drive-in swabbing centre.

The **home swabbing service** was for symptomatic patients in nursing and residential homes, and for people with suspected COVID symptoms who were not able to access any other mass testing site. This included key workers.

The service was offered seven days a week, with several teams from the Trust covering the Wirral footprint. The service was delivered by staff reassigned from all areas of the Trust and this team was also able to provide training to other teams in the Trust increasing the testing

capability for patients under the care of Community Nursing and Rapid Response services.

Appointments were offered within 24 hours and the service received 736 referrals.

The **satellite drive-in swabbing centre** in Bidston provided drive-in bookable appointments seven days a week.

This service was staffed by staff reassigned from other parts of the Trust and third year student nurses. The service was provided from May until mid-September 2020, and 8,794 tests were undertaken, with many days seeing the demand outstrip capacity, particularly during the peak of the pandemic.

Granada Reports shines the spotlight on the Trust

Viv Harrison, a former Health Visitor and Nurse Manager at the Trust, came out of retirement to support the Trust's response to COVID-19. Viv was first assigned to work at the Bidston satellite testing site and went on to support reassigned staff working in local care homes and ultimately supported the establishment of the CICC.

In the run up to Christmas 2020, The Trust was delighted to welcome Granada Reports to St Catherine's Health Centre to film a piece with Viv for their Advent Heroes; *The people helping your community through 2020* campaign.

Each day throughout December, the campaign shone the spotlight on people in the North West who had gone above and beyond for their community during the coronavirus pandemic.

Section 2: Delivering services in new ways during the pandemic

Hospital at Home (H@H)

The COVID-19 pandemic presented a significant challenge for our older frail patients.

The Trust and the local hospital (WUTH) worked in partnership to deliver a highly successful Hospital at Home service offering rapid intervention to provide safe, complex care to patients at home that might otherwise have required a hospital admission.

Together with the local hospital (WUTH), the Trust developed a protocol at pace for the service utilising the skills and experience of the existing Community Integrated Response Team (CIRT), with consultant Community Geriatricians providing medical leadership.

The service provided comprehensive management of, for example, IV antibiotics, subcutaneous fluids and supplementary oxygen, which might be considered if a patient were admitted to hospital.

H@H allowed patients to recover from acute episodes of illness at home, avoiding harm from deconditioning through an unnecessary hospital stay, and enabling optimum independence to be regained.

The feedback received from patients, families and carers was extremely positive and although some patients did die, as expected, they died at home surrounded by their family and loved ones.

In the midst of the confusion of the pandemic and the inevitable trepidation in navigating the health and care system, patients and their families were extremely happy to have the H@H team provide care and treatment in their own home whilst getting regular updates from the team directly including from the consultant Community Geriatrician.

".... the dedication, love and care is at the highest professional level. Amazing people. May they all be blessed."

"It was a comfort to know that someone cared about me. I knew I was in safe hands."

"Brilliant service. Kind staff."

"The team were professional. They stayed with me explaining everything to me."

Community cardiology and diagnostic clinics

During the response to the pandemic, cardiology and diagnostic clinics changed from a patient facing service to a hybrid approach including video, face to face and telephone clinics based upon clinical need.

Cardiologists and Cardiology Clinical Nurse Specialists triaged all referrals to ensure the most at risk patients received the care they needed. A system was introduced for echocardiograms to be prioritised by the Consultant Cardiologist to ensure access to diagnosis and treatment and to avoid the build-up of waiting lists which would result in increased risk of emergency admission.

The Clinical Diagnostics Team created a home delivery/pick up service for ambulatory ECG diagnostics and provided blood test home visits to enable the specialist nurses, Cardiologists and Cardiology Specialist Nurses to remotely and safely titrate the patient's

cardiac medications.

The pick-up service for ambulatory ECG diagnostics proved to be so successful it will continue as part of the service also supporting a reduction in waiting lists.

Cardiovascular rehabilitation service

In response to COVID-19, the service quickly changed its service model from the traditional approach of face-to-face exercise and education sessions, to remote rehabilitation sessions and the home delivery of blood pressure monitors. This approach not only ensured appropriate clinical advice was given but also that medication use was optimum following the cardiac event; ultimately improving long term clinical outcomes.

Other new approaches included;

- The development of online resources which included recording progressive exercise videos for patients to follow, and recording all patient education talks for the services Facebook page and the Trust's public website
- An educational webinar on 'Life with an Implantable Cardioverting Defibrillator' was developed for patients who had been referred into the service after having this inserted for a cardiac condition
- Home visits for vulnerable patients commenced to ensure that safe exercise was being remotely prescribed
- Lipids management clinics with point of care testing for lipids to be monitored during cardiac rehabilitation. This service has seen 35 patients and identified four patients that met the criteria for familial hypercholesterolemia and were referred for further specialist support

All of these changes will continue to form part of the patient centred menu-based approach to cardiac rehabilitation going forward.

Heart failure service

The Heart Failure Service also developed a dynamic operational plan to ensure the most at risk patients received the safest and responsive care to prevent decompensation *(when a patient with heart failure symptoms increase and start to affect their quality of life after a period of stable symptoms management)* and hospital admission.

Changes to the service included;

- Patients' blood results were reviewed to ensure that those with very high levels of Pro BNP (which can indicate heart problems) were seen in clinic without the need for a scan of their heart which is a significant deviation of our usual practice. This was undertaken so that the patients with the most need for a clinical review were seen without delay
- Medication titrations continued with help from the technicians undertaking the phlebotomy
- Prescriptions were delivered to patients
- BP monitors were sent out to patients to continue other medication titrations
- Telehealth was implemented to monitor those deemed at too high risk to attend appointments
- Telephone appointments were facilitated

All patients were also contacted to ensure they had no signs of COVID prior to home visits and clinic appointments.

Adult speech and language therapy service

During the initial step down of services, the team started to use video consultations for both communication, and dysphagia assessments and reviews. A decision-making pathway was developed to determine whether a patient required a face-to-face or virtual consultation.

Therapists found face-to-face assessments for dysphagia to be more beneficial, and these resumed using the appropriate PPE.

The team altered their operational working hours to provide seven day working to support the rapid discharge of patients from the hospital and prevent unnecessary admissions to hospital.

The team also worked hard to reduce patient waiting times and waiting lists and provided outpatient clinics at two different locations to give patients a choice.

The team also provided face-to-face intervention in care homes, and as such they worked closely with the Quality Improvement Practitioners in the CCG to support correct PPE usage in care homes and supported living accommodation.

Further support was provided by the team to local care homes, including advice and guidance around the risks of hypersalivation and pneumonia which was included in the document "COVID-19 Mental Health Medicines Update: Wirral LD and SMI Care Homes". The guidance was provided as a newsletter to Learning Disability care homes on the Wirral.

Adult bladder and bowel service

During 2020-21 the service offered clinics for mobile patients with indwelling catheters, and a trial without catheter service. It offered specialist advice and health promotion to improve the quality of life for patients with symptoms relating to continence.

The service adapted and changed its delivery model in response to COVID-19 by;

- Supporting community nursing teams by looking after their patients with an indwelling catheter
- Triaging patients that were vulnerable or had complex needs and required assessment
- Triaging all catheterised patients so when they were discharged from hospital, the necessary medical supplies were readily available, and removal of the catheter had been considered
- Utilising new digital platforms and increased the use of telephone consultations to reduce transfer and transmission of infection
- Welcoming and supporting student nurses who gained experience in the speciality
- Providing telephone advice for all patients with a registered nurse contacting them within 48hrs to relieve patients' anxieties and potential hospital/ GP appointments.

GP Out of Hours

The service adopted a total triage system assessing patients by a skill mix of clinicians, who were able to prioritise care to maintain a safe delivery of services. Video consultations and remote working were introduced to enable patient needs to be met. Face-to-face consultations and home visits were undertaken when clinically indicated.

The service had over 40,000 contacts during the year, this compared closely to almost 42,000 in the preceding year 2019-20.

Urgent Treatment Centre and Walk-In Centres

In response to COVID-19 and in order to reduce the risk of infection transmission, the UTC and walk-in centres adopted digitally supported triage and where appropriate, the use of remote consultations in order to reduce the number of patients visiting the centres and the risk of infection transmission and to maintain safe service delivery to protect both patients and staff.

The digital triage approach utilised an online consultation system to gather information and support the appropriate triage of patient contacts.

Patients who couldn't use the online system, or were considered vulnerable, were either supported by carers or taken through the online form or a short template by administrative staff over the telephone or in person (with some agreed exceptions, for example, vulnerable patients).

Patient care was prioritised based on need, rather than on a first come, first served basis.

This approach helped to ensure equity of access for digital and non-digital users. The online consultation system captured the patient's history and symptoms and allowed patients to send pictures and offered signposting to self-help or local services were appropriate.

Sexual Health Wirral - being responsive to change and keeping patients, public and staff involved and informed

In response to COVID-19, the Sexual Health Service quickly adapted delivery to ensure the continuation of safe and effective access and care.

The **'Still Here For You'** logo was launched and promoted widely to ensure people knew they could still receive sexual health and contraceptive support, albeit via different approaches.

The service website www.sexualhealthwirral.nhs.uk had been well established for several years so this valuable platform enabled the service to continue to provide remote care options. The website was also fundamental in the sharing and promoting of public communication and health promotion messages, along with social media platforms.

An area of the website was dedicated to a Question & Answer section about sexual health and coronavirus, including sexual transmitted infection risks, accessing medication, postal services, contraceptive supplies as well as on-going education and prevention. The service Facebook page was able to post daily and weekly updates on service provision and promote the remote links into the service for care.

Although walk-in clinics were suspended, a responsive tele–consultation pathway was embedded for daily calls and triage. Only patients assessed via telephone consultations as having urgent needs or those with vulnerabilities or deemed higher risks were asked to attend clinic in person, adhering to COVID screening and guidelines. New ways of working were quickly adopted and communicated, and patients were extremely responsive.

Reaching people for their continued sexual health needs was key to ensure wider public health outcomes such as unplanned pregnancy, and the prevalence and onward transmission of sexually transmitted infections. These new ways of working help to mitigate sexual health risks during the pandemic.

The service introduced video consultations for patients and increased the use of postal services for sending medication and repeat contraception to people at home. Easy online access to free STI postal test kits also meant the continuation of sexually transmitted infections testing for people.

Patient feedback has been positive, and the service invited patient experience feedback using a digital online form for those they provided remote care for. Digital surveys were also used to provide assurance that the new ways of working were accessible and meeting people's needs.

In addition to patient and public engagement, staying connected to primary care colleagues was also important for the service, as they also provided sexual health and contraceptive care during the pandemic.

The Sexual Health Service has always worked closely with GP and pharmacy colleagues across Wirral, with well-established partnership contracts in place to provide contraceptive care to women. Whilst the usual annual engagement visits to partner practices were suspended, the service thought creatively and engaged with GPs, pharmacists and other health professionals to keep sexual health hot topics interesting and current, and to share knowledge.

Along with a Primary Care 'Let's Talk About Sex' newsletter informing colleagues of national guidance and service level changes, the 'Let's Talk About Sex' webinars were introduced allowing colleagues to join free online live events and continue their learning and education from local expert guest speakers, further strengthening partnership working.

0-19 Healthy Child

The Trust provides 0-19 services to the communities across Wirral and East Cheshire, and in response to COVID-19 and national guidance, the service delivery was also adapted *during 2020-21;*

Wirral 0-19 Service

In March 2020 the Trust commenced a new contract tender period with Wirral Council to

deliver 0-19 services and moved from four large geographical teams into three teams - Wallasey, Birkenhead, South and West, with the nine neighbourhoods within them.

In line with national guidance, the Wirral 0-19 service established three central teams;

1) Central Duty
2) Births
3) Safeguarding

The teams have now returned to the neighbourhood model providing place-based care, with a single point of access into our Central Duty and Advice hub.

A COVID-19 triage document was developed to allow continued face to face contacts where possible, and the service embraced the alternative options available including digital such as;

- A virtual healthy child clinic
- Chat Health - a texting service for young people aged 11-16 allowing access to school nurses for advice and support
- An enhanced website with resources including videos and self-help information

Wirral 0-19 staff have been involved in several exciting Wirral projects including Cradle to Career in the North Birkenhead area, which is a long term multi-disciplinary approach to supporting young people to have aspiration and ambition for their futures.

Partnership working was key to the COVID-19 response and staff worked with partners extensively to deliver `Welcome to the World`, an activity resource pack for new parents, carers and families. Access to additional venues (for example children's centres and The HIVE, Wirral Youth Zone in Birkenhead) also allowed the successful delivery of the school-based immunisation programme.

East Cheshire 0-19+ service

In October 2020, the team completed a service re-design.

Following the service re-design, the four localities in Cheshire East that house 11 neighbourhoods became three local authority localities to enhance the co-delivery of services.

During 2020-21 and in response to COVID-19, the service adapted the way it delivered care within communities, maintaining an equitable, safe and accessible offer of care to children, young people and families, especially those who were shielding or self-isolating or were vulnerable. The team embraced digital technology and new innovations including the introduction of the Chat Health texting service for young people aged 11 to 19+; this was a vital resource during school closures.

Face to face contacts continued in line with the service delivery plan, ensuring the safety of the workforce and communities remained the priority.

Vulnerable families were kept connected through face-to-face contacts and virtual technologies. This was particularly successful with the Family Nurse Partnership (FNP) clients who were able to maintain a close link with their named nurse.

Practitioners worked closely with partner agencies to facilitate continuation of the service, e.g. school-based immunisations, infant feeding clinics and child health clinics.

Through engagement with staff, service users and partner agencies, the service has co-produced and reviewed digital platforms to enhance service delivery for the future. These innovations and new ways of working will complement the new single point of access hub that we will launch later in 2021.

Enhanced palliative and end of life pathways

The Trust recognised the role it played in ensuring people had access to excellent end of life care, ensuring their individual needs were met throughout that journey of care. During the past year the Trust brought together its community and specialist nursing teams to enable a more seamless pathway of care for people. This enabled place-based teams to proactively identify individuals who were in their last 12 months of life, and work with GP colleagues to ensure that all appropriate advanced care planning, including emergency care plans were put in place.

The Integrated Specialist Palliative Care Team and End of Life Team aimed to help all those with advanced, progressive, incurable illness to live as well as possible, until they died.

The team adapted to COVID-19 restrictions by identifying if there was an alternative way of still undertaking a thorough assessment. This involved utilising phone contacts, virtual consultations and reducing visits into the homes of patients who were extremely vulnerable. Social distancing and PPE guidance was followed when undertaking home visits, and patients were contacted prior to a visit to ensure the patient and family were symptom free.

The staff in the team also volunteered to undertake additional shifts to support the service with the high number of incredibly complex referrals throughout the pandemic. The additional shifts also ensured the Professional Advice and Information Line service was available every day to support the increased contacts from professionals seeking specialist palliative care advice.

New approaches to training staff during the pandemic

During the pandemic commitment to training and ensuring staff were able to practice safely was a key priority. The vast majority of face-to-face training was delivered using a virtual platform to prevent risk of infection. The Trust collaborated with partner organisations including the Territorial Army and The Hive, Wirral Youth Zone in Birkenhead to use their facilities for the training of our staff, ensuring we were able to maintain social distancing.

Staff remained committed to completing their mandatory training and compliance remained at target of 90% throughout the year.

The Trust also supported the deployment of 64 student nurses as part of NHS England emergency response. The deployed student nurses were provided with extensive training and supervision using a new supervision method to enable safe autonomous practice and were an excellent addition to our workforce. A number of deployed student nurses have since been successful in securing nursing posts at the Trust after qualifying.

Professional Development

The Trust supported staff to undertake a diverse range of professional development during 2020-21; committing over £500,000 of funding, including its apprenticeship levy to support study.

The Trust received £313,666 from Health Education England to support professional development of registered nurses and therapists. This funding was used to invest in

increasing workforce capability and further equip our staff with knowledge and skills to care for the population of Wirral. The Trust also supported a number of staff to access associate, specialist and advanced practice programmes as part of the workforce plan, to ensure we continue to develop staff in line with plans and anticipated population health needs. These included;

- 4 Advanced Clinical Practice MSc
- 4 Specialist Practice Qualification - Community Nursing
- 1 Specialist Public Health Nurse - School Nursing
- 8 Associate Nurse Foundation Degree

This is in addition to staff supported in previous years who the Trust continues to support for the duration of their 1-2 year programmes.

In addition to clinical workforce development, £154,909 was spent supporting Adult Social Care professional development. This funding provided both role essential and professional development opportunities to our social care workforce, including supporting four staff to undertake a degree in social work at The University of Chester, and four staff to train to become Practice Educators, enabling the Trust to support more student social worker placements.

The Trust continued to support staff to gain their English and Maths GCSE equivalents. Wirral Metropolitan College resumed their courses from September 2020, and these were delivered online.

Student placements

Despite the challenges that the COVID-19 pandemic brought, the Trust continued to provide high quality learning experiences for pre- and post-registration learners.

Reports show that the Trust performed above the regional average as evaluated by students, in the quality of their placement experience.

Our student nurses supported a number of our services to continue to deliver high quality care to the people of Wirral during the pandemic. Their individual and collective determination and commitment, together with the support, insight and compassion shown by Trust staff to the students was inspiring.

A number of the students have been successful in securing permanent posts with the Trust and we look forward to welcoming them.

Section 3: Keeping our community safe

Health and Social Care working together in response to COVID-19

The importance of integration between health and social care received considerable focus throughout the pandemic as a key enabler which allowed organisations to work together with increased speed and effectiveness. Relationships were strengthened between organisations as partners united for a shared aim.

2020-21 saw Adult Social Care and health practitioners work alongside colleagues from the care market, voluntary and faith sector as well as the local hospital (WUTH) and Primary Care to keep people as safe and as well as possible.

There was a more than a 60% increase in Adult Cocial Care assessments conducted during 2020-21 which was an incredible achievement during the pandemic. There was also an 11% reduction in residential and nursing placements, with more people being supported to live in the community.

Adult Social Care staff in the Trust worked hard to ensure a wide range of services were provided:

- Access to timely and safe support
- Rapid discharge from hospital to ensure hospital bed capacity was available for those in need
- Those needing care or safeguarding were protected, and remained connected to essential support including those who were shielding for medical purpose

As with other key services the pandemic identified a need for increased flexibility, with staff moving quickly to wherever they were required to support those in the greatest need. It also saw a rapid move to shifting a significant proportion of assessment and review activity to telephone and digital solutions. Face-to-face visits did however continue where needed, in line with infection prevention measures and social distancing rules.

With the need to maintain social distancing and self-isolation, many people were unable to attend day services or undertake community activities to the same extent, which led to the need for additional support to families and consideration of other more creative home-based options.

In March 2020, the Government published guidance for Local Authorities on how they could use the Care Act easements set out in the Coronavirus Bill 2020. The easements provided a range of measures which were put in place to help Adult Social Care Departments (and those with delegated statutory duties including the Trust), to manage the pressures experienced due to COVID-19. The aim was to continue to meet the existing need; however if unable to do so, these easements allowed the prioritisation of care so that the most urgent and acute needs could continue to be met.

As a Wirral Social Care system, it was not necessary to enact any Care Act Easements.

The Trust worked closely alongside council colleagues to ensure all social work decision making was carried out in line with the Ethical Framework for Adult Social Care

The Adult Social Care teams worked hard to ensure all vulnerable groups were contacted.

Whilst referral activity initially dropped in light of the pandemic, as the year progressed this reversed with a significant upturn as follows;

- 10% increase in assessment during Q1 and Q2 compared to the same period 2019-20
- 12% increase in reviews during Q1 and Q2 compared to the same period 2019-20
- 9% increase in new referrals
- 6% increase in open cases

During 2020-2021 Adult Social Care teams provided by the Trust continued to perform well against agreed contractual arrangements;

- 39,313 contacts into the service
- 3,849 safeguarding concerns
- 655 safeguarding enquiries and investigations completed
- 8,121 people received an assessment
- 2,335 people received home care
- 2,091 people received Short Term Assessment and Reablement (STAR)
- 8,183 reviews were completed
- 2,699 reablement reviews were completed
- 98.8% of people felt listened to during safeguarding enquiries
- 96.4% of people had their desired outcomes met

Continuing HealthCare (CHC) assessments

The national COVID-19 Bill Hospital Discharge Service requirements allowed NHS Providers to delay undertaking assessment process for NHS continuing healthcare for individuals being discharged from hospital until after the emergency period ended. Adult Social Care teams across the Trust supported the CCG to clear this backlog as required by 31 March 2021.

The teams worked in conjunction with partner agencies including the Domestic Abuse Alliance, the Adult Social Care Professional Standards Team at Wirral Borough Council and the Principal Social Worker, and national and regional networks including the North West Association of Directors of Adult Social Services (ADASS).

The Trust also continued to maintain a strong partnership with colleagues in Cheshire and Wirral Partnership NHS Foundation Trust, working together to ensure a consistent and collaborative approach to social work practice across Wirral. This included jointly commissioning training for all practitioners on the Care Act 2014, Best Interest Assessor refresher and Safeguarding Enquiry training (commencing in April 2021).

An important programme of work was completed within the Extra Care Housing sector. For example;

- an automated Extra Care Housing application system was created
- 160 Care Act (2014) reviews with clients across 4 Extra Care Housing schemes were completed, resulting in greater equity
- staff supported the development and allocation of an additional 49 Extra Care Housing scheme tenancies
- the initial allocation of 30 clients to the new Poppyfields Extra Care Housing scheme due to open in 2021-22.

The Trust continued to play an active role within the Cheshire and Merseyside Social Work Teaching Partnership and has committed to ongoing membership to ensure strengthened links with regional partners. This membership will also support with the development of social work students, newly qualified social workers and current social care workforce. As part of this arrangement practitioners have accessed several programmes including the Early Career managers programme, Practice Educator refresher workshops and Legal Literacy workshops.

Celebrating Social Care Week

The Trust recognised and celebrated Social Work Week in March 2021 by sharing the experiences and reflections of our colleagues from Adult Social Care and the integrated services they work alongside, in a Daily Diaries series. Shining a spotlight on social care, these accounts provided an insight into the roles of social care staff and how our services work together to care for our community.

Social work (and social care) plays a vital role in building and sustaining communities on a micro level. At its core it is about helping and supporting people, but as a wider concept it is directly linked to social justice, addressing inequalities and civil rights.

During the last year, our social workers and social care colleagues have worked alongside health colleagues to tirelessly deliver key services and protect and empower the most vulnerable.

Community Nursing - the backbone of local and sustainable healthcare

The Trust's Community Nursing Service provides, both short and long-term specialist care for people, with a wide range of health problems, from wound care and acute illness to those with complex or long-term health problems including end of life.

Community Nursing services provide patient-centred care with staff having diverse clinical skills which support them to practice autonomously and ensure patient safety is a priority. During 2020-21 there were 13,201 referrals to Community Nursing services, and to support early hospital discharge the total number of intravenous care plans performed in the community was 7,788.

The total nursing contacts for Community Nursing was 257,045, which was 28% of the Trust's total contacts during 2020-21.

During the pandemic, the Community Nursing teams increased the support they provided to local communities and to other partners in the health and care system, including GPs who were unable to undertake home visits. They also provided new services including swabbing of patients suspected of having COVID-19.

Staff from other services were reassigned to support Community Nursing. This included staff from the 0-19 service. Support was also provided by the adult bladder and bowel service with routine calls as well as crisis calls for patients with catheters.

To celebrate International Nurses Day 2020, Sky News visited the Trust to report on the work of Community Nurses giving viewers worldwide a brief insight into how effective nursing across the community is and how it forms the backbone of local and sustainable healthcare.

Safeguarding - a comprehensive and proactive service

The Trust is committed to ensuring that all staff are aware of their role in relation to safeguarding children and adults at risk. The Safeguarding Service provides a comprehensive proactive service, which responds to the needs of staff and individuals and is committed to the promotion of safeguarding within everyday practice, focusing upon prevention and early intervention.

Service delivery during the COVID-19 health emergency

During the response to COVID-19, the Safeguarding Service adopted a business as usual approach to support best practice relating to safeguarding. The service ensured that all statutory functions were fulfilled, and that best practice was adhered to, thereby equipping the workforce to undertake their duties and fulfil personal and organisational responsibilities with regards to safeguarding the public.

During 2020-21 the team also supported other services by reassigning staff to high priority areas including community nursing, social care, intermediate care and unplanned care. The service also provided support to the Wirral 0-19 service with staff reassigned supporting the management of caseloads in line with national guidance using a risk-based approach.

To support best safeguarding practice when using virtual platforms to deliver services to children, families and adults at risk, a safeguarding telephone triage Standard Operating Procedure (SOP) was also developed for use by all services.

Adults safeguarding continued including the Multi Agency Risk Assessment Conference (MASH) screening process.

Safeguarding Children

The number of children on child protection cases rose significantly in Wirral during 2020-21 as the impact of the pandemic took its toll on families that were already struggling. In Cheshire East the numbers remained consistent throughout the pandemic and the anticipated increase in referrals following the return of children to school has not been evidenced thus far.

The Named Nurse and Specialist Nurses in Wirral and Cheshire East ensured that the Trust met the statutory requirements for children in care as laid out in The Children Act (2004) and Promoting the Health of Looked after Children (2002/2009)

During 2020-21 the Specialist Nurses offered 100% supervision to all relevant staff and the Trust achieved 100% compliance against the national target of all Children Looked After having a named health professional.

Despite the challenges of the pandemic, cared for children in placements in Wirral or Cheshire East continued to receive offers of Review Health Assessments throughout the pandemic. When the offer of the assessment was accepted by the young person these were delivered virtually initially and then face to face following the lifting of the first lockdown. The majority of young people took up the offer of the assessment. This meant that the Trust maintained compliance with contractual requirements, and children placed in Wirral and Cheshire East received health assessments in a timely manner.

Safeguarding Adults

Due to the high prevalence of domestic abuse in Wirral in Q1, 2020-21, Wirral Council's Family Safety Unit and partners, including the Trust, agreed to pilot a daily Multi Agency Risk Assessment Conference, (MARAC) meeting. This approach proved successful ensuring that all victims of domestic abuse, adults and children, were supported through effective safety planning and it became a daily event from October 2020.

Due to the volume of repeat offenders in Wirral, partners involved in Adult Safeguarding including the Trust, also hosted a pilot of the DRIVE Perpetrator Management Programme and this commenced in March 2021. The aim of the pilot was to prevent perpetrators repeating abusive behaviours and therefore reducing domestic abuse and its impact.

To support the opening of the wards at the Community Intermediate Care Centre (CICC), safeguarding adult specialists supported the new and reassigned staff with safeguarding training including Mental Capacity Assessments and Deprivation of Liberty Safeguards.

Adult Social Care Safeguarding

In 2020-21 the Trust undertook a review of its Adult Multi-Agency Safeguarding Hub arrangements to ensure that the most effective model was in place for triaging and progressing safeguarding concerns including the management of care concerns and an electronic referral process. The new model will launch in summer 2021.

The Trust's safeguarding specialists have also continued to support Wirral Council's, 'Wirral Safer Hub' to improve joint working opportunities and have been working with the police to improve the management and screening information or referrals received directly from Merseyside Police.

Infection Prevention and Control - supporting care homes in the community

The Trust's Infection Prevention and Control (IPC) service is commissioned to provide a service to the local community aiming to prevent and reduce the burden of infections across Wirral through the provision of high-quality, evidence-based advice and support.

The COVID-19 pandemic highlighted the vulnerabilities of people living in care homes and other adult social care settings, which provided the IPC service with an opportunity to collaborate with local system partners to develop an IPC improvement programme for care homes.

Specialist IPC nurses from the Trust provided dedicated support to care homes to;

- Improve infection prevention and control standards
- Improve response to outbreaks of Covid-19
- Introduce an assurance framework - Standard Assurance Framework for Excellence (SAFE)

By the end of March 2021;

- 85% of care homes were trained to use SAFE
- A tailored training package was delivered to 96% of care homes.
- Care homes received a series of virtual and face-to-face support visits to review infection prevention and control standards and COVID arrangements

This project has been shortlisted in the HSJ Patient Safety Awards 2021 in the 'COVID-19 Infection Prevention and Control Award'.

During 2020-21 the Trust's Infection Prevention and Control service managed;

- 240 outbreaks of COVID-19
- 265 single cases of COVID-19 across all adult social care settings

The service also responded to 2,412 calls providing advice and support to help services to manage COVID-19 within their settings.

Section 4: Supporting our staff

The Trust prioritised the support and care for staff throughout the pandemic, and this focus has continued into 2021-22. The Board of Directors is passionate about the support offered to staff, and the Board sought to provide the best assistance possible.

Staff development for Adult Social Care Practitioners

Recognising the significant impact on the workforce during the pandemic, the Trust continued an active programme of recruitment, welcoming twenty-one practitioners across a range of social care posts.

December 2020 saw the first re-registration of all qualified social workers by the new regulator Social Work England.

Supporting excellence in practice through opportunities for training and continued professional development (CPD) remained a priority during 2020-2021, despite the pandemic. This involved ensuring that practitioners had access to a range of learning and development opportunities.

- The Trust was delighted for the first time to offer access to the Social Work Apprenticeship, with seven staff members completing their first year
- Four more members of staff started the programme in January 2021
- The Trust welcomed nine students, and thirteen newly qualified social workers completed their critical reflection module
- Four social workers undertook their Assessed and Supported Year in Employment programme
- Eight social workers completed the Best Assessor Programme, and three completed their Practice Educator award, with four more staff commencing the programme
- The number of Assessed and Supported Year in Employment assessors increased from three to eleven.

In 2020-21, Adult Social Care within the Trust invested £25,250 on commissioned role-specific and post-qualification learning.

Social Work England and the National Institute for Health and Care Excellence (NICE) facilitated lunchtime learning sessions to social workers in November 2020, to support with renewing registrations and inputting CPD onto their online accounts. A total of 69 staff members attended one of the sessions.

Sexual Health Wirral - supporting staff

Further examples of support for staff included the approach taken by the Sexual Health Service. The service ensured members of the team felt supported, engaged and informed during the response to COVID-19. The communication with the team had an enhanced focus on wellbeing and support with the regular staff newsletter 'Buzz' ensuring updates and news were shared with staff promptly, and the team WhatsApp group helping to keep them connected.

Regular team meetings continued online and KIT meetings (keep in touch) helped the Senior Management Team connect every day.

The introduction of the 'Our Way Forward' staff feedback box was valuable for staff to add concerns, worries, ideas, suggestions, anonymously each week.

Infection Prevention and Control - keeping staff safe

During the COVID pandemic, staff received daily information on how to keep themselves, their patients and families safe using a range of infection, prevention and control strategies. The successful and diligent implementation of these strategies resulted in low COVID infection levels amongst staff, with the Trust regularly benchmarked as the Trust with the lowest infection level as well as overall sickness in Cheshire and Merseyside. This ensured better staffing levels to support services and reduce the impact of absence on colleagues.

The corporate support for staff included the provision of appropriate personal protective equipment such as masks and gloves. Infection prevention measures included guidance on the use of PPE and infection prevention, a review of all buildings to ensure social distancing was in place, together with disinfectant wipes and hand sanitisers for all areas. This enabled clinical and professional colleagues to actively support our patients, service users and communities during the pandemic.

The Trust's procurement team provided a vital role in supporting the safety of all staff with its main focus to source, secure and deliver Personal Protective Equipment (PPE) for the Trust, to keep our staff and service users safe.

Nationally and locally PPE was scarce, and the NHS was under immense scrutiny in its response to the provision of PPE. Before the pandemic the Trust had little or no demand for PPE for the services it delivered. This changed with the pandemic, and the national guidance on appropriate PPE for health and social care workers meant the Trust went from having virtually no PPE, to requiring large volumes prescribed nationally for our service delivery.

The following items of PPE were managed and distributed by the Trust in 2020-21:

13,371 bottles of alcohol gel

4,274 FFP3 masks

415,850 pairs of gloves

2,000 packs of Clinell wipes

1,041 surgical gowns

317,000 protection aprons

500,250 IIR masks

9,356 visors

63,750 waste bags

This approach meant the Procurement Team successfully sourced and continues to deliver a seamless supply of PPE to all Trust staff. The success was further demonstrated by the Trust's ability to provide mutual aid to other Trusts and care providers who were struggling to source PPE supplies.

Following the withdrawal of the United Kingdom (UK) from the European Union (EU) in January 2020, there was a transition period that ended on 31 December 2020. The procurement team were key members of the Trust, and regional working groups, to assess and provide assurance of a smooth and continuous supply of medical and clinical supplies. The Procurement Team efficiently and effectively managed the Trust's supply chain, which resulted in the Trust encountering no issues with availability of vital medical and clinical supplies.

IM&T - keeping our staff connected

The Digital Team worked tirelessly to supply the necessary IT equipment to support agile working, which included a shift to home working for many staff in line with government guidance. Work was also undertaken on the infrastructure to keep the Trust safe from cyber-attacks and modernise the IT services provided to staff.

Supporting the health and wellbeing of staff

The Human Resources Team provided a wealth of resources for staff and tailored this to the new agile working environment. Risk assessments were undertaken for all staff, and plans put in place to support staff who were identified as being at increased risk; this included BAME staff, those shielding in the vulnerable category and staff with long-term conditions or who were pregnant. Support was available from the Trust's occupational health services, and there was support and counselling through the Employee Assistance Programme.

The Trust actively supported Lateral Flow Testing to ensure all staff had access to the kits. This was crucial, as the testing became an integral part of the NHS recovery programme, and 17,831 lateral flow tests were undertaken by staff during 2020-21.

The Trust delivered two vaccination campaigns for staff, flu in the winter of 2020 and COVID-19 from early 2021.

- 4,633 flu and COVID vaccinations were given to staff in 2020-21 helping to protect staff and also the communities we served.

The Trust maintained a focus on supporting staff in relation to their health and wellbeing with regular updates in the daily bulletin and promoting local and national resources for health and wellbeing.

Appraisals

The 2020 appraisal process had a focus on health and wellbeing, and included a reflection on working during the first six months of the pandemic, setting work priorities and the support required by individuals. Further details can be found in the staff report on page 84 which also include information on the Trust's work to support Human Rights and countering fraud and corruption.

Developing our new values - Shaping Our Future

The Shaping our Future programme was launched in late 2020 and the first initiative was the co-production of new values for the Trust.

All staff were invited to contribute to the refresh of the values by completing an online survey and participating in focus groups to contribute to the discussions and define a common purpose statement. The new values were launched in July 2021 and are:

Inclusion - getting it right for everyone

The Trust continued to pursue its ambition to become a fully inclusive organisation, ensuring all of our people can be involved in shaping and influencing the decisions and services we deliver and ensuring that our services are accessible and appropriate to the people we serve.

During 2020-21 the COVID-19 pandemic highlighted inequalities and disproportional impact across many groups and individuals, and there will of course be a lasting impact, felt across our organisation and the wider NHS.

COVID-19 had a significant impact on the delivery of the Trust's inclusion objectives with some actions paused, and others altered or amended. The pandemic and the NHS response meant that centrally the decision was taken to pause the reporting responsibilities with the Public Sector Equality Duty, resulting in a suspension of the Workforce Race Equality Standard and Workforce Disability Equality Standard in early April 2020. Our planned work on these was paused until we had notification to resume in July 2020, and the submissions were made on time.

Since the onset of the COVID-19 pandemic there has been an ongoing emergence of evidence around the disproportionate impact and causes of the virus on Black Asian and Minority Ethnic (BAME) individuals and communities including BAME NHS staff. The Inclusion Team worked collaboratively with HR and our BAME Network to ensure that our BAME staff were supported, protected and heard during this time. As the evidence of the impact on BAME communities started to emerge, the BAME staff Network Meetings which had initially been paused due to the lockdown, were reinstated as virtual meetings.

Communications were included in the daily COVID-19 bulletin and screensavers were used to promote the BAME Network resulting in significantly increased attendance and engagement at these meetings. The BAME Network contributed to risk assessment planning and feedback, communications focus, discussion on vitamin D deficiency amongst BAME communities and our organisational response to this.

The risk assessment process for all Trust staff continued to evolve throughout the year and included the assessment of any member of staff with any disabilities or health conditions that put them at greater risk from COVID-19. The Trust met all the requirements to deliver risk assessments to at-risk groups of staff, across a range of protected characteristics - age, ethnic background, gender, disability, pregnancy.

Staff Networks

The four staff networks have continued to evolve during the last year despite the challenges of not being able to meet face-to-face. In fact, we have seen improved attendance and accessibility to the staff networks as a result of moving the meetings online.

The Trust has in place the following staff network groups:

- BAME staff network
- ~~dis~~Ability staff network
- LGBTQ+ staff network and
- Working Carer Group

The Inclusion Team supported the ongoing development of these groups alongside HR colleagues and we have seen each of them grow at their own pace, as they have developed their own sense of purpose. Two of the Networks (BAME and LGBTQ+) now have an elected Chair and have started work on a number of initiatives as part of their work plans.

BAME Staff Network

The BAME network has led the development of a programme of reciprocal mentoring that will begin in June 2021.

In this programme Trust directors will benefit from having a BAME mentor to help them to understand the lived experiences of BAME members of staff, and ways in which leaders can help to tackle some of the inequalities and discrimination they face. This programme is being undertaken with the support of Liverpool John Moores University. The University team is also working with the Trust's BAME Network and the wider organisation to pilot training aimed at improving cultural competence, recognising and challenging micro-aggressions, and tackling unconscious bias.

LGBTQ+ Staff Network

The lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ+) staff network led a project to support LGBT history month in February 2021. Despite lockdown, the LGBTQ+ Network had a strong presence on Staff Zone for the event with narrative on what the event was about, how staff could support it, reading recommendations, and signposting for LGBTQ+ members of staff to key events and information.

There was also a personal vlog reflecting on the TV series 'It's a Sin' by a Network member who reflected on his lived experience of the HIV/AIDS pandemic during the eighties and nineties.

The LGBTQ+ Network sent messages of support to Liverpool and Chester PRIDE and for their online events, and the following artwork was produced as a show of support from the Trust linking in with Sahir House's (HIV support, prevention, information and training centre in Merseyside) online presence during PRIDE in Liverpool.

The Working Carers Network

This staff network group represents a range of staff who have to combine their working lives with caring responsibilities.

The group was there to provide support and advice to colleagues and help identify good and poor practice in order to inform how the Trust could support this group of employees. Group members have reported that the network has been a great resource, and provided invaluable informal support to them including:

- the sharing of information, advice and best practice, and;
- the escalation of any issues, concerns and barriers.

~~dis~~Ability Staff Network

The ~~dis~~Ability network has grown significantly over the last twelve months, working together and starting to define their role as group. Part of this development has been the renaming of the group to the ~~dis~~Ability group, recognising the forum's wish to focus on a social model of disability.

Equality Delivery System - (EDS2)

In February 2021, following delay due to COVID-19, the Trust conducted the Equality Delivery System (EDS2) assessment.

The EDS is a system that helps NHS organisations improve the services they provide for local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

An online assessment was developed due to COVID-19 restrictions, and it was jointly produced by the Inclusion team and the Midlands and Lancashire Commissioning Support Unit. The assessment focused on one of the four goals - inclusive leadership (Goal 4), as this aligned well with the limited reach with an online only assessment.

Goal 4 includes 3 outcomes as follows;

- 4.1 - Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations.

- 4.2 - Papers that come before the Board and other major committees identify equality related impacts including risks, and say how these risks are to be managed

- 4.3 - Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination.

The Inclusion Lead at the Trust gathered evidence related to Goal 4 and organised people to grade the information, and an online meeting was held to present the evidence to stakeholders. The stakeholder graders were made up of Wirral CCG staff and representatives from the Trust's staff networks.

The Trust was assessed as Achieving on all three outcomes. This resulted in the Trust achieving an overall rating for Goal 4 of Achieving.

Feedback will inform the development of the Trust's Inclusion Strategy and action plan review for 2021-22.

Freedom To Speak Up

Promoting the role of Freedom to Speak up (FTSU) and supporting staff to raise any concerns they may have has continued to be pivotal during the last year, as staff have faced unprecedented challenges during the pandemic.

The importance of raising concerns has been actively promoted during this period through the daily COVID-19 bulletin as well as through vlogs and blogs.

FTSU activity was not been adversely affected by COVID-19, and there was no decline in concerns raised; the numbers of concerns being reported remained largely comparable to the year previous.

The Trust continued to recognise the significant role played by Freedom to Speak up Champions and continues to actively recruit to this role -most recently welcoming colleagues from the BAME community, supporting a wider and more diverse representation.

Due to the COVID response and social distancing restrictions, FTSU Champion meetings were moved online. This approach proved extremely popular and allowed for a higher attendance from Champions than previous face-to-face meetings. The use of digital media as well as face-to-face contact (when permitted) will continue to be utilised to ensure the widest possible promotion of Speaking Up throughout the organisation.

In July 2020 the National FTSU Index was published for the third time. The index is based on the responses from staff in the annual National NHS Staff Survey on whether staff feel knowledgeable, encouraged and supported to raise concerns and if they agree they would be treated fairly if involved in an error, near miss or incident.

The Trust was proud to be commended by the National FTSU Guardian's Office for being:

- among the 10 trusts with the highest scores in the index (top ten)
- among the 10 trusts with the greatest overall increase in their index score over the past year

The results demonstrate the level of confidence staff have in local FTSU arrangements and represent a key measure in terms of openness, speaking up culture and the psychological safety of staff.

October was National Speak Up Month, and the Trust was active in promoting the National Guardians Office A – Z campaign of Speaking Up. There was a full communication programme throughout the month including screen savers, vlogs from Champions and the FTSU Guardian, regular bulletin promotions and drop in discussion sessions. Recognising the increased utilisation of digital platforms, this also included a FTSU backdrop for use on Microsoft Teams calls.

The weekly meeting of the senior FTSU team has continued throughout the COVID-19 response, to ensure robust oversight of all concerns raised and the actions being taken to address these. In addition, there has been a strengthening of the recording and monitoring oversight via the Trust reporting DATIX system.

Supporting staff with regular and accessible communications

Clear, regular and accessible communication was fundamental in supporting staff and keeping them up to date on the rapidly changing situation as a result of the pandemic.

During 2020-21 a range of communication channels were adopted to share the latest information, resources and support with staff.

This included;

- **Development of the COVID-19 section on StaffZone,** including frequently asked questions (FAQs), PPE guidance, national guidance, and a dedicated section on remote working
- **COVID-19 Update / The Update** - during the early months of the pandemic a daily e-newsletter was sent to all staff providing news and information on the rapidly changing environment in which Trust services were operating. The COVID-19 daily update remained in place and was re-named The Update in early 2021. The Pulse Survey data (July 2020) showed that over 97% of staff read the COVID-19 Update for Trust information and news. The Update remains the top source of up-to-date information, advice and guidance for staff.
- **Screensavers** played an important role in raising awareness of key messages and actions during COVID-19, with 3-4 screensavers deployed per week across all Trust devices covering a wide range of topics
- **WhatsApp Broadcast** messages were established to enable instant trust-wide messages to be sent to staff to alert them to key messages, new guidance and key updates
- **Chief Executive Messages -** during the Trust's response to the pandemic and throughout the whole of 2020-21, the Trust's Chief Executive has communicated directly with all Trust staff three times per week. This has included weekly blogs, vlogs and end of the week 'round up' messages each aiming to provide updates, latest news and support and advice to staff. Featured guest blogs and vlogs have also included the Trust's Chief Nurse, Medical Director, Chief Operating Officer and HRD.
- **There were 250 newsletters and over 750 Shout Outs**
- **464 staff were on the WhatsApp Broadcast list, and 210 members on Staff Facebook group** (between the launch and 31 March)

The Trust's Employee of the Month scheme was temporarily paused due to COVID-19 priorities, but staff were still keen to thank and recognise each other. A daily Shout Out was introduced to enable to staff to share their positive stories and thank yous with each other. The scheme was an immediate success with over 50 shouts outs submitted in the first week alone and remains in place.

Team WCHC Facebook Group

The Trust launched a closed Facebook group in November 2020 as another channel for staff to follow Trust news and share their own stories. Important news and videos were shared along with wellbeing messages and promotions. To date over 200 staff have joined the group and it provides an alternative and accessible way to access information.

Recognising the heroic contribution of staff

The Board of Directors wanted to recognise the commitment, hard work and resilience of staff right across the Trust in the response to COVID-19 and consequently commissioned a recognition medal for every member of staff.

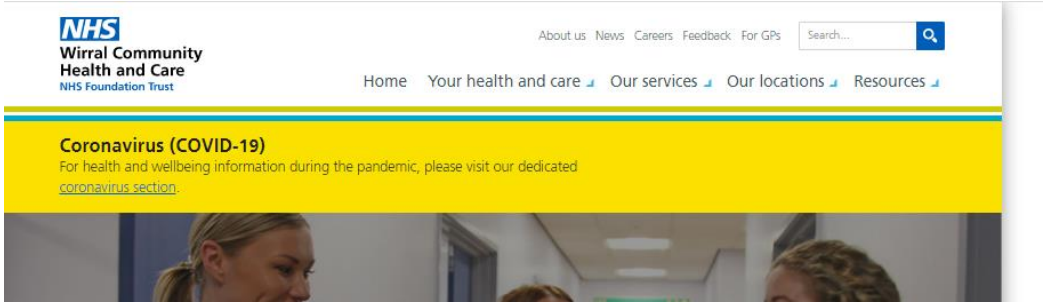
The medals were funded through a charitable donation from NHS Charities Together and were presented by managers across the Trust with a video message from the Chief Executive.

Annual HEART awards

The annual HEART awards event celebrated and recognised the achievements of Trust staff, and would have brought together 300 colleagues from across the organisation to present a number of awards for the following categories; *Exceptional Care, Innovation, Excellence in Partnership, Volunteer of the Year, Inspirational Leadership, Quality Improvement, Outstanding Achievement and the People's Heart Award.*

Unfortunately, the HEART Awards 2020 event was postponed in March 2020 due to COVID-19. With no face-to-face event possible for the foreseeable future, the Trust innovated by adopting a virtual approach and streamed the presentations live across the organisation to all staff and surprise each winner in their place of work.

Over eight days throughout July and early August 2020, the Chief Executive presented each award live and on location to those colleagues and teams who had won a Heart Award for their respective category. Compered by Roger Johnson from BBC North West, staff could tune in and watch live each day at 12 noon and share in the amazing achievements of their colleagues. **External communications**



To ensure patients and service users could access clear and accurate messages about COVID-19, and how Trust's services were being delivered during this time, the Trust

developed a dedicated section on the public website with information on;

- Changes to clinics
- Walk-in Centre and Urgent Treatment Centre
- Frequently Asked Questions
- Attending your face-to-face appointment during COVID-19
- Government and NHS guidance
- Domestic abuse

The information included within these sections was clear, reassuring and easy to understand. Within this section people were also signposted to local information provided by partner organisations via the Wirral InfoBank; this was a directory of local care and support services, community resources, activities and information.

During 2020-21 the Chief Executive continued to write for the Wirral Globe on a bi-weekly schedule providing news, advice and information to the local population on the Trust's and wider NHS and local partners' response to COVID-19. This regular health column remains very popular.

To ensure the maximum impact of messages, the Trust also employed several social media channels during 2020-21 to share messages with the wider community. Together with system partners and HealthWatch, the Trust's Communications Team also worked collaboratively to ensure information was available to those that needed it most.

National media

The Trust was delighted to have opportunities to engage with national media to raise the profile of community services in the NHS response to COVID-19. The success of the Sky News piece highlighting the work of Community Nurses, to support International Nurses Day was felt right across the Trust and following this, the Trust was delighted to welcome award winning photographer Rick Findler to complete a photographic piece featuring community services during COVID-19.

A series of photographs were taken showing the diverse work of the Trust throughout COVID-19 and the impact the virus had had on service delivery.

The photographic piece was published by The Daily Express as part of their NHS birthday celebrations in July 2020.

External recognition for the Trust

The People Award (Heart Awards 2020)

The final award, the People's Heart Award was promoted in the Wirral Globe newspaper back in January 2020 and invited the public to nominate a member of staff or a team from the Trust who had given them outstanding care. The winner was a Specialist Palliative Care Nurse, who received her award live at Wirral's St John's Hospice.

The Specialist Palliative Care Nurse said: "*It's an absolute privilege to be nominated by the patients, carers and the public; it just means the world. We do this job day in day out, and every day and we're so lucky to be able to make a difference to people's lives and I know all my colleagues would say the same*."

Social Value Award

The Trust was awarded the Cheshire & Merseyside Health & Care Partnership Social Value Award for the next five years in recognition of our commitment to social value across Cheshire and Merseyside.

This was a positive development for the Trust, as an NHS community health and care service provider, and demonstrates our commitment to making a difference to the health and wellbeing of our local communities through engagement, partnership working and employment opportunities. Building on this accolade we are currently in the process of applying for the level 2 social value quality mark.

Level 2 Future-Focused Finance Towards Excellence Accreditation

The NHS Finance Leadership Council awarded the Trust's Finance Team **Level 2 Future-Focused Finance Towards Excellence Accreditation**.

The accreditation recognises organisations that have the highest standards of financial competence, commitment to skills development, and practices in place.

Philip Goodeve-Docker Memorial Prize

The Queen's Nursing Institute awarded the Philip Goodeve-Docker Memorial Prize 2020 to a Senior Nurse Practitioner for Field Road District Nursing Team for their Outstanding Achievement as a District Nursing Student.

British Society for Heart Failure; Lynda Blue Award - shortlist

The Trust's Heart Failure Team was shortlisted by the British Society for Heart Failure for the **BSH Lynda Blue Award**. The Lynda Blue award, created to honour pioneering nurse Lynda Blue, was to recognise an individual or team of professionals who have demonstrated excellence in Heart Failure Care.

Nursing Times Awards - shortlist

The Community Heart Failure Team and Rapid Community Response Team were shortlisted in two categories in the Nursing Times Awards.

The Cardiac Heart Failure Team was shortlisted for the *Innovation in Long Term Conditions* category. Over the past 2 years they have transformed the care provided and also the lives of so many patients and their families dealing with a heart failure diagnosis in Wirral.

The Rapid Community Response Team was shortlisted for the *Integrated Approaches to Care* category - prior to the launch of our Hospital at Home Service in Wirral there was no existing provision. During a two month pilot, 149 patients were referred to the service and, of those, only 10 needed Transfer to Assess (T2A) beds.

Wirral Cardiac Rehab credited in BMJ award

The Rehabilitation Enablement in Chronic Heart Failure (REACH HF Team), from Royal Cornwall Hospitals NHS Trust and University of Exeter won a BMJ award and credited Wirral Cardiac Rehab's role in delivering REACH HF rehab to vulnerable patients throughout the pandemic. It is noted how the Trust's Heart Failure Team adapted the delivery to ensure that they could continue to provide excellent care.

Section 5: Ensuring safety and quality throughout the year

Quality is at the heart of the Trust's agenda, with its vision to be the outstanding provider of high quality, integrated care to the communities we serve. Quality and efficiency are two sides of the same coin; high quality care means we get it right the first time; it means using the full talents of all professionals, and it means working with service users, patients and carers as partners in their own care.

During 2020-21, the Trust continued in its aim to provide safe, effective and patient centred care to the people who use our services. The high-quality care our staff deliver is driven by an organisational culture that embraces the Trust's values.

The Quality Account on the Trust's website 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 adapt how we work with them to deliver services that meet the needs and expectations of the people who use them.

We continuously strive to improve the provision of high-quality community health and social care to older people, adults and children across Wirral and Cheshire East in a seamless and integrated way.

Quality Governance

The Trust ensured arrangements continued to be in place for robust quality governance during the pandemic. The Quality & Safety Committee had responsibility for ensuring the effective implementation and monitoring of robust quality governance arrangements. The Quality & Safety Committee continued to meet on a bi-monthly basis during 2020-21 as part of the emergency governance arrangements that were established.

The Chief Nurse and senior clinical and professional colleagues across the Trust participated in system quality governance arrangements in response to COVID-19. This included local and regional health and care cells, and the local discharge cell ensuring the safe discharge of people from the local hospital (WUTH).

During 2020-21, the role of the SAFE steering group within the governance structure remained crucial in monitoring compliance and delivery against regulatory, statutory and professional standards. The Standards Assurance Framework for Excellence (SAFE) was expanded to assess compliance with the COVID-19 quality framework including specific NICE and quality standards, quality audits and relevant COVID-19 procedural documents.

Governance arrangements during the COVID pandemic

The Trust recognises that good governance is essential to ensure the provision of high-quality safe services; this was also crucial during the Trust's response to COVID-19.

In line with national guidance describing streamlined approaches to governance, the Trust quickly established emergency governance arrangements in April 2020. These arrangements outlined the principles of Board assurance and governance the Trust would follow. An overall streamlined approach to existing governance was adopted together with increased risk appetite and risk tolerance to support the Trust's response. Full details of the governance arrangements can be found in the Annual Governance Statement on page 116 and the section on compliance with the NHS Code of Governance on page 94.

Quality Goals

The Trust developed quality goals for 2020-21, to ensure the focus remained on quality throughout the pandemic.

In the recently published Quality Account for 2020-21 the Trust assessed it had achieved eight out of the nine quality goals it had set itself. The Trust assessed it had partially achieved the remaining goal on *Experience: We will use a range of feedback from identified groups utilising population health data to improve access and experience of services*.

This priority was only partially achieved due to the constraints of the pandemic situation. The 'Your Voice' Group continued to meet however it was limited in terms of ability to improve the experiences of services. The details can be found in the Quality Account on the Trust's website and the quality goals are below:

QUALITY GOALS 2020-21 Insight – Involvement – Improvement			
Priority	**Safety**	**Experience**	**Effectiveness**
Population health management: Reducing inequalities	**We will:** Use population health data along with other data sources to identify key priorities to keep people safe.	**We will:** Use a range of feedback from identified groups utilising population health data to improve access and experience of services.	**We will:** Implement a Wirral Covid Virtual ward targeting groups with higher risk factors based on population health analysis.
Maximising health and wellbeing of our staff	**We will:** Prioritise the Psychological Safety of our staff by enhancing our learning from incidents framework.	**We will:** Develop clear Infection Prevention and Control guidance for staff.	**We will:** Ensure that staff always have access to the correct Personal Protective Equipment (PPE) in-in with national guidance.
Improving discharge pathways	**We will:** Establish a system-wide quality and safety forum to improve safety across discharge pathways.	**We will:** Improve the transfer of care documentation to maximise people's experience of the discharge process.	**We will:** Develop additional rehabilitation bed capacity within Wirral.
We are the NHS **We are a team. We work flexibly. We are always learning. We are safe and healthy. We each have a voice that counts. We are recognised and rewarded. We are compassionate and inclusive.**			

Covid-19 National Institute for Health and Care Excellence (NICE) guidance

NICE played a critical role in supporting health and social care partners by quickly producing Covid-19 related guidance.

The Trust reviewed 26 pieces of Covid related NICE guidance:

- 10 were fully implemented
- 14 were not applicable to the Trust
- Two are currently under review

Sustainable Development Management Plan 2020-21

Our services are local and community-based, provided from around 26 sites including care homes and specialist schools 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.

We also provide integrated 0-19 years services in Cheshire East comprising health visiting, school nursing, family nurse partnership and breastfeeding support services from 23 bases including medical centres and children's centres.

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 was updated in 2018. The plan has Board of Director level accountability through the Finance and Performance Committee, and this 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

Environmental Management System

The Trust has developed an Environmental Management System (EMS) which resulted in **the achievement of the ISO 14001-2015 Environmental Award in December 2017 for St Catherine's Health Centre**. The award is an internationally accepted standard that outlines how to put an effective environmental management system in place. It is designed to help businesses remain commercially successful without overlooking environmental responsibilities. **Our certification was renewed in December 2019 and was expanded to cover three additional properties; Victoria Central Health Center (VCHC) Albert Lodge, VCHC X-Ray and VCHC Walk-In Centre.**

The audits this year took place later than usual in June 2020 due to Covid restrictions. We included two further sites into this audit, Pasture Road and Leasowe Primary Care Centre, taking the total number of sites to 10. The audit was conducted through online interviews and site audits were conducted at Fender Way Health Centre and Albert Lodge via a video link. **We were again successful in passing this two-day audit and achieving the award for the fourth successive year.**

Staff have been encouraged via the use of screen savers and staff bulletins to recycle the following items in work;

- Used batteries
- Cardboard
- Used toner and printer cartridges
- Aluminium cans

Water Usage

Waterless urinals which were fitted in May 2018 in St. Catherines Health Centre have now saved three million litres of clean water to date. This provides the Trust a saving not only of the cost of the clean water but also the cost of removing and treating the waste water.

A dripping tap wastes approximately 5,500 litres of water a year, and we encouraged staff to report leaking taps in our buildings via screen savers allowing our engineers to repair them quickly. Trust staff are very engaged with sustainability, and staff regularly request additional recycling facilities when they identify the opportunity to do more to protect the use of resources.

Revolving Door at St. Catherine's Health Centre

The Trust Board approved a business case to upgrade the front entrance of St. Catherine's Health Centre. An artist's impression is seen below.

For many years the heavy sliding front doors have been breaking down leaving the entrance and services close to the main door vulnerable to the weather extremes. The hot air blowers were needed to warm the building. The new revolving front door will address these difficulties and reduce the carbon emissions when the old hot air blowers are removed, as they will no longer be required. The door will be stylish and be accessible to all patients and staff.

Bio Boiler

We are once again running solely on biofuels for both the heating and hot water facilities at St. Catherine's Health Centre. This will help the Trust reduce harmful emissions and reduce greenhouse gas emissions by about 34% as well as providing economic benefits to the Trust.

Electric Car Charging Points

The benefits of electric vehicles to the environment are clear and with this in mind the Trust is upgrading the existing 7.5Kw to six new 22Kw charging points. This will include a management program system that will not only text staff when their vehicles are charged but will let others know that it is their turn to use the charger via a text to their mobile phone.

LED lighting

The Trust has completed the change of the lighting at all our owned properties from florescent to LED (Light Emitting Diodes). The benefits of LED lighting are numerous and include;

- Less Heat = Less Energy Consumed. LED lights give off less heat than halogen bulbs.
- LED lighting is flicker free which means it cannot produce headaches generally associated with fluorescent lighting.
- They do not contain toxic metals materials such as mercury and other metals dangerous to the environment.
- They are 100% recyclable, which helps to reduce carbon dioxide emissions.
- LED bulbs are brighter and produce better light quality than traditional lighting applications.

Procurement without Carbon

A new Sustainable Procurement Policy has been implemented, ensuring that sustainability and social responsibility considerations are introduced. The Procurement Team has engaged in collaborative initiatives with suppliers to identify and address known carbon 'hotspots' to deliver measurable environmental performance improvements.

Through sustainable procurement, Wirral Community Health and Care NHS Foundation Trust and its collaborative partners across the region uses their buying power to give a signal to the market in favour of sustainability, and to base its choices of goods and services on;

- Economic consideration: best value for money, price, quality, availability, functionality
- Environmental aspects i.e. green procurement, the impact on the environment that the product and/or service has over its whole life cycle, from cradle to grave
- Social aspects: effects of purchasing decisions on issues such as poverty eradication, international equity in the distribution of resources, labour considerations and human rights

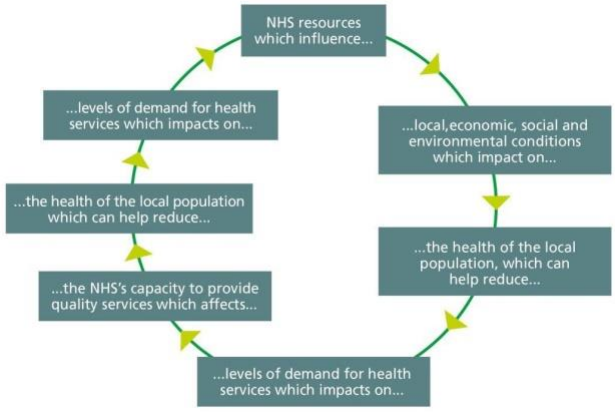
The Trust has supported the above in developing its procurement policies and tendering processes in requesting that all suppliers tendering for Trust services

Other Initiatives

- New recycled printer paper that the Trust is using in all buildings saves 273 trees a year.
- We now have paperless payslips, again saving trees.
- Double sides printing in most printers.
- Rationalising Trust estate, space utilisation programs have been established.
- Installation of a new back-up generator at St. Catherine's that has world beating low carbon emissions.

Our commitment to reducing the carbon footprint

The virtuous circle



Sustainability issues form an integral part of our Estates Strategy. All Trust properties that need a Display Energy Certificate (DEC) have one in place, and the DEC is displayed on each reception desk.

We have a Sustainable Transport Plan 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. Video phones have been installed for use with our sites in Cheshire East; these enable immediate face-to-face discussions between staff based in different sites, and reduce avoidable travel thus reducing carbon emissions. 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 strategy embraces advances in technology and communication, creates the space and opportunity for innovation and fosters pioneering partnerships. Its core principles are motivational and collaborative. They speak to wider calls for patient and staff wellbeing, positive behavioural change and the integration of sustainability into the design, delivery and quality of care we provide.

The strategy is ambitious and delivering it will require cooperation, a long-term perspective and changes to the way we operate. However, as a framework for understanding and responding to future developments that will affect the health of our local communities and the healthcare services we provide, it is vital.

Sustainable development (or sustainability) is about meeting the needs of today without compromising the needs of tomorrow. In the health and care system, this means working within the available environmental and social resources to protect and improve health now and for future generations.

Key achievements

- There has been a reduction in total electricity consumption, down from 864,800 Kwh in 2018-19 to 748,415Kwh in 2019-20 following a reduction in the VCHC accrual.
- There has been a reduction in gas consumption and costs as well, falling from 4,886,735 Kwh down to 2,865,961Kwh in 2019-20 saving £26,881.
- There has been a subsequent drop in all energy costs from £271,007 to £242,800

across the last 2 years.
- The Trust has seen a major saving in water and sewage costs resulting in a saving of £18,343 over the previous year.
- Portering service costs have fallen by 32.7% over the previous year.

Implementing Social Distancing in response to the COVID-19 pandemic

Social distancing was introduced by the government as part of the response to the COVID-19 pandemic. Social distancing involved reducing day-to-day contact with other people as much as possible, in order to reduce the spread of infection. Businesses and workplaces were encouraged to arrange for their employees to work at home wherever possible and where not possible, were required to avoid crowding and put in place measures to ensure a twometre distance (three steps) could be maintained between individuals wherever possible.

The Estates team has played an active role in the movement of staff to accommodate the changes in working practices. The Trust tried to make every reasonable effort to enable staff to work from home as a first option and provided support as follows;

- Supplying some staff with small cardboard desks for home use
- Creating a video on StaffZone that assists staff in setting the ideal DSE posture

Where working from home was possible the Estates Team endeavoured to make changes in the workplace to comply with the social distancing guidelines set out by the government. This included;

- Using back-to-back or side-to-side working instead of face-to -face
- Footstep signage in lifts to ensure that overcrowding does not occur
- Desk signage that will signify a safe working zone
- Using markings and introducing one-way flow at entry and exit points where possible

Each office in all properties in which Trust staff work was individually checked and a 'social distancing' A4 poster attached to the door with a recommendation of the number of workstations that should be allowed within that room. The assessment was carried out with Staff Side and staff input.

Where rooms had work benches every other workstation was taken away, and measurements were taken to ensure that the twometre guidance was met. In offices with desks, some movement of furniture was required and approximately every other desk was left vacant. A risk assessment was produced as a guideline for staff.

The Trust moved some staff from smaller buildings, and the main training centre at Albert Lodge and the Cardiac Rehab Facility at St Catherine's Health Centre underwent a change of use to accommodate staff who were agile workers with the appropriate risk assessments completed.

All reception areas had a twometre clear zone marked on the floor with all receptionists reminded to inform staff and patients who venture into these areas to move clear.

Reducing Carbon Emissions

The Trust has already exceeded the target of the Climate Change Act set in 2008 that requires a 34% reduction in carbon emissions by 2020. However to ensure the end goal set to ensure the NHS as a whole cuts its carbon emissions by 80% by 2050, the Trust recognised that it must keep progressing and improving.

As a sustainable organisation it is important that the Trust operates with integrity and responsibility, and this will be achieved by measuring and monitoring progress which is key to ensuring that we are developing in the right direction.

We recognise the vital role our staff can play in helping us deliver this goal as well as the power of partnership to accelerate progress and achieve success.

The Trust has joined a Cheshire and Merseyside Health and Care Partnership Group with the idea of pooling ideas and assisting each other to set up individual Green Plans that will drive ideas and actions forward for the next two years. This will enable the group to share them with the Innovation Agency North West Coast, who have said they will look at potential ideas for us to do things differently and help us to lead the way in this field.

Section 6: Looking forward - the on-going response to COVID-19 and service delivery through 2021-22

The NHS is continuing to respond to the COVID-19 pandemic and working hard to bring back the full range of NHS services and addressing the growing waiting lists. The Trust is following national guidance and actively working with partners to respond to the on-going challenges presented by COVID-19 and supporting the local hospital trust with the restart of elective procedures.

The Trust is continuing to offer services to COVID-19 patients in the community with enhanced system working.

In this section we describe the Trust's work plans to restore and reset services, building on the innovations of the past year and continuing to offer community services through digital consultations where appropriate, alongside face to face service delivery.

2021-22 Work Plan

The Trust has prepared a work plan for the coming year 2021-22 that sets out how it will reset service delivery building on the innovations and efficiencies that arose from the response to the pandemic. The work plan covers eight distinct areas:

For each of these areas the Trust has set out clear tasks and aims, and the process by which assurance and governance will be delivered, and the timescales for the completion of the tasks.

The work plan has been extensively shared across the Trust, with videos by the Chief Executive, information in The Update, briefings for managers and the presentation including all of the resources in the work plan is available on the StaffZone. Each team has looked at the work plan and developed their own team Plan on a Page, setting out how their work will contribute to the delivery of the Trust's overall work plan for 2020-21

The work plan tasks, aims and lead Executive Director are shown below for the four themes:

Theme	Task	Aim	Executive Director Lead
Strategy	Revise Trust strategy and Values	Develop a fully engaged, collaborative 5 year Organisational strategy which complements and supports Local and System strategies. Ensure the people we serve are at the forefront of our ambitions. Following full workforce engagement launch new Values for our Organisation	Chief Strategy Officer
Operations	Organisational Restructure 2021	Align the Trust's structure with current national policy direction incorporating Population Health, Integration and Health inequalities	Chief Operating Officer
	Urgent care model development	Provide a modern urgent care facility for the people of Wirral	Chief Finance Officer
	Partners for Change: 3 Conversations Transformation programme Adult Social Care	Work with Wirral Council and Partners for Change to co design, implement and evaluate innovation sites aimed at delivering more personalised support and reduction in the number of times individuals need to re-refer for help	Chief Operating Officer
Quality	Quality Strategy Plan	Involve people as active partners in their wellbeing and safety, promoting independence and choice Nurture an improvement culture focused on consistently delivering effective, efficient care Further strengthen our positive safety culture, promoting psychological safety and supporting reflection	Chief Nurse
	Regulatory preparedness	For Organisation to move out of Requires Improvement rating Ensure the Trust is prepared for proposed changes to Adult Social Care regulation	Chief Nurse
People	People Strategy Plan	Support our people's health, wellbeing and recovery from the pandemic to allow them to perform at their best A compassionate and inclusive culture, where our people can thrive at work Outstanding opportunities for our people and communities to develop their skills and experience as our employees Modern, agile, integrated working practices, to meet changing population needs	Director of HR & OD

As part of the work plan, the Trust's five-year Strategy will be developed and launched. The strategy will set out how the Trust will continue to offer outstanding care, develop our services further, and continue to work closely with our partners in the creation of the new Integrated Care System.

Accountability Report

The Directors' Report

The Board of Directors

Wirral Community Health and Care 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 4 non-voting Directors.

The board structure for 2020-21 comprised of;

- Chairman
- Chief Executive
- Chief Finance Officer/Deputy Chief Executive
- Medical Director
- Chief Nurse
- Director of Human Resources & Organisational Development (non-voting)
- Director of Corporate Affairs (non-voting)
- Chief Operating Officer (non-voting)
- Chief Strategy Office (non-voting)
- 4 x Non-Executive Directors (including Senior Independent Director)

The Associate Director of Adult Social Care provides specialist advice and guidance to the Board of Directors on the social care profession and attends both public and private Board meetings in the capacity as specialist advisor.

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

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

Non-Executive Directors

Professor Michael Brown, CBE DL
Chair

Professor Brown joined the Trust as Chair in September 2017.

Professor Brown is the independent Chair of Procure Plus Holdings Limited and previously served as Chair of Alder Hey Children's Charity.

Previously the Vice-Chancellor, CEO and Board Member of Liverpool John Moores University, Michael served as Chair of the Strategy Committee of the Merseyside European Union Objective One Funding, the Liverpool Democracy Commission, Liverpool Strategic Improvement and Innovation Programme and the Liverpool and Merseyside Theatres Trust (Everyman and Playhouse Theatres).

Brian Simmons
Non-Executive Director and Chair of Audit Committee
Appointed Senior Independent Director in February 2019

Brian has been a Non-Executive Director with Wirral Community and Health and Care Trust since 2011. Before retiring in 2013, he was the Assistant Chief Officer and Finance Director for the Cheshire Constabulary.

Brian joined the Civil Service in 1972 working in accounts and audit roles for the Property Service Agency. Prior to joining Cheshire Constabulary in 2000, he worked as a Senior Civil Servant Finance and Business Services Director for a Ministry of Agriculture Research Laboratory.
Brian is a fellow of the Chartered Institute of Management Accountants.

Brian is the Non-Executive Director 'Freedom To Speak Up Guardian' for the Trust.

Beverley Jordan
Non-Executive Director
Appointed Deputy Chair in February 2019.

Beverley joined the Trust as a Non-Executive Director in September 2017 and Chair of the Finance & Performance Committee
Former Vice President and Head of Operations, Global Medicines Development, Astra Zeneca.

Beverley is a Chartered Accountant (trained with Coopers & Lybrand) with over twenty years in financial and broader corporate leadership roles across different business divisions at AstraZeneca, the FTSE-100 multi-national pharmaceutical company.

She was latterly (2013-16) Vice-President and Head of Operations for the Global Medicines Development Group, the business division responsible for the clinical development and regulatory approval of new medicines globally. She is currently a Trustee and Honorary Treasurer for Wigan Borough Citizens' Advice and a student mentor for Manchester Business School.

Professor Chris Bentley
Non-Executive Director

Chris joined the Trust as a Non-Executive Director and Chair of the Quality & Safety Committee in February 2019.

Chris has worked at Board level in the NHS for 22 years. He was Director of Policy and Public Health in Health Authorities in West Sussex and then Sheffield, and subsequently for the Strategic Health Authority of South Yorkshire.

Chris was a clinical Non-Executive Director on the Board of Derbyshire Community Health Service NHS Trust for 7 years during which time the Trust was awarded Foundation Trust status.

Chris is a well-known figure in population health and healthcare circles, primarily through his work as Head of the Health Inequalities National Support Team but also more recently as an independent consultant providing advisory support to the Integrated Care Systems (ICSs) agenda.

Currently Chris provides consultancy support to the Equity and Health Inequalities Teams of Public Health England and NHS England / Improvement.

Gerald Meehan
Non-Executive Director

Gerald joined the Trust as a Non-Executive Director and Chair of the Education & Workforce Committee in February 2019 and is also employed by Cheshire and Merseyside Health and Care Partnership (STP) as the Local Government Advisor.

Gerald has over 35 years' experience in Local Government and the operation of local democracy with a track record of successfully delivering major change programmes in a range of settings including county, city, metropolitan, unitary and combined authorities.

Gerald has a broad set of leadership experiences with a strong emphasis on partnership working and innovative models of service. He is personally driven by a strong public sector ethos and progressive local democracy.

Most recently Gerald was the Chief Executive of Cheshire West and Chester Council (CWAC) and the sub-regional lead for Cheshire & Warrington. Gerald is a Registered Social Worker, and specialist in Child Protection and Children's services.

Non-Executive Director Terms of Office and re-appointments

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

During 2020-21 the Council of Governors led the process to reappoint the Chair, Professor Michael Brown and one NED, Beverley Jordan. Both were reappointed for a further term of 3 years as below.

Non-Executive Director	Term	Term expiry
Michael Brown	3 years	September 2023
Brian Simmons	2 years	May 2022
Beverley Jordan	3 years	September 2023
Chris Bentley	3 years	February 2022
Gerald Meehan	3 years	February 2022

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.

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 over 25 years at board level.

Prior to joining Wirral Community Health & Care 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
Chief Finance Officer and Deputy Chief Executive
Voting member of the Board of Directors

Mark has over 28 years NHS experience and prior to joining Wirral Community Health & Care 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 (until February 2020 when the responsibility moved to the new Chief Strategy Officer post), Estates, Procurement and Facilities.

Dr Nick Cross
Medical Director
Voting member of the Board of Directors

Nick has close links with Wirral as a graduate of Liverpool University Medical School. Initially embarking on a career in anaesthetics and intensive care, Nick became attracted to a career in general practice and was a partner in a Wigan practice before moving to a practice in East Yorkshire, where he was until 2016.

Alongside his role in the Trust, Nick was the Associate Medical Director for a large, mental health, community and primary care trust in East Yorkshire. This ended in September 2018 following his substantive appointment to the Medical Director role.

Nick, a qualified GP, continues to keep abreast of the day-to-day challenges and opportunities facing general practice whilst also keeping abreast of new and exciting clinical developments.
Nick has a strong desire to ensure that general practice and community service thrive and is keen to share his experience and leadership to achieve this aim.

Paula Simpson
Chief Nurse
Voting member of the Board of Directors

Appointed in 2018 Paula is a committed nurse with 30 years' experience in the NHS, passionate about providing high-quality, person-centered care.

Paula graduated with a Bachelor's Degree in Nursing from the University of Liverpool in 1992 after which she embarked on a career in Health Visiting within Wirral.

Over time Paula developed a keen interest in quality improvement, population health and health protection. This led her to complete a Master's Degree in Applied Public Health, during which she undertook a variety of system-wide commissioning and professional leadership roles across the Merseyside Health and Care System.

Her passion for nursing leadership brought her back to Wirral in 2014 to undertake the role of Deputy Director of Nursing. Since then, Paula has been awarded a Florence Nightingale Scholarship and works at a national level to influence nursing workforce development.

Jo Shepherd (nee Harvey)
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 Health and Care 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 and Organisational Development agenda ensuring the effective planning, development and management of the Trust's workforce, and leads on Equality and Human Rights.

Val McGee
Chief Operating Officer
Non-voting member of the Board of Directors

Val is the Chief Operating Officer for the Trust.

Val has over 36 years' experience in the NHS, the majority of which has been in operational management.

Val joined Wirral Community NHS Foundation Trust in January 2015 as Director of Integration and Partnerships before appointment to her current role as Chief Operating Officer.

Val was Service Director and Deputy Director of Operations for Cheshire & Wirral Partnership Trust, working across a wide geographical area. Prior to working with Cheshire & Wirral she worked in the acute sector as Hospital Manager in Wigan, followed by an operational role in mental health.

She commenced her career at Leighton Hospital, Crewe as General Manager for Surgical specialities including A&E.

Alison Hughes
Director of Corporate Affairs
Non-voting member of the Board of Directors

Alison has worked in the NHS for over 9 years providing leadership and advice to NHS Board of Directors on all matters associated with corporate governance.

She has a sound understanding of the regulatory and political environment in which NHS organisations operate and provides leadership on all matters of corporate governance ensuring all statutory duties are met.

Alison is also responsible for the Communications & Marketing strategies for the Trust.

Alison has worked closely with our Board of Directors for a number of years and played a key role in leading the Trust to achieve Foundation Trust status in May 2016. As such, Alison provides advice and regulatory guidance to our Trust Council of Governors. Alison previously worked in the pharmaceutical industry and brings a sound understanding and almost 10 years' experience working in the commercial healthcare sector. Ali is the Senior Information Risk Officer (SIRO) for the organisation.

Tony Bennett
Chief Strategy Officer
Non-voting member of the Board of Directors

Tony joined the Trust in February 2020 having worked in the NHS for 23 years. He started his career at Royal Liverpool & Broadgreen University NHS Trust in 1996 before moving to Liverpool Heart & Chest NHS Foundation Trust in 2001.

Privileged to have worked in both a clinical and non-clinical capacity Tony has extensive knowledge working within both operational and strategic positions. Tony has a BSc in Clinical Physiology, an MSc in Health & Social Care Management and in 2018 he received the NHS Academy Nye Bevan Executive Leadership Award.

Tony has significant experience delivering and leading community services and stakeholder / partnership working to build sustainable services ensuring people receive timely access to high quality care. His key areas of expertise include strategy, service redesign, quality improvement and business development with a successful track record delivering transformational change within healthcare.

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	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.
Chief Finance Officer & Deputy Chief Executive	Security Management Director	Overseeing and providing strategic management and support for all security management work within the organisation
Chief Operating Officer	Accountable Emergency Officer	Ensuring that the NHS England core standards for Emergency Planning Resilience and Response are met
Director of HR & OD	Executive Lead for Freedom To Speak Up	Supporting the board reflection, and leading the organisation's approach to FTSU
Director of Corporate Affairs	Senior Information Risk Owner	Managing information risks to the organisation; oversight of information security incident reporting and response.
Associate Director of Adult Social Care	Freedom To Speak Up Guardian	Ensuring that colleagues can speak up about anything that might affect the quality of staff experience or patient care

The Board of Directors completes annual self-declarations to demonstrate compliance with the Fit and Proper Persons Regulations (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5). During 2019-20, the Trust reviewed and included detailed processes in the existing Trust Fit and Proper Persons Policy, to further strengthen its processes in relation to the Fit and Proper Persons Test for all directors, including Associate Directors. The policy sets out the requirements of the test, the checks and evidence to be collected on an annual basis, the monitoring of compliance through annual declarations and testing at appraisal and the consequences of non-compliance.

The pre-employment checks for the new Chief Strategy Officer position were conducted in accordance with the Trust's Fit and Proper Persons Policy.

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, and any actions to be taken in response to these for the meeting are noted in the meeting minutes.

During 2020-21, the Trust further strengthened processes in relation to the management of conflicts of interest including flow charts to more clearly demonstrate why and how to make a declaration of interest, and the processes for the Trust's consideration and approval process for sponsored posts. These changes were reviewed by the Audit Committee.

The Register of Interests is available to the public via the Trust's website.

Statutory statements required within the Directors report

Wirral Community Health and Care 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 during normal operations. During 2020-21, where possible, the Trust paid suppliers within seven days. The table below summarises our performance for 2020/21 against the Better Payment Practice Code.

Better Payment Practice Code - Compliance 2020-21		
Payables	**Number**	**£'000**
Non-NHS		
Total invoices paid in the year	9,194	19,608
Total paid within the 30-day target	8,501	17,093
Percentage paid within the target	92.5%	87.2%
NHS		
Total invoices paid in the year	581	7,703
Total paid within the 30-day target	483	6,212
Percentage paid within the target	83.1%	80.6%

During 2020-21 the Trust paid £3,553 in late payment charges due to late payment of 25 invoices. The fees and charges/income disclosures are unchanged from last year.

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 goods and services for any other purpose.

So far as each member of the Board of Directors of Wirral Community Health and Care 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.

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.

Disclosures relating to NHS Improvement's well-led framework

The Board of Directors has regard to the well-led framework and tests performance against the Key Lines of Enquiry that constitute the framework. The Trust was last inspected by the CQC in 2018.

The feedback and actions from the 2018 CQC inspection report were incorporated into robust action plans to address all MUST DO and SHOULD DO actions. The progress against these action plans has subsequently been tracked through the Quality & Safety Committee, with the committee receiving assurance on the action taken but also the evidence to demonstrate on-going compliance. All actions have been completed.

The Trust was due to be re-inspected by the CQC in 2020, however this was paused by the CQC due to the COVID-19 pandemic. The Trust has maintained regular communication with the inspection team during 2020-21.

During 2020-21 and in response to the NHS national emergency response to COVID-19, the Trust operated under emergency governance arrangements. These arrangements outlined the principles of Board assurance and governance the Trust would follow. An overall streamlined approach to existing governance was adopted together with increased risk appetite and risk tolerance to support the Trust's response. The Terms of Reference, quorum and membership of existing sub-committees of the Board were temporarily suspended and COVID-19 specific arrangements established. A weekly Non-Executive Directors assurance meeting with the Chief Executive Officer, Chief Finance Officer and Director of Corporate Affairs was established to report on the impact of the measures being taken in response to COVID-19 and the management of the Level 4 incident.

Under these arrangements, the quality governance framework remained in place across the Trust and continued to monitor performance in respect of regulatory compliance and the delivery of safe services. Further information on the emergency governance arrangements established by the Trust is included in the Annual Governance Statement and Code of Governance compliance statements.

To test compliance across a number of areas, the Standards Assurance Framework for Excellence (SAFE) system continued to be applied across the Trust by both clinical, professional and non-clinical services. The system provides teams with a single on-line tool to store, access and present information about their service, relating to the Key Lines of Enquiry, including Well-Led, used by CQC and NHS Improvement in their reviews. The SAFE system was also expanded in 2020-21 to reflect COVID-19 specific requirements and national guidance to ensure services were able to check and effectively evidence compliance. More recently the system also supported the safe restart of services across the organisation.

- The Board of Directors continued to meet, albeit virtually, during 2020-21 to provide strategic direction and seek assurance on the Trust's response to COVID-19.
- The local command structure established to support the Trust's response to COVID-19 ensured **a robust control framework remained in place**. This included daily oversight and monitoring of organisational risks with assurance provided through the established emergency governance arrangements to a weekly Non-Executive Director (NED) assurance meeting, the bi-monthly Quality & Safety Committee and the Audit Committee, both of which remained in place throughout the financial year.
- The **Quality & Safety Committee** and the **SAFE Steering Group** remained in place during 2020-21 to ensure standards of compliance and assurance.
- The **Team Leader checklist** remained in place to ensure discussion on risks and the management of risks included on the agenda for all team meetings. Whilst this presented some challenges during the year, with many staff reassigned to different services to support the response to COVID-19, the daily **Tactical Command Group** established as part of the local command structure and its supporting cells, **Workforce, Clinical and Operations** all maintained oversight of new, existing and emerging organisational risks. The local command structure also ensured that decisions taken were considered in the context of service delivery, staff availability and skills, safety, quality and equity.

- The live risk module in the **Trust Information Gateway (TIG)** allowing scrutiny of risks by risk score, age of reporting and type continued to be utilised particularly by the Audit Committee to provide a full overview of all organisational risks and themes.
- The Trust's **Risk Management Policy** was updated during 2020-21 to reflect the arrangements for risk monitoring and escalation under emergency governance arrangements. A systematic approach to the identification, management and escalation of risks within the Trust remained in place with an Internal Audit review of Risk Management processes providing Substantial Assurance.
- The **Board Assurance Framework** was reviewed and updated at every Board meeting and during 2020-21 it reflected the requirements of the NHS response to COVID-19. The Audit Committee maintained oversight of the principal risks and supported the implementation of a new, more outcome-focused structure to the BAF.
- All **procedural documents** were monitored with some, particularly HR policies, having extended review deadlines agreed in line with national guidance.
- All **internal communication channels** were maximised, with new channels added during 2020-21 to ensure regular, effective and supportive communication to the entire workforce. This included daily COVID-19 bulletins providing important information and updates to staff on national, regional and local guidance, Personal Protective Equipment (PPE) requirements, workforce guidance and advice and support for staff health and wellbeing. An all staff WhatsApp group and a closed Facebook Group were both launched to provide an alternative channel for trust-wide messages and updates to be shared and for staff to engage with each other and share stories and news. The impact of internal communications has been positive and **daily Shout Outs** to staff have also been very successful to recognise the achievements and support staff have shown to each other.
- **Managers' briefings** were established both virtually and electronically, providing a forum for the sharing of important messages and updates related to the Trust's response to COVID-19 and support to the workforce.
- The **virtual HEART awards** held in July/August 2020 were a highlight to recognise staff achievements.
- The Trust's intranet, **Staff Zone,** has remained a vital resource for staff and has been updated as frequently as daily with the latest guidance and advice for staff. All procedural documents are available for staff to access and specific **Action Cards** to support the implementation of Infection, Prevention & Control guidance were crucial to support staff in the response to COVID-19.
- A number of staff network groups were established to support staff, and these have grown in participation and involvement during the financial year. The groups include; LGBTQ+, BAME, Carers and ~~Dis~~Ability. These network groups further support the Trust's Inclusion strategy and objectives, and further details are included in the Performance Analysis.
- All arrangements to support staff in raising concerns through **Freedom To Speak Up, have remained in place and been important during the response to COVID-19.** The FTSU Annual Report was presented to the Board of Directors for assurance.
- The **Informal Board Programme for 2020-21** was temporarily suspended in line with emergency governance arrangements but was restarted in January 2021 with a forward programme for 2021-22 in place.
- A structured **Board Development Programme** was commenced in 2020-21 with external support from Gatenby Sanderson. The programme remains on-going.

The Trust conducted a self-assessment against the NHSI well-led framework for developmental reviews during 2019-20. This identified areas of good practice and areas where the Trust could further develop. The key findings were shared with the Board of Directors in December 2019, and an action plan in response to the areas for development was prepared, although this was paused while the Trust focused its efforts on the response to the COVID-19 health emergency. The Trust will resume the delivery of the action plan, and refine this if necessary in light of the new ways of working in response to the COVID-19 pandemic. The Trust will seek external support to complete and further test this work in 2021-22.

There are no material inconsistencies between the Annual Governance Statement, Corporate Governance Statement, and the Annual Report or reports arising from the CQC planned and responsive reviews of the Trust and any consequent action plans developed by Wirral Community Health and Care NHS Foundation Trust.

Quality governance

The Board of Directors recognises that quality is not just 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 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 Governance Statement. In line with national guidance from NHS Improvement, the Trust prepared its annual Quality Report which was submitted on 30 June 2021. The Trust has included a summary of the quality achievements in the Performance Analysis section and is expanded in greater detail in the Quality Report when published.

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

The Trust gains assurance on the quality governance arrangements in place as part of the annual internal audit plan and the annual clinical audit and quality improvement programme.

The Trust has successfully embedded the electronic solution single assurance framework (SAFE system) which is used as the comprehensive repository for evidence against the regulatory frameworks governing the Trust. The system brings the available information together, allowing the rapid identification of areas of outstanding practice and areas for further development.

The system enables staff to have a single on-line tool to store, access and present information about their service and therefore enhance assurance against regulatory compliance.

There are a number of modules across the system which are monitored through various committees:

- **CQC module**: This includes individual team's CQC self-assessments and divisional review section, the Trust's SHOULD DO and MUST DO action plans, following the inspection in 2018 and the CQC fundamental standards.
- **NHSI Well-Led Framework**: This provides a framework for Corporate services to self-assess against the standards for Well-Led.
- **Procedural Documents Module**: This includes information on Policies, Standard Operating Procedures (SOP) and Patient Group Directions (PGD). The information is displayed as a schedule providing information on the lead author, last review date and expiry date allowing a simple search to identify the status of documents. The status is RAG-rated and enables clear identification of when documents are due for review and a clear way to alert authors. Full versions of the documents are stored securely on Datix to maintain a document archive. Staff can access all procedural documents via StaffZone.
- **Inspection module**: This includes information on inspections that will reoccur: Hand hygiene, Environmental Audits (Quarterly) and Team Leader Checklist and medicine management inspections (Monthly). SAFE will hold information from a given time period and then refresh in the next time period to allow new data to be entered. Performance over time can be tracked.
- **Health and care audit module**: The information is displayed as a schedule providing information on the status of audits and assurance levels. Full versions of the completed audits will be stored on SAFE.
- **NICE guidance module**: Nice Guidance and Quality Standards upload onto SAFE on a monthly basis. They are reviewed by the Trust NICE group and applicability noted. Compliance against each applicable standard is tracked and monitored on SAFE.
- **COVID-19 module:** This includes specific COVID-19 procedural documents, service restoration plans including COVID-19 checklists, a quality framework and quality & audit assurances.

Patient care

The Annual Quality Account 2020-21 was submitted to NHS Improvement by the national submission date of 30 June 2021 and describes quality improvements and quality governance in more detail including patient

care.

The Performance Analysis section of this Annual Report includes a summary of the progress with the Trust's quality goals, local and national targets, and the improvement of care provided to patients and service users through the enhancement of existing services and the introduction of new services.

Stakeholder relations

The Performance Report describes the stakeholder relationships developed and progressed during 2020-21 to facilitate the delivery of improved healthcare, including the partnership and system-wide working at local, regional and national level in response to the COVID-19 health emergency.

Karen Howell

Chief Executive

21 October 2021

Remuneration Report

Annual statement from the Chair of the Remuneration Committees

I am pleased to present the Directors' Remuneration Report for the financial year 2020-21 on behalf of Wirral Community Health and Care NHS Foundation 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 Government Financial Reporting Manual (FReM) and NHS Improvement we have divided this report into the following parts;

- The Directors' Remuneration Policy sets out Wirral Community Health & Care 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

A temporary increase in Very Senior Manager costs was approved to ensure a stable handover of interim Chief Executive and Chief Finance Officer roles back to substantive postholders, following the Chief Executive's secondment to NHSE from October 2020 - March 2021. A local Recruitment and Retention Premium was agreed to ensure safe delivery of night cover for the Community Intermediate Care Centre, temporarily established to support the Wirral Covid Response. The nationally recommended annual uplift for the Very Senior Manager framework was approved for eligible staff.

The Remuneration & Nomination sub-group of the Council of Governors approved revisions to Non-Executive Directors remuneration (excluding the Chairman) in line with the *"Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts"* issued in November 2019.

Professor Michael Brown, CBE, DL
Chairman

21 October 2021

Senior managers' remuneration policy

Remuneration for senior managers is shown on page 81.

All senior manager posts are subject to approval by the Remuneration Committee. Any pay awards are agreed by that Committee.

Senior Managers are remunerated in accordance with the national VSM framework and guidance. The level of remuneration for each senior manager post is determined by the Remuneration Committee taking into account this guidance, national benchmarking (e.g. NHS Provider annual survey on Executive Director remuneration) and market influences.

Senior Managers 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 or bonus scheme.

One senior manager is on an annual salary of more than £150,000. This salary was subject to the same review and approval process as detailed above.

The remuneration policy for senior managers is determined by the Remuneration Committee to ensure a fair and consistent approach is taken.

Service contract obligations

Senior managers' contracts are permanent on appointment and are subject to a period of three 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 majority of staff are employed on national NHS terms and conditions and these are taken into account when setting the remuneration policy for Senior Managers.

Annual report on remuneration

The Remuneration Committees

The Board of Directors Remuneration & Terms of Service Committee

The Remuneration & Terms of Service Committee is a non-executive 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 2020-21, the members of the Committee were;
Michael Brown, Chairman (Chair of the Remuneration Committee)
Brian Simmons, Non-Executive Director (Chair of the Audit Committee)
Beverley Jordan, Non-Executive Director
Chris Bentley, Non-Executive Director
Gerald Meehan, Non-Executive Director

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

The Director of Human Resources and Organisational Development and the Chief Finance Officer may attend in an advisory role to assist the Committee in their consideration of matters. They are not members of the Committee and do not participate in any discussion or decision making in respect of their own remuneration or other terms of service.

The decisions of the Remuneration and Terms of service committee are subject to the same equality and diversity requirements/policies as all other committees, which support equalities legislation and the Trust's own Inclusion Strategy. Primarily, this committee is focused on the Trust's commitment to "promoting a fair and welcoming organisation, celebrating difference to ensure our workforce are all valued and treated equally". Decisions made by the committee are subject to Equality Impact Assessment where required and this is recorded in the papers submitted to the committee.

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 four governors with one nominated as the Chair of the group. 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 Director of Corporate Affairs attends each meeting of the group.

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

During 2020-21, the Council of Governors through the Remuneration & Nomination sub-group ensured appropriate oversight and decision relating to the re-appointment of the Chairman and Deputy Chairman/Chair of the Finance & Performance Committee, and the revision to remuneration levels for all Non-Executive Directors (excluding the Chairman).

This business was considered at a virtual meeting held in January 2021 with the following attendees;

Chairman of the Board of Directors (present for the discussion on the reappointment of the Non-Executive Director/Deputy Chair and Chair of the Finance & Performance Committee)
Lynn Collins (Public Governor) Chair of the Group
Irene Cooke (Public Governor)
Ronnie Morris (Public Governor)
Kevin Sharkey (Public Governor)
Karen Howell (substantive Chief Executive - present for the discussion on the reappointment of the Chairman of the Board of Directors)
Brian Simmons (Non-Executive Director/Senior Independent Director - present for the discussion on the reappointment of the Chairman of the Board of Directors)
Alison Hughes, Director of Corporate Affairs.

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.
During the year £2,900 of expenses were paid to six directors.

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 £30,615 (2019-20: £31,112). The banded remuneration of the highest paid director in the financial year is £135k-£140k (2019-20 £165k-£170k).

This is 4.49 times the median remuneration (2019-20: 5.56).

Payments to past senior managers

There have been no payments to past senior managers during the year.

Payments for loss of office

Payments for loss of office are disclosed in note 6.1 in the financial statements. No payments were made to Directors for loss of office in the period.

Remuneration for Senior Managers *(subject to audit) - Salaries and pension entitlements of Directors*

		2020-2021				2019-2020			
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)	Salaries and fees (bands of £5000)	Taxable benefits £ rounded to nearest £100	Pension related benefits (bands of £2,500)	Total (bands of £5000)
Non Executive Directors									
Michael Brown	Chairman	40-45	0	N/A	40-45	40-45	0	N/A	40-45
Beverley Jordan	Non-executive director	10-15	0	N/A	10-15	10-15	0	N/A	10-15
Brian Simmons	Non-executive director	10-15	0	N/A	10-15	10-15	0	N/A	10-15
Chris Bentley	Non-executive director	10-15	0	N/A	10-15	10-15	0	N/A	10-15
Gerald Meehan	Non-executive director	10-15	0	N/A	10-15	10-15	0	N/A	10-15
Executive Directors									
Karen Howell*	Chief Executive *(except for 1 October 2020-1 March 2021)*	80-85	7,400	5-7.5	95-100	165-170	10,500	7.5-10	185-190
Mark Greatrex*	Chief Finance Officer/Deputy Chief Executive	65-70	0	15-17.5	80-85	125-130	0	0	125-130
	Interim Chief Executive *(1 October 2020 - 1 March 2021)*	70-75	0	15-17.5	85-90	N/A	N/A	N/A	N/A
Jennie Birch^	Interim Chief Finance Officer *(from 1 October 2020)*	70-75	0	0	70-75	N/A	N/A	N/A	N/A
Paula Simpson#	Director of Nursing	100-105	0	155-160	260-265	100-105	0	10-12.5	110-115
Jo Shepherd	Director of Human Resources and Organisational Development	100-105	6,900	35-37.5	140-145	100-105	8,300	22.5-25	130-135
Dr Nick Cross	Medical Director	135-140	5,500	0	140-145	145-150	0	55-57.5	200-205
Val McGee	Chief Operating Officer	110-115	7,600	22.5-25	140-145	110-115	8,900	10-12.5	130-135
Alison Hughes	Director of Corporate Affairs	85-90	4,600	22.5-25	115-120	80-85	6,800	35-37.5	125-130
Tony Bennett	Chief Strategy Officer *(from 3 February 2020)*	95-100	0	57.5-60	155-160	15-20	0	7.5-10	20-25

Pension Benefits *(subject to audit)*

2020/21	Real increase in pension at pension age bands of £2,500	Real increase in pension lump sum at pension age bands of £2,500	Total accrued pension at pension age at 31 March 2021 bands of £5,000	Lump sum at pension age related to accrued pension at 31 March 2021 bands of £5,000	Cash Equivalent Transfer Value at 31 March 2020 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2021 £000
Mark Greatrex	2.5-5	0-2.5	40-45	90-95	707	55	762
Jo Shepherd	0-2.5	0-2.5	25-30	45-50	409	41	451
Val McGee~	0-2.5	5-7.5	50-55	160-165	1,269	N/A	N/A
Paula Simpson#	7.5-10	12.5-15	30-35	75-80	480	157	645
Alison Hughes	0-2.5	N/A	10-15	N/A	133	24	159
Tony Bennett	2.5-5	2.5-5	30-35	60-65	400	54	461

2019/20	Real increase in pension at pension age bands of £2,500	Real increase in pension lump sum at pension age bands of £2,500	Total accrued pension at pension age at 31 March 2020 bands of £5,000	Lump sum at pension age related to accrued pension at 31 March 2020 bands of £5,000	Cash Equivalent Transfer Value at 31 March 2019 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2020 £000
Mark Greatrex	0-2.5	0	40-45	90-95	580	101	696
Jo Shepherd	0-2.5	0	20-25	40-45	364	30	403
Nick Cross	2.5-5	5-7.5	10-15	25-30	141	49	193
Val McGee	0-2.5	2.5-5	50-55	155-160	1,181	60	1,269
Paula Simpson	N/A	N/A	N/A	N/A	469	N/A	N/A
Alison Hughes	0-2.5	N/A	10-15	N/A	102	29	133
Tony Bennett	0-2.5	0-2.5	25-30	55-60	342	8	400

Notes to the remuneration and pension tables

The pension benefits table reflects the full pension benefits for each scheme member from the NHS Pension Scheme during the financial year.

The real increase in cash equivalent transfer value includes the impact of inflation when calculating the increase year on year.

*During 2020/21 Karen Howell was seconded to NHS England/Improvement by NHSE request for a period of six months (October 2020 to March 2021) and the Deputy Chief Executive/Chief Finance Officer, Mark Greatrex, covered the period of the secondment as Interim Chief Executive Officer.

^Jennie Birch was seconded to the Trust from Countess of Chester NHS Foundation Trust as Interim Chief Finance Officer. The salary reflected in the remuneration table above reflects payments made to Countess for her services.

#Paula Simpson suspended her membership of the pension scheme during the 2019/20 financial year and reinstated it in 2021/22. Therefore the real increase in pension value in the tables above reflects the growth from 2018/19 to 2020/21.

~Val McGee reached pensionable age at 31 March 2021 and therefore has no CETV at that date.

Nick Cross has left the pension scheme and no pension contributions were made for him in the year.

Non-executive directors do not receive a pensionable remuneration.

Karen Howell
Chief Executive

21 October 2021

Staff Report for 2020-21

As at 31 March 2021, Wirral Community Health and Care NHS Foundation Trust employed 1,732 people. The average number of employees during 2020-21 was 1,683. Details of our workforce are provided below:

Staff Costs

The following staff costs have been incurred during the period;

	2020-21		
	Total £000	Permanent £000	Other £000
Salaries and wages	51,239	48,128	3,111
Social security costs	4,278	4,088	190
Apprenticeship levy	228	228	0
Employer's contributions to NHS pension scheme	5,404	5,404	0
Employer's contributions to NHS pension scheme paid by NHSE	2,348	2,348	0
Pension cost - other	2,014	2,014	0
Termination benefits	43	43	0
Temporary staff	2,625	0	2,625
Total gross staff costs	68,179	62,253	5,926
Costs capitalised as part of assets	559	203	356
Total staff costs	67,620	62,050	5,570

Staff numbers

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

	2020-21		
	Total Number	Permanent Number	Other Number
Medical and dental	10.2	11	7
Administrative and estates	129.7	131	14
Healthcare assistants and other support staff	434.3	403	5
Nursing and health visiting staff	541.8	532	24
Scientific, therapeutic and technical staff	244.0	260	12
Healthcare sciences staff	2.8	1	0
Total whole time equivalent staff numbers	**1,362.9**	**1,338**	**62**

Staff composition - employee gender distribution

The figures reflecting the breakdown of gender distribution of employees within the Trust as at 31 March 2021 are included in the table below:

	2020-2021	Headcount
Directors male *(including Non-Executives)*	54%	7
Directors female *(including Non-Executives)*	46%	6
All Employees male	11%	198
All Employees female	89%	1534

Sickness Absence Data

The Trust's sickness absence data for 2020/21 is available through the published data provided by NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Information from the Electronic Staff Record (ESR) system reports the annual sickness rate for the year 2020-21 as 5.19%. This figure was higher than the Trust's target figure of 5.0%. The level fluctuated throughout the year and the trend reflected the seasonal variation experienced annually, although this was impacted significantly by COVID-19 related absences. Appropriate guidance and wellbeing advice was put in place to support staff at this time, and sickness absence was supportively and effectively managed.

Staff Turnover Data

The Trust's staff turnover data for 2020/21 is available through the published data provided by NHS Digital https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics

Information from the Electronic Staff Record (ESR) system reports the annual turnover rate figure for 2020-21 was 13.5%; a reduction from the figure for 2019-20 which was 14.03%.

When removing staff that have transferred in and out of the organisation via TUPE, and excluding those posts made redundant and leaving involuntarily, the turnover figure for 2020-21 was 8.6% (10.49% in 2019-20).

Equality disclosures

The policy in relation to disabled employees

The Trust is a 'Disability Confident' employer and is therefore entitled to display the Jobcentre Plus 'Disability Confident Employer' symbol for advertising, corporate material and publications. The Trust has a set of equality and inclusion 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, including appropriate training, career development and promotion As part of meeting our duties under the Equality Act 2010 the Trust has recently revised its approach to Equality and Diversity, and has established an "Inclusion Team" which is leading on our strategy to bring about an innovative and service led improvement approach to Equality & Diversity. The Disability, LGBT+ and BAME Staff Forums have been relaunched and aim to foster good relations and support staff to share concerns and issues with the Trust to improve their working lives. The

recruitment, redeployment and managing attendance policies are up to date, and include provisions to support applicants with disabilities in recruitment and existing staff with reasonable adjustments.

The Disability Staff Forum was instrumental in the review of the Managing Attendance Policy, and a wider Inclusion Champion Group has been set up to gain representation across the Trust to ensure examples of service improvement regarding equality are captured and shared. The Trust has established a Workforce Race Disability Action Plan as part of the national process within the NHS to meet the Workforce Disability Equality Standard.

We have developed opportunities for work placements for young people with disabilities to provide a pathway into work, and our apprenticeship programme has also provided young people from a range of backgrounds with employment opportunities.

The policy on equal opportunities

Wirral Community Health and Care NHS Foundation Trust aims to be a leading organisation for promoting Equality and Diversity in Wirral and for the staff and 0-19 services in Cheshire East. 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 the Trust is regarded as an exemplary employer.

In 2019 we launched our Inclusion Strategy (2019-22) and described our commitments as;

- valuing the strength than comes with difference and the positive contribution that diversity brings
- promoting a fair and welcoming organisation, celebrating difference to ensure our workforce are all valued and treated equally
- addressing discrimination and inequalities within our local communities, and understanding and eliminating barriers that prevent access to our services
- recognising diversity within our communities and being responsive to people's needs
- engaging with our local communities and stakeholders to promote Inclusion and share our learning to further develop our thinking together.

The Trust produces an annual Inclusion Report along with annual reports of the Workforce Race Equality Standard and Workforce Disability Equality Standard. These NHS national requirements involved reviewing staff data relating to the protected characteristics from the Electronic Staff Record system and staff experience information from the annual NHS Staff Survey. The resulting action plans were co-produced with the relevant staff networks of the BAME staff network for the WRES action plan and ~~Dis~~Ability staff networks for the WDES action plan which are monitored through the Education and Workforce Committee. For 2021 these plans will be reviewed with the full involvement of the staff networks and will be based on the latest workforce equality data.

Actions Taken to Inform or Consult with Staff and Employee Representatives

The Trust has numerous methods of communicating with staff on matters of concern to them including a Trust-wide communications bulletin, a managers' bulletin, and use of the Electronic Staff Record staff portal alongside individual direct emails on special issues. There are regular meetings with staff representatives from recognised trade unions through a formal Joint Forum meeting, and also through a regular cycle of operational management and Staff Side (trade union) meetings where key priorities in the Trust are discussed, with a focus on the impact on the workforce. Where required, formal consultation takes place with staff side representatives in relation to significant service change.

The Joint Forum meetings are a two-way flow of information to support organisational changes that may impact upon staff. This includes the discussion of key performance information, discussion of strategic priorities and provision of data regarding workforce performance. There is also a process of joined-up learning following large scale organisational change projects involving Staff Side, management and Human Resources.

Staff Side representatives are part of the Strategic Workforce Development Group as well as being represented on key strategic workstreams such as E- Rostering, and Agile Working Groups, and this ensures they are directly involved in key decisions about the workforce.

During the COVID-19 pandemic, the Trust operated a command structure as part of the national NHS response. This included the establishment of a Workforce Cell advising the Tactical Command Group, which was constituted of Staff Side and Human Resources Representatives, to ensure full involvement in key decisions affecting the workforce during this challenging period.

Information on Health and Safety Performance and Occupational Health

The Trust has two Occupational Health contracts with external providers (separately covering Wirral and Cheshire East staff), offering the full range of occupational health services from pre-employment screening, management and employee advice alongside staff support facilities to assist with counselling or other causes of anxiety/stress.

During the response to the COVID-19 pandemic Occupational Health provided support to shielding staff and staff identified as vulnerable to COVID-19 by providing access to appointments, support and counselling through the Employee Assistance Programme. The risk assessment forms and processes were regularly revised with the updated medical guidance, and additional guidance provided to line managers to help staff keep safe in work or working from home/ undertaking alternative duties.

The Trust is committed to providing, maintaining and continuously improving a working environment which supports the health, safety and wellbeing of those who could be affected by its activities. This work includes developing and improving the information and signposting pages on the Trust's intranet site, StaffZone. By encouraging the sharing of best practice, we refreshed and refocused the Wellbeing Champions network across numerous staff bases.

Information on Policies and Procedures with Respect to Countering Fraud and Corruption

The Audit Committee assesses the risk of fraud on an on-going basis through its Counter Fraud Service and ensures strong preventative measures are in place. The Chief Finance Officer (CFO) oversees this process as the nominated executive lead for counter fraud and is responsible for the strategic management of all anti-fraud, bribery and corruption work. The Director of Corporate Affairs is the Trust Fraud Champion.

The Foundation Trust has robust processes in place to detect any potential allegations of fraud which are reported to the Audit Committee. The Trust includes fraud-related risks in the organisational risk register, and these risks are managed in accordance with Trust policy on risk management.

The Trust has an Anti-Fraud Bribery and Corruption Policy available on the intranet and attention is drawn to this at induction and fraud awareness sessions.

The Speaking Up Policy has been widely shared with staff across the organisation as part of a wider campaign on raising concerns, and the Trust recruited over 60 Freedom To Speak Up Champions from across the organisation.

Approach to Staff Engagement

During 2020-21 the Trust paused the review of the People Strategy (2017-2020) as it was intended that this would align with the national NHS People Plan, However given the required response to the COVID-19 pandemic this meant that our focus was on providing support to managers and staff so that we could respond to the pandemic. Staff engagement focused on a number of key areas;

- Regular communication to all staff through an increased daily emailed bulletin which included the latest news and guidance, and referenced to further links on StaffZone

- Focus on supporting staff in relation to their health and wellbeing which included a toolkit, regular updates in the daily bulletin, awareness raising in the form of manager sessions to support the completion of individual COVID-19 risk assessments, and promoting resources at a local and national level for health and wellbeing.

- Supporting staff re-assigned into new roles or duties following the national directive to pause/reduce patient services in line with the NHS response to the pandemic.

- The appraisal process took place during July to September, and had a focus on health and wellbeing, reflection on working during the first six months of the pandemic, setting work priorities and support. This was positively received by staff and managers, and was also recognised as a source of good practice and featured on the NHS Employer's website.

- Senior messages from the executives - there was an increased focus on direct messages by the interim Chief Executive's vlog and blog feature which were sent twice weekly by email to all staff.

During the summer of 2020 we undertook a pulse survey to ask staff about their working environment, the support they were receiving and their health and wellbeing. The responses were reviewed by the leads of the Agile Working Programme and have contributed directly to future planning.

Between October and December 2020 we took part in the annual staff survey and the results of this were published in March 2021. Further details on the Staff Survey for further details are provided below.

Shaping our Future is a programme we commenced with staff in late 2020 to develop the values of our organisation. Given the changes we had been through as an organisation in the last 10 years, it was felt that the current values did not reflect who we now were and our ambitions for the future. Staff were asked to contribute via an online survey and partake in focus groups to contribute to the discussions to define a common purpose statement.
In April 2021 we launched our first cycle of pulse surveys, taking part in the national NHS survey and this is a key part of our engagement programme for listening and acting on staff feedback.

The importance of formal partnership working with the recognised trade unions is fundamental to the machinery of the organisation. Joint Union Staff Side colleagues play a vital role in representing their members from all staff groups in formal consultation and negotiation.

We have a Staff Council which comprises a broad cross section of people from the organisation, who meet regularly with the executives in an engagement forum to offer opinions and feedback on working in the Trust. The Staff Council provides an invaluable opportunity to hear directly from staff on how they feel, what is working well and what could be improved.

Our annual "HEART Awards" staff awards, combined with our long-service awards, play an important role in recognising contribution and performance and this year celebrations were held on line. We have temporarily used the daily update bulletin to celebrate "shout outs" where staff can say thank you to others. This has helped to maintain a regular focus on the contribution our staff make to their work, their team and to our service users.

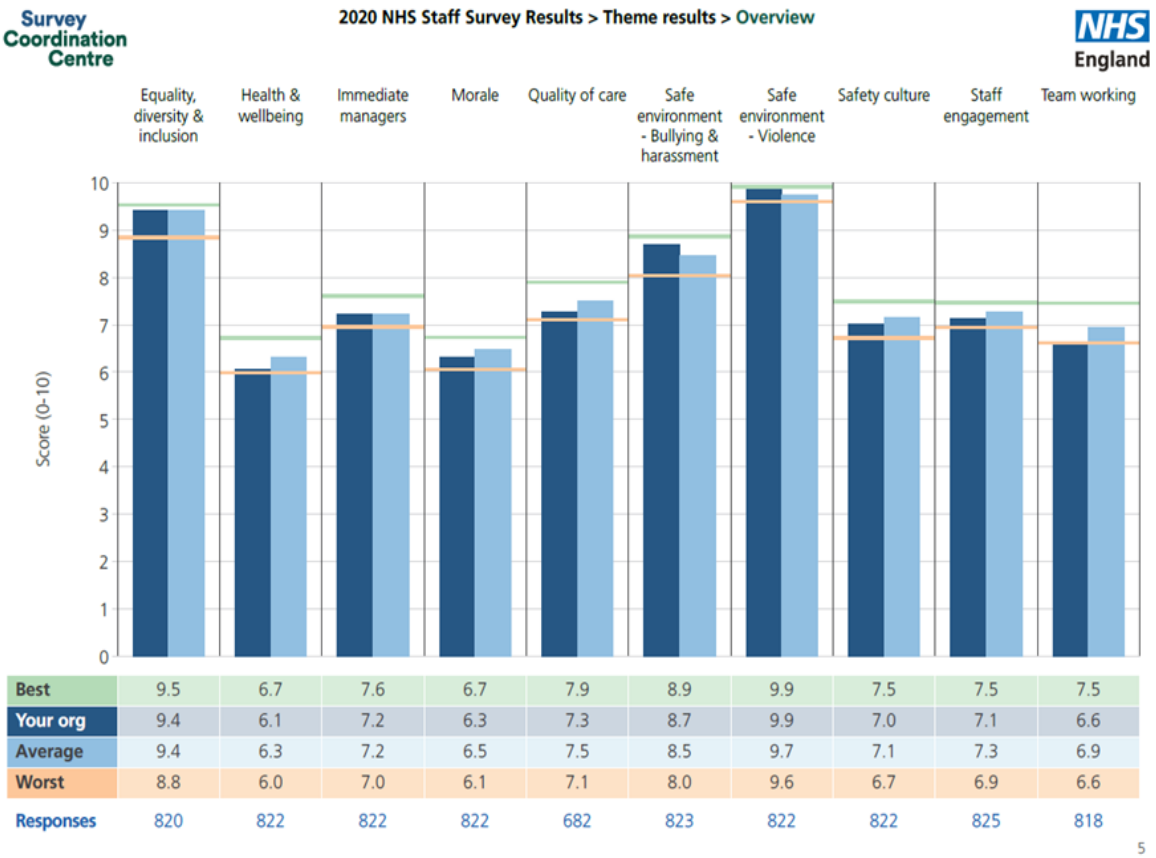
We have a range of networks and champions across a number of subject areas (Inclusion networks and champions, Freedom to Speak Up Champions, Wellbeing Champions), which offer individuals and teams ways to engage at a local level with important issues affecting staff experience.

Staff survey results - Summary of performance

The NHS Staff Survey is conducted annually. 2020 was the tenth staff survey since the Trust was established in 2011. The findings of the staff surveys provide an opportunity for trusts to improve working conditions and practices and to monitor their pledges to staff.

The staff survey method was by electronic survey. The overall final response rate for the Trust was 52% which was the same as the previous year. The average response rate for community trusts was 58%.

This year's survey included questions relating to working during the COVID-19 pandemic. The survey was split into 10 themes:



Scores for each indicator together with that of the survey benchmarking group of community trusts are presented below

	2020-21		2019-20		2018-19	
	Trust	Benchmark Group	Trust	Benchmark Group	Trust	Benchmark Group
Equality, diversity and inclusion	9.4	9.4	9.5	9.4	9.4	9.3
Health and wellbeing	6.1	6.3	5.8	6.0	5.8	5.9
Immediate managers	7.2	7.2	7.4	7.2	7.1	7.0
Morale	6.3	6.5	6.2	6.3	6.2	6.2
Quality of appraisals	Indicator change	Indicator change	5.6	5.8	5.3	5.6
Quality of care	7.3	7.5	7.2	7.4	7.2	7.3
Safe environment – bullying and harassment	8.7	8.5	8.6	8.4	8.4	8.4
Safe environment – violence	9.9	7.7	9.9	9.7	9.9	9.7
Safety culture	7.0	7.1	7.0	7.0	6.8	7.0
Staff engagement	7.1	7.3	7.1	7.2	7.0	7.1
Team working	6.6	6.9	7.0	7.0	Indicator change	Indicator change

We improved our performance in four themes of health and wellbeing, morale, quality of care, and safe environment - bullying and harassment.

We maintained performance in three themes of safe environment - violence safety culture and safe engagement compared to the 2019 results. Scores declined in three themes of equality, diversity and inclusion, immediate managers and team working.

- When reviewing scores in comparison to the average from community trusts for 2020 we: scored above average in two themes of safe environment - bullying and harassment and safe environment – violence,
- we scored average for two themes of equality, diversity and inclusion and the theme of immediate managers and
- we scored below average in six themes of health and wellbeing, morale, quality of care, safety culture, staff engagement and team working, when compared to other community trusts.

When reviewing the scores from 2019 to 2020 in relation to themes the two which were statistically significant were in relation to health and wellbeing which improved and team working which deteriorated.

A different approach

This year we have shared results at a local level so that teams and departments who had staff that completed the survey (more than 11 respondents) had their results shared with them to review. We could then conduct a “deep dive” and hold team talks about the results and what they meant at a team level. Each team were then asked to agree one “Team Intention” and record this on the SAFE system for monitoring and assurance by the end of May 2021.

We held a briefing session where all managers were invited to an online event where the results were shared, and a briefing pack was developed for all teams to go through the key findings and how to develop local team intentions, based on the key areas identified.

In April we began using the monthly national NHS Pulse Survey process to test, monitor and adapt our approach to our Staff Survey results. This is the first time we have used a temperature check tool, and we then share these results through the executive brief process which is a monthly briefing session that all staff are invited to attend, staff council, senior manager meetings and with JUSS (staff side). They are also shared on the staff intranet, StaffZone.

Future priorities and targets

In response to the 2020 staff survey results there will be 4 key actions under the following themes:

- Health and wellbeing - Taking positive action on health and wellbeing.
- Team working - Involving people in decisions affecting their work and meeting regularly as a team.
- Quality of care and support - Ensuring staff can provide the care they aspire to.
- Morale - Having the time, resources and staff to do the job. Recognition for good work.

These key themes will be linked into existing strategies including the People and Quality Plans, our engagement programme "Shaping Our Future" and will form part of our Restore and Reset Plans for 2021-2022. The priorities above address the areas we identified as opportunities for further improvement, and actions will be addressed through the inclusion and health inequalities steering group actions.
Monitoring of the Team Intentions will be undertaken through the divisional SAFE meetings, and the monthly Pulse Survey results will be shared through local groups including management meetings, JUSS (Staff Side) and Staff Council. Assurance of progress of actions identified will be through the Education and Workforce Committee.

Trade Union Facility Time

In accordance with the Trade Union (Facility Time Publication Requirements) Regulations 2017, this is the report produced for the financial year 2020-21 based on the returns submitted to date from trade union representatives.

Table 1- Relevant Union Officials

What was the total number of your employees who were relevant union officials during the relevant period?	Number of employees who were relevant union officials during the relevant period Full-time equivalent employee number
10	8.03

Table 2 - Percentage of time spent on facility time

	Number of Employees
0%	0
1-50%	8
51-99%	0
100%	2

Table 3 - Percentage of pay bill spent on facility time

	Figures
Provide the total cost of facility time	£49,820.70
Provide the total pay bill	£67,619,836.60

Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.07%

Table 4 - Paid trade union activities as a percentage of total paid facility time hours

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	6.87

This may be subject to revision for formal publication with gov.uk following further checks of data received.

Expenditure on consultancy

During the year, the Trust paid £613,217 to external consultants. This is reflected in note 4: "Operating Expenses" in the financial statements included below.

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, the Trust may make use of workers engaged through off-payroll arrangements. The highest paid longer-term sessional staff, principally locum GPs, are included on the Trust's payroll and appropriate tax and national insurance is deducted at source in compliance with IR35 rules. All other agency staff are recruited through nationally approved framework contracts.

The tables below summarise all off-payroll engagements, including those where tax is deducted by the Trust under IR35 rules, which cost more than the equivalent of £245 per day.

Table 1 - Highly-paid off-payroll worker engagements as at 31 March 2021 earning £245 per day or greater:

	Number
Number of existing engagements as of 31 March 2021	54
Of which, the number that have existed:	
for less than one year at the time of reporting	34
for between one and two years at the time of reporting	9
for between two and three years at the time of reporting	4
for between three and four years at the time of reporting	2
for more than four years at the time of reporting	5

Table 2 - All highly-paid off-payroll workers engaged at any point during the year ended 31 March 2021 earning £245 per day or greater:

	Number
Number of off-payroll workers engaged during the year ended 31 March 2021	73
Of which:	
Not subject to off-payroll legislation*	72
Subject to off-payroll legislation and determined as in-scope of IR35*	1
Subject to off-payroll legislation and determined as out-of-scope of IR35*	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the review	0

*A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Trust must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes

No board members are subject to off-payroll arrangements.

Exit packages *(subject to audit)*

During the year one exit package was agreed. This is disclosed in note 6.1: “Exit packages” in the financial statements below.

Gender Pay Gap

Under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, all trusts are required to report annually on gender pay gap.

The Trust is committed to furthering equality, diversity and human rights and reducing inequalities in the workplace. We have been addressing equality and fair access to career pathways and progression through our Inclusion Strategy 2018-2021.

The Trust’s results for 2019-20 reported during 2020-21 can be located via this link:
https://gender-pay-gap.service.gov.uk/Employer/O7aQZzzU

Compliance with NHS Foundation Trust Code of Governance

Wirral Community Health and Care 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 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, several 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
- Board of Directors and Council of Governors Register of Interests
- Fit and Proper Persons declarations by Executive, Non-Executive Directors and Associate Director
- Performance appraisal process for all Executive and Non-Executive Directors
- Speaking Up 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
- Anti-Fraud work plan and bribery policy
- Compliance with the NHS Counter Fraud Authority Standards
- 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 at Council of Governor meetings
- Attendance records for Directors and Governors at key meetings
- Annual NHS Provider License self-certification

- Bi-monthly Board of Directors Informal Board Sessions

For 2020-21 the Trust also established emergency governance arrangements and a local command structure to responds to the national incident declared in response to the COVID-19 pandemic.

Where applicable the Trust complies with all provisions of the Code of Governance issued by Monitor in July 2014. The Trust also recognises that systems and processes continue to embed, and work is continually on-going with the Council of Governors and Board of Directors to review 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 Health & Care NHS Foundation Trust Constitution published at www.wchc.nhs.uk and in the NHS Foundation Trust directory at 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 Rest of England *(acknowledging that the Trust provides services beyond its Wirral constituency boundaries, most notably in Cheshire East)*

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

At the end of 2020-21, the Trust had 7,778 members split as follows across the two constituencies;

- 6,092 public members
- 1,716 staff members

An analysis of the Trust's membership population demonstrates that it is broadly representative across the Foundation Trust constituencies but when analysing the demographic profile of members a focus on recruitment with all those aged 30-50 years, men across all ages and specific ethnic groups, will form the basis of the plan for new membership campaigns in the coming financial year.

During 2020-21, the 'Your Voice' group met virtually on 5 occasions with membership including both public members of the Trust and governors. Due to the COVID-19 pandemic and the declared NHS Level 4 incident, the focus of the meetings was on the Trust's response and support to the local communities we serve, providing an opportunity for members to ask questions and understand the response of services and staff across the Trust.

The Your Voice Group aims to reflect the communities the Trust serves. It is made up of:

- Public members of the Trust
- Public governors
- Trust staff including the Director of Corporate Affairs who chairs the group

The agreed terms of reference of the group include the following;

- To improve the experience of patients and service users receiving care from the Trust
- To share patient, service user and public feedback intelligence with the group including compliments, concerns and learning from complaints and the Trust's position in relation to the national Friends and Family (FFT) score
- To report to the group on the patient and service user experience aspects of the Trust's annual quality goals
- To input into the development of new quality goals (following governor input)
- To contribute and share views on service redesign and key projects
- To develop and implement the Trust's Membership Strategy
- To provide feedback to governors to represent the views of the public

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 Foundation Trust 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 revisions 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 2020-21, to require one or more directors to attend a meeting to obtain information about the Trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the Trust's or directors' performance).

In October 2020 the Trust held governor elections following the end of terms of office and vacant seats of 2 public governors and 1 staff governor. The elections were run independently by UK Engage and in accordance with the Model Election Rules as included in the Foundation Trust Constitution.

Constituency and class	Number of seats
Public - Wirral West	1
Public - Wallasey	1
Staff	1

The election results were as follows;

Constituency	**Candidates**	**Opposed or Unopposed**	**Elected**
Public Governors			
*Wirral West	Lynn Collins	Opposed	Yes
**Wallasey	Gary Kelly-Hartley	Unopposed	Yes
Staff Governors			
***Trust staff	Jan Hegarty	Opposed	Yes

**For Wirral West Constituency the number of eligible voters was 1,049. The votes cast were 125. The vote was for one candidate. The turnout was 11.92% and of the total number of 125 valid votes counted, Lynn Collins had the highest number (53) and was duly elected.*

***For Wallasey Constituency Gary Kelly-Hartley was unopposed and therefore duly elected.*

****For staff governor the number of eligible voters was 1,734. The votes cast were 147. The vote was for one candidate. The turnout was 8.48% and the total number of 147 valid votes counted, Jan Hegarty had the highest number (78) and was duly elected.*

The composition of the Council of Governors

The Council of Governors comprises 20 governors;

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

The Trust currently has one vacancy for a public governor in the Wallasey constituency and one vacancy for an appointed governor.
The following table provides the detail of the public and staff governors during 2020-21.

Name	Constituency	Term of Office (End date)	2019 election status
Public Elected Governors			
Bill Wyllie	Wallasey	3 years (2021)	
Gary Kelly-Hartley	Wallasey	3 years (2023)	Newly elected
Irene Cooke	Birkenhead	3 years (2021)	
Ian Jones	Birkenhead	3 years (2021)	
Fahim Syed	Birkenhead	3 years (2022)	
Veronica Morris	Wirral West	3 years (2022)	
Lynn Collins	Wirral West	3 years (2023)	Newly elected
Veronica Cuthbert	Wirral South & Neston	3 years (2022)	
Kevin Sharkey	Wirral South & Neston	3 years (2021)	
Jan Gidman	Rest of England	3 years (2022)	
Staff Elected Governors			
George Taylor	Staff Governor	3 years (2022)	
Jan Hegarty	Staff Governor	3 years (2023)	Newly elected
Fiona Davies	Staff Governor	3 years (2021)	
Appointed Governors			
Paul Edwards	NHS Wirral CCG		
Eve Collins	University of Chester		
Karen Prior	HealthWatch Wirral		
Brian Simpson	Magenta Living		
Julie Webster	Wirral Borough Council		
Vacancy			

Council of Governors Meetings

During 2020-21, the Council of Governors met formally, albeit virtually, on 4 occasions;

- 18 May 2020
- 28 July 2020
- 22 September 2020
- 25 January 2021

Four informal development days were also held as follows;

- 20 April 2020
- 7 July 2020
- 24 November 2020
- 29 March 2021

The Trust's Annual Members Meeting took place on 30 September 2020.

The following table summarises governor attendance at each formal meeting of the Council of Governors.

		Possible meetings	Meetings attended
Public Elected Governors			
Lynn Collins	Public Governor, Wirral West (Deputy Governor)	4	4
Irene Cooke	Public Governor, Birkenhead	4	4
Ronnie Morris	Public Governor, Wirral West	4	4
Ian Jones	Public Governor, Birkenhead	4	3
Fahim Syed	Public Governor, Birkenhead	4	3
Kevin Sharkey	Public Governor, Wirral South/Neston	4	3
Veronica Cuthbert	Public Governor, Wirral South/Neston	4	4
Gary Kelly-Hartley	Public Governor, Wallasey	1	1
Bill Wyllie	Public Governor, Wallasey (Lead Governor)	4	3
*Paul Ivan	Public Governor, Wallasey	3	1
Jan Gidman	Rest of England	4	3
Veronica Morris	Public Governor, Wirral West	4	4
Staff Elected Governors			
Fiona Davies	Staff Governor	4	3
George Taylor	Staff Governor	4	1
Jan Hegarty	Staff Governor	1	1
*Fiona Fleming	Staff Governor	3	1
Appointed Governors			
Paul Edwards	Appointed Governor, NHS Wirral CCG	4	0
Eve Collins	Appointed Governor, University of Chester	4	1
Karen Prior	Appointed Governor, HealthWatch Wirral	4	2
Brian Simpson	Appointed Governor, Magenta Living	4	2

Julie Webster	Appointed Governor, Wirral Borough Council	4	0

*Term of office ended October 2020.

Council of Governors' Register of Interests

All governors are required to complete an eligibility form, 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 Health and Care NHS Foundation Trust.

Any member wanting to communicate with the Council of Governors can do so by using the following contact details or the e-mail address wchc.governors.nhs.net

Director of Corporate Affairs
Wirral Community Health and Care NHS Foundation Trust
St Catherine's Health Centre
Derby Road
Birkenhead
CH42 0LQ

Council of Governors Subgroups

The Council of Governors has 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 2020-21 are described in the Remuneration Report.

A quarterly Governor Quality Forum has also been established to provide assurance to the Council of Governors on the quality of the services delivered by the Trust, and their management within the Trust's governance structure. The forum is chaired by a public governor and terms of reference are in place. The Chair of the Trust's Quality & Safety Committee, together with the Chief Nurse and Deputy Chief Nurse attend the forum to provide updates and seek the views of governors.

During the Trust's response to COVID-19 the Governor Quality Forum was temporarily suspended however regular communication was maintained with the Council of Governors through written communication (i.e. blogs, update e-newsletters) and virtual meetings with updates provided on the Trust's activity across the health & care system to support the response to the pandemic.

In the absence of the forum meetings the Chair of the Quality & Safety Committee held briefing meetings with the Chair of the Governor Quality Forum (following each meeting of the committee) to provide an update on the areas of focus of the committee. The Chair of the forum provided updates to the full Council of Governors.

Training and development for governors

During 2020-21 governors have participated in a number of development sessions online which have covered several discussion topics. These sessions predominantly focused on the Trust's on-going response to COVID-19, the reset and recovery of Trust services and the emerging NHS reforms. These sessions also provided an opportunity to reflect on achievements, looked ahead to future priorities and revisited the key duties of the governor role.

Following the public and staff elections, all new governors were invited to an induction session prior to attending their first formal Council of Governors meeting. A formal induction, planned in partnership between the Trust and public governors, was held with new governors in January 2021 with existing governors in attendance to share their experience and knowledge.

During 2020-21 informal meetings between governors and the Chair have been suspended as all engagement work has been virtual. However, the Chair, Non-Executive Directors and Directors have remained in contact with the Council of Governors and specifically the Lead and Deputy Lead Governors.

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.

The emergency governance arrangements established determined that *"Council of Governor formal meetings, sub-groups and development days will be delayed until later in the year. The Chair and the Director of Corporate Affairs will keep the governors informed as required, communicating predominantly with the Lead Governor".*

As highlighted in the table below during 2020-21 attendance at formal Council of Governor meetings was focused with Executive Directors attending by exception and according to the meeting agendas.

This was in response to the emergency governance arrangements established which were shared with the Council of Governors in April/May 2020. These arrangements outlined the principles of Board assurance and governance the Trust would follow with an overall streamlined approach to existing governance adopted, including Council of Governor meetings.

		Possible meetings	Meetings attended
Board Member			
Michael Brown	Chairman	4	4
Karen Howell	Chief Executive Officer	4	4
Brian Simmons	Non-Executive Director	4	3
Beverley Jordan	Non-Executive Director	4	4
Chris Bentley	Non-Executive Director	4	3
Gerald Meehan	Non-Executive Director	4	2
Anthony Bennett	Chief Strategy Officer	4	2
Mark Greatrex	Chief Finance Officer/Interim Chief Executive Officer	4	3
Val McGee	Chief Operating Officer	4	1
Jo Shepherd	Director of Human Resources & Organisational Development	4	0
Dr Nick Cross	Medical Director	4	0
Alison Hughes	Director of Corporate Affairs	4	4

Paula Simpson	Chief Nurse	4	1

Under emergency governance arrangements, governor subgroups were temporarily suspended but regular contact was maintained with governors, including the Chair of the Governor Quality Forum and all were encouraged to attend virtual public Board of Directors meetings to observe decision-making processes.

The Lead Governor provides a report to every meeting of the Board of Directors and all governors have access to Directors of the Trust.

The Board of Directors and Council of Governors recognise the importance of having 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 operates 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 Health and Care 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 Matters Reserved 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.

In response to the COVID-19 pandemic, the Trust established a local command structure at pace with local decision-making capability maintained through the development of emergency governance arrangements, approved by the Board of Directors in April 2020.

These emergency governance arrangements were tested, at the request of the Board of Directors, by Internal Audit with ***Substantial Assurance*** given.

The arrangements confirmed that "*Board meetings would take place at regular intervals at such times and places as the Board may determine (bi-monthly) with agendas focused on URGENT business only. The Board will not meet in public for the foreseeable future and members will meet virtually".*

The Board of Directors did meet in formal session on seven occasions during 2020-21.

The Board meeting in April 2020 was cancelled but an additional meeting took place on 6 May 2020, and the planned forward work programme for the Board continued thereafter.

The local command structure established was aligned with local NHS and Local Authority partners allowing effective system collaboration and response. The structure included a Tactical Command Group reporting to a Strategic Command Group, chaired by the Chief Executive Officer and a series of specialist cells including workforce and clinical.

Whilst some Trust meetings were temporarily suspended the process for emergency approvals was clearly set out in the emergency governance arrangements as follows;

All matters for approval were either;

- Deferred if not urgent or,
- Circulated to Board/Committee members via e-mail for approval, whilst allowing sufficient time for review/response or,
- Discussed via telephone/digital technology with the decision recorded by the Director of Corporate Affairs or
- Discussed between the Chief Executive or nominated Executive Director with the Board/Committee Chair for Chair's Action

In these circumstances the quorum was determined as 1 Executive Director and 1 Non-Executive Director

All matters for information or assurance were either;

- Put on hold until further notice or,
- Circulated via e-mail

For 'ad hoc/exceptional' items agreed by the Executive Directors as requiring a decision by the Board were;

- Circulated to Board/Committee members via e-mail for approval, whilst allowing enough time for review/response or,
- Discussed via telephone/digital technology with the decision recorded by the Director of Corporate Affairs
- Discussed between the Chief Executive or nominated Executive Director with the Board/Committee Chair for Chair's Action

In these circumstances the quorum was determined as 1 Executive Director and 2 Non-Executive Directors (owing to the ad hoc/exceptional nature of items).

A weekly Non-Executive Directors assurance meeting with the Chief Executive Officer, Chief Finance Officer and Director of Corporate Affairs was established to report on the impact of the measures being taken in response to COVID-19 and the management of the Level 4 incident. The agenda was focused on;

- Operational SitRep (based on Command Structure)
- Workforce/Staffing SitRep
- Finance SitRep
- Patient Safety
- Governance
- Risks

According to the standing orders of the Trust and as detailed in the emergency governance arrangements, 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 2020-21.

Explanatory notes:

The table below shows the attendance record for each Board member under the emergency governance arrangements reflecting that some committees of the Board were temporarily suspended.

The Quality & Safety Committee continued to meet on a bi-monthly schedule as reflected below with attendance determined according to the agenda.

The attendance at the weekly Non-Executive Director assurance meeting is detailed in the subsequent table.

Apr 20 - Mar 21	Board of Directors	Remuneration	Audit	Quality & Safety	Finance & Performance	Education & Workforce
Number of meetings	**7**	**2**	**6**	**7**	**1**	**0**
Chair/Non-Executive						
Michael Brown (Chairman)	7	2				
Chris Bentley	6	2	6	7	1	
Gerald Meehan	6	2	6	7	1	
Brian Simmons	7	2	6	7	1	
Beverley Jordan	7	2	6	7	1	
Executive Directors & Directors						
*Karen Howell	4		3			
Paula Simpson	6			7	1	
Alison Hughes	6	2	6	7	1	
*Mark Greatrex	7		5		1	
Jo Shepherd	7	2		2		
Val McGee	6			4	1	
Anthony Bennett	6					
Dr Nick Cross	6			6	1	

**Karen Howell, Chief Executive was absent from the Trust from October 2020 - April 2021 due to a secondment to the National team. Mark Greatrex, Deputy Chief Executive and Chief Financial Officer was interim Chief Executive during this period.*

Weekly NED assurance meetings												
	Apr	**May**	**June**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Number of weekly meetings	**4**	**4**	**4**	**4**	**4**	**4**	**5**	**4**	**1**	**4**	**4**	**5**
Attendance												
Michael Brown (Chairman)	4	4	4	4	4	4	5	4	1	4	4	5
Chris Bentley	4	4	4	2	4	2	5	4	1	4	4	
Gerald Meehan	4	4	4	4	4	4	5	4	1	4	4	4
Brian Simmons	4	3	4	3	4	4	5	4	1	4	4	4
Beverley Jordan	4	4	4	4	4	4	5	4	1	4	4	5
Karen Howell	4	3	4	4	3	3	5	4	1	4	4	4
Alison Hughes	4	4	4	3	3	4	4	4	1	4	4	4
Mark Greatrex	4	4	3	3	2	3	4	4	1	4	4	5

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 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 with the Chief Executive and Chairman respectively. The Chairman also meets with all voting members of the Board to discuss their progress, contribution and objectives.

In 2019-20 the Trust undertook a proactive developmental review of leadership and governance using the well-led framework. The methodology for the review was based on

guidance issued by NHS Improvement, which is wholly shared with the CQC assessment of the well-led question, and as such included a focus on integrated quality, operational and financial governance.

The scope of the review covered all eight key lines of enquiry (KLOEs), with an in-depth focus on the areas of well-led that the CQC identified as requiring improvement during the inspection in 2018 and a focus on the functionality of the revised governance arrangements.

The review was completed during Quarter 2 – Quarter 3 of 2019-20 led by a team comprising the Deputy Chair, the Director of Corporate Affairs and Head of Corporate Governance. The findings and initial conclusions were collated by the review team and presented to the Board of Directors at an informal board session in December 2019. In March 2020 the members of the Board considered the areas for further development and any areas for further review to agree an action plan for tracking and regular reporting. This process was paused due to the COVID-19 pandemic and will be reviewed in Quarter 2, 2021-22.

Committees of the Board

As described above, during 2020-21 and in response to the NHS national emergency response to COVID-19, the Trust operated under emergency governance arrangements. As such, the Terms of Reference, quorum and membership of existing sub-committees of the Board were suspended temporarily and COVID-19 specific arrangements established.

The Finance & Performance Committee and the Education & Workforce Committee were temporarily suspended with any specific approvals or exceptional items managed as set out in the emergency governance arrangements.

The Quality & Safety Committee continued to meet according to its bi-monthly schedule and the supporting quality governance framework remained in place across the Trust to ensure continued oversight and scrutiny on all matters associated with the quality and safety of services. The Trust's Audit Committee also continued to meet according to its annual work plan.

The Chairs of both Committees continued to provide reports to the Board of Directors on their areas of focus.

The table below provides detail on committee chairmanship and membership under extant governance arrangements.

Sub-Committees of the Board - Chairmanship and Membership

Committee	Non-Executive Director(s)	Director(s)
Audit Committee	**Brian Simmons (Chair)** Beverley Jordan Chris Bentley Gerald Meehan	By invitation *(not formal members)*
Finance & Performance Committee *(suspended under emergency governance)*	**Beverley Jordan (Chair)** Chris Bentley Gerald Meehan	Chief Finance Officer Director of Nursing Chief Operating Officer
Quality & Safety Committee	**Chris Bentley (Chair)** Gerald Meehan Beverley Jordan	Director of Nursing Medical Director Director of HR & OD Chief Operating Officer Chief Finance Officer
Education & Workforce Committee *(suspended under emergency governance)*	**Gerald Meehan (Chair)** Beverley Jordan Chris Bentley	Director of HR & OD Director of Nursing Medical Director Chief Operating Officer
Remuneration Committee	**Michael Brown (Chair)** Beverley Jordan Brian Simmons Chris Bentley Gerald Meehan	By invitation *(not formal members)*

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
Quality & Safety	Approving and monitoring implementation of the quality strategy. Reviewing the annual clinical audit plan. Reporting to Board on all aspects of quality, governance and compliance. Receiving assurance that the Trust meets all relevant statutory/regulatory obligations in relation to quality, clinical governance and compliance. Advising the Board of all significant risks, areas for development and exceptional good practice, ensuring lessons are learned and shared. Reviewing instances where the statutory Duty of Candour requirements are applied. 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.
Finance & Performance	Monitoring the financial and contractual/ commissioning performance of the Trust against objectives/targets, including capital and estates and IM&T. Ensuring appropriate governance after Foundation Trust authorisation.
Education & Workforce	Co-ordinating, developing, prioritising, monitoring, reviewing and overseeing implementation of workforce, organisational development and learning and development plans and monitoring effectiveness.
Remuneration & Terms of Service	Deciding the appropriate remuneration and terms of service for the Chief Executive, all on the Very Senior Manager pay scale/other managers on local pay.

Audit	Ensuring an effective internal audit function that meets Public Sector Internal Audit Standards. Reviewing findings/ensuring implementation. Scrutinising the risks and controls which affect the Trust's business and assuring adequate governance arrangements are in place and being followed. Receiving regular reports on the work/findings of the internal and external auditors and local counter fraud team. Receiving assurances from the clinical audit function. Approving the Trust's annual quality account. Receiving the annual report and accounts Approving the annual clinical audit plan.

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 organisation's activities (clinical and non-clinical), that support the achievement of the organisation's objectives.

The Committee meets its responsibilities through requesting assurances from management and by receiving reports from the internal auditors, the external auditors and other specialists and advisors.

The Committee also recognises the quality of the discussion, the scrutiny applied, and the assurances given at the sub-committees of the Board (predominantly the Quality & Safety Committee during 2020-21) and the Non-Executive Director assurance meeting established under emergency governance arrangements, which in turn have provided significant assurance and where necessary timely and appropriate escalation of risks and issues to the Audit Committee.

During 2020-21, the Committee had oversight of all matters in accordance with its Terms of Reference whilst also supporting the emergency governance arrangements established.

The Trust's Non-Executive Directors (with the exception of the Chairman) are members of the Audit Committee. Their attendance during 2020-21 is included in the table above.

The Audit Committee met its responsibilities as set out in its terms of reference during 2020-21 and reported this to the Board of Directors in the Audit Committee Annual Report received in June 2021.

This included;

- 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 2019-20 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 through the Audit Tracker Tool
- Approving the Internal Audit Annual Plan for 2020-21
- Receiving and approving the Clinical Audit Annual Programme for 2020-21
- Reviewing arrangements by which staff can raise issues (noting the work of the Quality & Safety Committee in relation to Raising Concerns/Freedom To Speak Up)
- Receiving regular updates in relation to Local Security Management
- Approving the revised Risk Management Policy and receiving regular oversight of all organisational risks through the Trust Information Gateway risk dashboard
- Approving the revised Policy for Policy Management and associated documents
- Receiving the Trust-wide policy schedule for progress reporting and monitoring

During 2020-21 the Audit Committee did not consider any significant issues in relation to financial statements, operations or compliance.

The Trust has not engaged the external auditor for non-audit work during 2019-20.
The audit fees are disclosed in note 4 of the financial statements, and the value of external audit services for the reporting period was £63,000 plus VAT. It is worth noting that assurance work on Quality Reports has ceased in accordance with national guidance in light of COVID-19, and no limited assurance opinions are expected to be issued in 2020-21.

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.

The impact of COVID-19 required regular review of the internal audit risk assessment and plan for 2020-21. As part of this assessment the following was considered;

- How the organisation implemented NHSE/I guidance, issued to support the COVID-19 response, whilst still discharging its stewardship responsibilities
- Any revisions to the organisation's strategic priorities
- A review of areas for internal audit focus
- Independent assurance requirements on how COVID-19 costs were captured and claimed across a range of areas
- Mandated review requirements and audits which from a professional internal audit perspective were pre-requisite to ensuring sufficient coverage for a robust Head of Internal Audit Opinion

Therefore, review coverage was focused on;

- The organisation's Assurance Framework
- Core and mandated reviews, including follow up; and
- A range of individual risk-based assurance reviews (see table below)

Review Title	Assurance Level
Key Financial Controls	Substantial
Risk Management	Substantial
Emergency governance arrangements	Substantial
Service Review of Community Nursing	Substantial
COVID-19 expenditure	Substantial
Mobile Computing	Limited
Cyber Security	Pending completion

There was limited coverage of the quality and workforce areas highlighted in risk assessments. These areas will be considered as part of the 2021-22 risk assessment and planning process.

The overall Head of Internal Audit (HOIA) opinion for 2020-21 provided **Substantial Assurance**.

NHS Oversight Framework

NHS England and Improvement's 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 license.

Segmentation

Following the publication of the CQC inspection report and the overall rating of Requires Improvement, the Trust moved from segment 1 to segment 2 in 2018-19. The Trust was disappointed with this technical change but as the issues raised by the CQC have been addressed the Trust has been ensuring regular updates to all regulators to provide assurance on progress.

This segmentation information is the latest available information for the Trust as ratings were not issued in 2020-21, and this was the Trust's position as at 31 March 2021. Current segmentation information for NHS trusts and foundation trusts is published on NHS Improvement website.

The Trust is reviewing the requirements of the new NHS System Oversight Framework issued in June 2021.

Due to the pandemic assessments under the Use of Resources rating were suspended. However, the Trust maintained strong cash levels and good liquidity during the year. The Use of Resources criteria are being revised nationally for 2021-22.

Statement of the Chief Executive's responsibilities as the Accounting Officer of Wirral Community Health and Care 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 Health and Care 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 Health and Care NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care 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 and Social Care 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
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundations Trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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 them 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.

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

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

Karen Howell
Chief Executive

21 October 2021

Annual Governance Statement 2020-21

Name of Organisation: Wirral Community Health & Care 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*.

The purpose of the system of internal control

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

The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Wirral Community Health & Care 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.

In response to the COVID-19 emergency and the national incident declared in March 2020, the Trust's control environment was amended to respond to the national incident command and control structure.

Much of the Trust's business as usual activity was suspended, in line with national direction, whilst all efforts were focussed on achieving resilience and capacity in the health and care system to deal with the anticipated pandemic activity.

The Trust established a local command structure at pace with local decision-making capability maintained through the development of emergency governance arrangements, approved by the Board of Directors. The command structure comprised;

- The Strategic Command Group (SCG) chaired by the Chief Executive with Executive Director membership providing oversight on behalf of the Board of Directors
- The Tactical Command Group (TCG) reporting to SCG
- Tactical cells including clinical, workforce and operational reporting to TCG

The command structure was aligned with local NHS and Local Authority partners allowing effective system collaboration and response. The health and care response and system partnership working was tested through the local and regional command structures with clear lines of accountability established and implemented.

The system of internal control has been in place in Wirral Community Health & Care NHS Foundation Trust for the year ended 31 March 2021 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 Risk Policy sets out the Trust's approach which is preventative, aimed at influencing behaviour and developing a culture within which risks are recognised early and promptly addressed. This process is aligned to controlling clinical and non-clinical risks and to support a pervasive safety culture.

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

During 2020-21 and in response to the NHS national emergency response to COVID-19, the Trust operated under emergency governance arrangements. These arrangements outlined the principles of Board assurance and governance the Trust would follow. An overall streamlined approach to existing governance was adopted together with increased risk appetite and risk tolerance to support the Trust's response. The Terms of Reference, quorum and membership of existing sub-committees of the Board were temporarily suspended and COVID-19 specific arrangements established.

All decisions made continued to be made in line with the Trust's Scheme of Delegation and Standing Financial Instructions. Any decisions usually made by sub-committees or the Board of Directors and/or where speed was of the essence were taken forward in accordance with the emergency governance arrangements.

The emergency governance arrangements were tested, at the request of the Board of Directors, by internal audit with ***Substantial Assurance*** given.

To reflect the emergency governance arrangements the Trust's Risk Policy was also reviewed highlighting changes to risk escalation and monitoring. This process included daily oversight of all risks through the command structure, and weekly oversight of all high-level risks at a NED assurance meeting (established through the emergency governance arrangements), as well as continued monitoring of quality and safety risks at the Quality & Safety Committee which remained in place.

The risk management processes were tested in accordance with the internal audit plan 2020-21 providing ***Substantial Assurance***.

The Trust's approach to risk management supports staff in ensuring that risks within the organisation are managed proactively and effectively and to ensure compliance with statutory obligations. The risk management processes not only identify and manage risk but also provide an opportunity for learning and shared reflection.

Risk management training is a key part of the organisation's corporate and local induction.

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

The risk and control framework

The COVID-19 pandemic has had a significant impact on the risk landscape for NHS organisations, and provided a difficult challenge for organisations to balance managing pre-existing strategic risks and new risks emerging or changing as a result of the pandemic.
The Trust's Risk Policy 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, updated during 2020-21 and approved by the Audit Committee, provides a systematic approach to the identification, management and escalation of risks within the Trust. The update included recognition of risk identification and escalation under emergency governance arrangements implemented as a result of the Trust's response to COVID-19 and the identification of COVID-19 specific risks.

During 2020-21 the need for robust systems and processes to support continuous programmes of risk management has been essential, enabling staff to integrate risk management into their activities and support informed decision-making through an understanding of risks, their likely impact and their mitigation.

The Trust has continued to operate within a clear risk management framework ensuring the quick identification, reporting, monitoring and escalation of risks throughout the organisation.

In addition to the revisions to the Risk Policy the Trust has continued to support and encourage staff at all levels to identify, report and manage risks. This has been as important as ever as services across the Trust have responded to the demands and challenges of the COVID-19 response and the potential impact of widening health inequalities. The use of Datix to record risks at service, divisional and organisational level has continued, providing clear oversight of the organisational risk register.

The development of a monthly health risk score assessing the management of risks against four key criteria, has provided further assurance on the effectiveness of the risk management framework. The four criteria are;

- Expected date of completion remains in date
- Risk has been reviewed in the last month
- Evidence of recent mitigation or progression
- Mitigating action plan developed and in place

During 2020-21 the average monthly risk health score for all organisational risks recorded on Datix, assessed as above, was 92%.

The local command structure established to support the Trust's response to COVID-19 ensured a robust control framework remained in place. This included daily oversight and monitoring of organisational risks with assurance provided through the established emergency governance arrangements to a weekly NED assurance meeting, the bi-monthly Quality & Safety Committee and the Audit Committee, both of which remained in place throughout the financial year.

The Team Leader checklist remained in place to ensure discussion on risks and the management of risks included on the agenda for all team meetings. Whilst this presented some challenges during the year, with many staff reassigned to different services to support the response to COVID-19, the daily Tactical Command Group established as part of the local command structure and its supporting cells, Workforce, Clinical and Operations all

maintained oversight of new, existing and emerging organisational risks. The local command structure also ensured that decisions taken were considered in the context of service delivery, staff availability and skills, safety, quality and equity.

The live risk module in the Trust Information Gateway (TIG) allowing scrutiny of risks by risk score, age of reporting and type continued to be utilised particularly by the Audit Committee to provide a full overview of all organisational risks and themes.

Under emergency governance arrangements, the Finance & Performance and Education & Workforce Committees were suspended by the Board during 2020-21 however through the local command structure and the principles of the emergency governance arrangements, the focus on risk management remained. The Quality & Safety Committee continued to receive a risk report at every meeting providing assurance on the management of organisational risks associated with its duties and accountabilities and providing an opportunity to scrutinise the detail of high-level risks and those not progressing.

The Board of Directors continued to receive reports from the Chairs of the Quality & Safety Committee and the Audit Committee on their areas of focus including any high-level risks for escalation. The Chair also provided reports to the Board of Directors on the weekly NED assurance meeting and its areas of focus.

Incident reporting is openly encouraged across the organisation with a focus on safety, openness and learning and has been monitored through the extant quality governance framework during 2020-21. This included weekly Clinical Risk Management Group, monthly Standards Assurance Framework for Excellence (SAFE) meetings and the bi-monthly Quality & Safety Committee to identify any areas of focus and developing trends. All Divisions have access to Datix for electronic visibility of incidents to give real time information regarding incident numbers, levels of harm and emerging trends to support continuous learning.

Reporting levels were tracked locally, regionally and nationally during the COVID-19 response acknowledging an initial reduction in reporting as services reacted to the immediate response. This position was recovered with regular reporting to the Quality & Safety Committee.

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.

The opportunity for staff to raise concerns through Freedom To Speak Up (FTSU) processes has remained throughout the Trust's response to COVID-19.

The Trust has a Board Assurance Framework (BAF) in place which the Board of Directors receives at every meeting; 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.

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.

During 2020-21 there were 13 principal risks (strategic risks) recorded on the BAF against the organisation's three strategic areas of Our Population, Our People and Our Performance. The strategic risks reflected the requirements of the NHS response to COVID-

19 and when the Phase 3 response letter was issued in July 2020 the risks were closely aligned (in-year) to those priorities.

Each risk is rated according to the risk matrix with the risk rating being the product of a score of 1-5 for 'likelihood' of the risk occurring and a score of 1-5 on the 'consequence/impact' of occurrence.

The monitoring and management of the risks was considered in relation to the agreed risk appetite with current and target risk ratings agreed based on existing controls and assurances and identified mitigating actions. The mitigating actions were intrinsic in the reset and recovery plans for the Trust.

The risk appetite for each principal risk was determined according to the following criteria;

Averse	Prepared to accept only the very lowest levels of risk
Cautious	Willing to accept some low risks
Moderate	Tending always towards exposure to only modest levels of risk
Open	Prepared to consider all delivery options even when there are elevated levels of associated risk
Adventurous	Eager to seek original/pioneering delivery options and accept associated substantial risk levels

Of the 13 principal risks six were categorised as risk averse; these related to regulatory compliance, delivery of safe services, ensuring equity of access, inclusive service restoration and cyber defences.

A new structure for the Board Assurance Framework (BAF) was introduced in 2020-21 (see below) to develop a more outcome focused structure providing greater clarity on the actions to be taken and the outcomes to be achieved to effectively mitigate the risks.

Risk ID	Structure	Process	Current Target Outcomes	Externa/Independent Assurance
	What systems are in place? *(i.e. assurance meetings, action plans, roles etc.)*	How are these systems tested? *(i.e. tracking systems, minutes from meetings etc.)*	How will we know? *(i.e. action plans completed, risk analysis etc.)*	What assurance or validation from outside of the organisation is there? *(i.e. audit opinions, NHSI SOF ratings etc.)*

In March 2021 Mersey Internal Audit Agency (MiAA) completed the annual Assurance Framework Review providing a range of assurances and noting the development of the BAF recognising that **"*it was clearly visible and used by the organisation"***. It was noted that **"*the BAF clearly reflected the risks discussed by the Board"*** and risks were reviewed and changed in year to reflect the position and support the effective management of risks.

The audit identified some areas where further development would strengthen the BAF, and the recommendations and the actions planned by the Trust to address these were agreed at the Board of Directors meeting in April 2021.

The BAF was visible throughout the financial year providing a focus for Board discussions to ensure a safe and effective response to COVID-19 and clarity on priority areas for recovery.

The on-going assessment of in-year and future risks was essential during the Trust's response to COVID-19 with the changing demands on services and requirements issued as part of the NHS Level 4/5 incident. Major risks related to;

- Delivery of safe services and inclusive restoration of services
- Regulatory, statutory and professional compliance
- Equity of access, experience and outcomes
- Implementation of the requirements of the NHS People Plan
- Staff availability and reduced motivation due to the emergency response and associated on-going pressures
- Financial impact of COVID-19 on the financial sustainability of the Trust
- Maintaining effective cyber defences
- Establishing the right partnerships to support the development of the ICS and ICP

The Audit Committee has also considered the BAF at each of its meetings in April, September, December 2020 and March 2021.

The strategic risks noted against each strategic theme in the table below, detail the risks recorded in the BAF during 2020-21. Full details on the year-end position can be found in the Board Assurance Framework paper presented to the Board of Directors in April 2021.

Strategic Theme	Strategic Risk Areas	Summary Mitigating Actions
Our Populations **Impact:** loss of public confidence, reputational damage, regulatory breaches, contractual consequences, poor patient/service user experience, staff retention, lack of coordinated care, increase in avoidable hospital admissions	Delivery of sub-optimal quality services negatively affecting citizens health and wellbeing	• Quality governance framework remained in place • Audit committee oversight maintained • Emergency governance arrangements allowing escalation and streamlined decision-making (tested by internal audit) • PHE guidance followed • Regular CQC engagement • Service restoration plans on track • Enhanced crisis responsiveness in place • Enhanced support to care homes in place • Discharge to Assess processes embedded • System COVID governance through health & care cell and discharge cell • Outputs from shared learning strategy e.g. clinical audit, complaints and concerns, claims, learning from deaths, patient experience
	Inability to measure equity of access, experience and outcomes for all groups in our community	• Review of patient ethnicity data • QIA & EIA processes embedded • Core performance monitoring of services and outcomes • Effective caseload management aligned to workforce capacity • Development of risk stratification tool • Workforce risk assessments systematically evaluated • Testing of new (digitally enabled) care pathways for impact on health inequalities
	Non-compliance with statutory, regulatory and professional standards	• Quality governance framework remained in place • Emergency governance arrangements allowing escalation and streamlined decision-making (tested by internal audit) • PHE guidance followed • Regular CQC engagement • Testing of CQC regulations and service self-assessments • Head of Internal Audit Opinion (HOIA) • Workforce risk assessments systematically evaluated • Clinical audits in line with NICE guidance • SAFE system - COVID-19 quality framework

	Failure to restore community services in line with the NHS Third Phase response including crisis responsiveness and discharge to assess processes *(TARGET RISK RATING ACHIEVED)*	• Emergency governance arrangements allowing escalation and streamlined decision-making (tested by internal audit) • Service reset checklist and assurance on SAFE system • QIAs on waiting lists completed • Enhanced crisis responsiveness in place • Discharge to Assess processes embedded • PHE guidance followed • Workforce risk assessments systematically evaluated
	Failure to restore NHS services inclusively to protect the most vulnerable	• Named Executive Lead for Health Inequalities (Chief Nurse) • Testing of new (digitally enabled) care pathways for impact on health inequalities • Development of risk stratification tool • Service reset checklist and assurance on SAFE system • QIAs on waiting lists completed • Collaboration against COVID in 2020 used to plan how to reduce health inequalities
	Failure to deliver to the expansion of NHS 111 First by agreed local timeframes *(TARGET RISK RATING ACHIEVED)*	• Service commenced on planned date and to agreed KPIs • Testing of new (digitally enabled) care pathways for impact on health inequalities • System review of digitally enabled pathways
Our People **Impact:** lack of available staff to support system requirements, safe staffing levels, low staff morale, loss of public confidence, increase in claims and complaints, reputational damage, increased risk of infection	Low uptake of covid-19 vaccination programmes *(TARGET RISK RATING ACHIEVED)*	• Managers briefing on COVID-19 vaccination programme • Staff awareness including FAQs published and updated regularly • Uptake of 1st and 2nd dose at 80-90% and 50-60% respectively at year-end
	Inability to safely meet the requirements of the NHS Third Phase response due to lack of availability of staff and reduced staff motivation (due to on-going COVID-19 pressures) *(TARGET*	• Workforce risk assessments systematically evaluated • Regular and routine LFT testing for all staff • Agile working in place aligned to operational requirements • Mandatory training compliance maintained at 90% overall • Staff survey consistent response on previous years • People Pulse implemented and launched • Low vacancy levels • Cross-Mersey collaboration on international recruitment

	RISK RATING ACHIEVED)	• Student nurse recruitment for future workforce pipeline • Service reset checklist and assurance on SAFE system • Low sickness levels • System local People Plan in development
	Failure to fully implement the requirements of the NHS People Plan to include an effective system approach to workforce planning and transformation	• System workforce planning underway • System local People Plan in development • Healthy Wirral People Programme with focus on recruitment to priority system roles and staff wellbeing
	Failure to effectively deliver on the Trust's Inclusion intentions (and those set out in the NHS Third Phase response) through lack of representation in the workforce of all communities we serve	• Workforce risk assessments with focus on risk factors, e.g. BAME, pregnancy, disability, age, gender • EDS2 annual assessment – goal 4: inclusive leadership = achieving • WRES action plan • WDES action plan • Reciprocal mentoring programme in development • Staff Networks, e.g. BAME, disability, LGBTQ+, faith • Healthy Wirral People Programme with focus on recruitment to priority system roles and staff wellbeing
Our Performance **Impact:** increase in cyber-attacks, reputational damage, increased monitoring from regulators, impact on financial risk rating, inability to influence the right partnerships, lack of service transformation, service redesign results in poor user experience	Failure to establish and effectively manage the right partnerships to support the development of the regional Integrated Care System and Wirral's local Integrated Care Partnership	• Memorandum of Understanding for Healthy Wirral Partnership Board and Cheshire & Merseyside ICS • Health Wirral Partnership Board governance for 2020-21 • System development plan in place including; – Collaborative leadership arrangements – Streamlined commissioning approach – Implementation of full shared care record
	A loss of funding and increased cost has a detrimental effect on the financial sustainability of the Trust post COVID-19 and delivery of the	• Emergency governance arrangements in place • COVID-19 expenditure review completed by internal audit with Substantial Assurance • Break-even financial position at year-end

	20/21 required financial position. *(TARGET RISK RATING ACHIEVED)*	
	Failure to maintain effective cyber defences affects Trust reputation and causes IG breaches	• Oversight of the recommendations from the cyber audit review through IGDS and emergency governance arrangements • Cyber Assurance role in ICT governance structure • Registration with NHS Digital and Care Cert • Action plan in place to achieve Cyber Essentials Plus by 2021 (in line with C&M HCP ambition) • Cyber Essentials Plus incorporated into DSPT

Quality Governance

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 knows that quality is not just a programme or a project within the organisation and it is not the responsibility of any one individual to implement the quality agenda. Quality is the responsibility of everyone at the Trust.

The Quality & Safety Committee has responsibility for ensuring the effective implementation and monitoring of robust quality governance arrangements across the organisation. The committee continued to meet on a bi-monthly basis during 2020-21 despite emergency governance arrangements being established. The committee has a Non-Executive Chairman and the Chief Nurse is the Executive Lead.

The Chief Nurse and senior clinical and professional colleagues across the Trust participated fully in system quality governance arrangements in response to COVID-19. This included local and regional health & care cells and the local discharge cell ensuring the safe discharge of people from the hospital Trust.

During 2020-21 the role of the SAFE steering group within the governance structure remained crucial in monitoring compliance and delivery against regulatory, statutory and professional standards. The Standards Assurance Framework for Excellence (SAFE) was expanded to assess compliance with the COVID-19 quality framework including specific NICE and quality standards, quality audits and relevant COVID-19 procedural documents.

The Trust fully supports the duty of openness, transparency and candour (Francis Report 2013) and has adopted 10 principles underpinning 'Being Open' as supported by the National Patient Safety Agency (NPSA). A Speaking Up Policy (GP51), is in place and the Board of Directors is committed to the policy as part of its approach to openness and honesty. The policy identifies a Freedom to Speak-Up Guardian supported by a team of Freedom to Speak-Up Champions.

The 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 Standards Assurance Framework for Excellence (SAFE) steering group reporting to the Quality & Safety Committee regularly monitors compliance against the standards highlighting any risks of non-compliance.

The Trust was inspected by the CQC in 2018. In March 2020 the CQC issued the Routine Provider Information Request (RPIR) to the Trust, but this process was stopped due to the COVID-19 pandemic. The Trust has maintained regular engagement with the CQC inspection team during 2020-21 providing evidence and assurance on the delivery of safe and effective services. This included a review of Infection Prevention & Control procedures which confirmed appropriate arrangements were in place across the Trust and a change to the Trust's statement of purpose to reflect the establishment of the Community Intermediate Care Centre and in-patient rehabilitation and reablement beds for the local community.

Wirral Community Health & Care NHS Foundation Trust is confident that it remains fully compliant with the registration requirements of the Care Quality Commission. The Trust remains committed to working closely with the CQC to ensure on-going compliance through regular engagement meetings.

The Trust is producing a full Quality Account as required which includes further information on quality governance systems, processes and performance during 2020-21.

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 including emergency arrangements established in response to the national emergency
- The responsibilities of Directors and sub-committees
- Reporting lines and accountabilities between the Board, its sub-committees and the executive team and the local command structure
- The submission of timely and accurate information to assess risks to compliance with Wirral Community's provider 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 through a process of self-certification, review of evidence and identification of any risks.

This review also considers the on-going delivery of services within the requirements of the NHS Provider Licence and the Single Oversight Framework and the UK Corporate Governance Code.

The Education & Workforce Committee was temporarily suspended during 2020-21 under the emergency governance arrangements however workforce priorities, issues and decisions were monitored through the local command structure, particularly the Workforce Cell, Tactical Command Group, Strategic Command Group and the NED assurance meetings. This included the monitoring and escalation of identified risks as appropriate.

Our People Strategy sets out the key activities the Trust takes to recruit, retain, develop and support the workforce to deliver our vision. This includes four delivery plans - Engagement, Wellbeing, Education and Training and Workforce. The workforce plan in particular identifies how the trust complies with the 21 recommendations in NHSI's Developing Workforce Safeguards, which also reference the National Quality Board expectations and the CQC's fundamental standards.

The Trust has introduced the nationally recognised six step workforce planning process, which identifies existing and future demand based on a wide range of professional knowledge and data and how any gaps can be filled. It takes account of nationally recognised tools and strategies and is developed with input from all divisions and professional groups through the Strategic Workforce Development Group, to ensure that services have the right staff with the right skills at the right time. The 5-year workforce plan was approved by the Education & Workforce Committee in February 2020.

Integrated performance data including quality, workforce and finance is scrutinised at service and divisional level through monthly QPER and SAFE meetings.

Risks related to safe staffing are monitored at the appropriate committee. As a further assurance on safe staffing, divisions complete matrices each month where they review set criteria - incidents/complaints, service delivery trends, staff absence levels, additional staffing requirements and assessment of staff skills and competence. This is reviewed quarterly by Service Directors and is stored in our SAFE system.

All service developments involving skill mix or workforce changes require a Quality and Equality Impact Assessment which is reviewed at divisional level and a board level panel including the Medical Director and Directors of Nursing and HR & OD before approval is given.

Where available, staffing levels reflect national recommendations and all service reviews include detailed assessments of staffing establishments based on available modelling tools and a range of considerations such as demand profiling, recruitment data, turnover, staff feedback and education and training requirements. During 2020-21 the Trust continued the implementation of the E-Roster system to deliver safer care at the highest standards, whilst balancing the demands of cost and productivity improvements.

The Trust has also, during 2020-21 set up new wards within the Community Intermediate Care Centre (CICC) based at Clatterbridge. Staffing levels have been benchmarked with similar type services and staffing numbers are regularly reviewed at CICC board level.

In 2019-20 the Trust undertook a proactive developmental review of leadership and governance using the well-led framework. The methodology for the review was based on guidance issued by NHS Improvement, which is wholly shared with the CQC assessment of the well-led question, and as such included a focus on integrated quality, operational and financial governance.

The scope of the review covered all eight key lines of enquiry (KLOEs), with an in-depth focus on the areas of well-led that the CQC identified as requiring improvement during the inspection in 2018 and a focus on the functionality of the revised governance arrangements.

The review included an initial self-assessment by the members of the Board against the well-led framework with the outcomes informing the scope of any future targeted reviews that could be commissioned from an external reviewer. Further work by the review team included an information and evidence gathering exercise against each of the KLOEs and the prompts

The review was completed during Q2-Q3 of 2019-20 led by a team comprising the Deputy Chair and the Director of Corporate Affairs. The findings and initial conclusions were collated by the review team and presented to the Board of Directors in December 2019 at an informal board session. In March 2020 the members of the Board considered the areas for further development and any areas for further review to agree an action plan for tracking and regular reporting. This process was paused due to the COVID-19 pandemic but the Trust is now seeking to commence an external review of well-led using the initial findings from the internal review.

The Foundation Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

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

rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

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 has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its 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

It was essential that appropriate financial controls and governance were maintained throughout the COVID-19 response. The Trust set an emergency COVID-budget and introduced temporary and enhanced financial governance arrangements for the approval and capture of all COVID-19 related expenditure. The systems and processes established to accurately identify and report upon COVID-19 related costs were tested by internal audit in 2020-21 providing ***Substantial Assurance***. The review noted good practice in respect of governance arrangements, roles and responsibilities, documentation, claim collation and monitoring and reporting arrangements. There were no critical or high-level recommendations identified, with four either medium or low-level recommendations which have subsequently been tracked through the Trust's Audit Tracker Tool.

Additionally, the Trust completed a COVID-19 financial governance checklist and a COVID-19 procurement checklist, developed by internal audit with the position for both reported to the NED assurance meeting.

In accordance with national guidance, operational plans for 2020-21 were suspended.

This resulted in amended financial arrangements being confirmed for the financial year to enable a streamlined response to COVID-19. There were significant changes to block contract payments and arrangements for provider to provider recharges, and efficiency and performance targets were suspended. This provided all trusts with a minimum level of income over the period.

Information governance

The Trust evidences its adherence to the National Data Guardian's 10 data security standards via the Data Security and Protection Toolkit. The formal submission of the toolkit has been delayed to June 2021 by NHS Digital and internal audit completed a readiness review in February 2021.

The Trust's Information Governance and Data Security Assurance Framework is underpinned by robust policies and procedures. All staff sign up to the Confidentiality Code of Conduct on commencement with the Trust and complete Data Security Awareness e-learning annually.

The Trust met the 2020-21 mandatory 95% DSA training compliance requirement included in Assertion 3 of the Toolkit. Bespoke training packages are developed in areas where knowledge gaps are identified.

The Information Governance and Data Security Group meets monthly and supports the information governance agenda, ensuring effective management of information risk and

providing the Quality & Safety Committee with assurance that best practice mechanisms in line with national standards and local contract requirements are in place for information governance and data security. Membership of the group includes the Senior Information Risk Owner (SIRO), Caldicott Guardian, Chief Nursing Information Officer (CNIO), Information Asset Owners (IAOs) and the Data Protection Officer (DPO).

The Trust proactively reacts to cyber notifications from NHS Digital's CAREcert service, ensuring patching is completed and reported within necessary timeframes. The Trust is in the process of working towards Cyber Essentials+.

The Trust has appointed IAOs for specific information assets. IAOs ensure that information is handled and managed appropriately. They have a responsibility for managing their assets and any identified risks associated to their asset on the Trust's Information Asset Register. Data flows in and out are also captured on the Information Asset Register. IAOs report to the SIRO, who in turn reports to the Chief Executive Officer.

All IG risks are reported on the Datix system ensuring prompt review and response. The organisation uses reported incidents to support learning and further develop the Information Governance and Data Security strategy.

Data Protection Impact Assessment (DPIA) documentation is available to all staff and completion is required when processing is likely to result in a high risk to individuals or for new projects that require the processing of personal data. This is supported by the Data Protection Impact Assessment (DPIA) Policy.

The Trust conducts user, system and confidentiality audits to ensure access levels are proportionate, access is authorised and legal and to establish both the physical and electronic security of personal data.

The Trust is registered as a Data Controller with the ICO, registration number - **Z2567487**.

In 2020-21, one incident was notified to the ICO in May 2020 which related to a breach of personal data due to the loss of a paper diary containing the names and addresses of patients seen in the community.

The incident was initially reported on Datix, the Trust's reporting system.

All information governance incidents reported on Datix are reviewed by the IG team and reported to the ICO/DHSC via the Data Security and Protection Tool when deemed likely to have a severe negative impact on individual (s). The tool scoring system determines the severity of the risks to the rights and freedoms of the individuals affected by the breach and whether to report further to the ICO.

The ICO did not take further action against the Trust in relation to this incident.

The following action and learning was taken by the Trust;

- The use of paper diaries was added to the risk register and reviewed at the monthly Information Governance & Data Security Group meeting
- An audit on the use of digital diaries was completed across divisions
- An awareness campaign to support staff in the transition of paper to digital diaries was completed

Data quality and governance

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare quality accounts for each financial year. 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 Reporting Manual (ARM) from NHSE/I published to reflect the NHS response to COVID-19 and the National Level 4 incident, removed the requirement for NHS Foundation Trusts to produce a Quality Report and only requires the production of a quality account (by 30 June 2021) and without it needing to be included in the Annual Report.

The Trust is developing a Quality Account in accordance with the latest published guidance which will present a balanced view of quality performance during the COVID-19 response.

The quality governance framework has remained in place and has been critical to the Trust's safe and effective response to the demands of COVID-19. The Standards Assurance Framework for Excellence (SAFE) steering group has continued to meet monthly providing assurance to the Quality & Safety Committee on compliance with statutory and regulatory requirements, including new requirements in respect of COVID-19.

The Chief Nurse provides executive leadership to the quality and safety agenda.

The Quality Account is not required to be reviewed by external auditors Ernst & Young.

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 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 & Safety Committee and the local command structure and emergency governance arrangements put in place to support the Trust's response to COVID-19. I also acknowledge any plans 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 2020-21.This is achieved through a risk-based plan of work, developed with the Executive Leadership 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 opinion is provided in the context that the Trust like other organisations across the NHS has faced unprecedented challenges due to COVID-19.

The impact of COVID-19 required regular review of the internal audit risk assessment and plan for 2020-21. As part of this assessment the following was considered;

- How the organisation implemented NHSE/I guidance, issued to support the COVID-19 response, whilst still discharging its stewardship responsibilities
- Any revisions to the organisation's strategic priorities
- A review of areas for internal audit focus
- Independent assurance requirements on how COVID-19 costs were captured and claimed across a range of areas
- Mandated review requirements and audits which from a professional internal audit perspective were pre-requisite to ensuring sufficient coverage for a robust Head of Internal Audit Opinion

Therefore, review coverage was focused on;

- The organisation's Assurance Framework
- Core and mandated reviews, including follow up; and
- A range of individual risk-based assurance reviews (see table below)

Review Title	Assurance Level
Key Financial Controls	Substantial
Risk Management	Substantial
Emergency governance arrangements	Substantial
Service Review of Community Nursing	Substantial
COVID-19 expenditure	Substantial
Mobile Computing	Limited
Cyber Security	Pending completion

There was limited coverage of the quality and workforce areas highlighted in risk assessments. These areas will be considered as part of the 2021-22 risk assessment and planning process.

The overall opinion for 2020-21 provides **Substantial Assurance**.

It confirms that *"there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently".*
In relation to all audit reviews, the Trust provided a managerial response with action plans in place to deliver on the recommendations made. The Audit Committee has maintained oversight of all internal audit reviews via the Audit Tracker Tool and regular progress reports from MIAA.

The Trust has a robust programme of clinical audit in place and during 2020-21, 45 clinical and professional audits were completed including COVID specific audits e.g. monitoring of all COVID-19 related risks, use of PPE, supporting reassigned staff and adherence to hand hygiene standards. The key quality outcomes from the audits will be reported in the Annual Quality Account.

The Council of Governors plays an important part in the governance structure within Wirral Community Health & Care NHS Foundation Trust, ensuring through their interaction with the Board of Directors the interest of members and the public is heard and at the fore when reviewing the Trust's performance and future ambitions. The Council of Governors continued to meet with the Trust regularly during 2020-21using virtual platforms to ensure key updates were reported and significant business transacted.

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 Standards Assurance Framework for Excellence (SAFE) group and the Quality & Safety 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 2020-21 and internal control systems are fit for purpose and being further developed to ensure sustainability.

Signed

Karen Howell

Chief Executive Date: 10 June 2021

Auditor's report 2020-21

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF WIRRAL COMMUNITY HEALTH AND CARE NHS FOUNDATION TRUST

Opinion

We have audited the financial statements of Wirral Community Health and Care NHS Foundation Trust for the year ended 31 March 2021 which comprise the Trust's Statement of Comprehensive Income, the Trust Statement of Financial Position, the Trust Statement of Changes in Taxpayers' Equity, the Trust Statement of Cash Flows, the Trust Statement of changes in equity and the related notes 1 to 20, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2020/21 HM Treasury's Financial Reporting Manual (the 2020/21 FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts.
In our opinion the financial statements:

- give a true and fair view of the financial position of Wirral Community Health and Care NHS Foundation Trust's affairs as at 31 March 2021 and of its income and expenditure for the year then ended; and
- have been prepared properly in accordance with the Department of Health and Social Care's Group Accounting Manual 2020/21 and the directions under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report below. We are independent of the Foundation Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's (C&AG) AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.
Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Foundation Trust's ability to continue as a going concern for a period of 12 months from when the financial statements are authorised for issue.
Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Foundation Trust's ability to continue as a going concern.

Other information

The other information comprises the information included in the Annual Report 2020/21, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the Annual Report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

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

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice issued by the NAO

In our opinion:

- the information given in the performance report and accountability report for the financial year for which the financial statements are prepared is consistent with the financial statements; and

- the parts of the Remuneration and Staff report identified as subject to audit has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2020/21.

Matters on which we are required to report by exception

The Code of Audit Practice requires us to report to you if:

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;

- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;

- We are not satisfied that the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources;

- we have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2020/21 and is not misleading or inconsistent with other information forthcoming from the audit; or

- we have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

The NHS Foundation Trust Annual Reporting Manual 2020/21 requires us 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 NHS Foundation Trust acquired in the course of performing our audit; or

- otherwise misleading.

We have nothing to report in respect of these matters.

Responsibilities of the Accountable Officer

As explained more fully in the Accountable Officer's responsibilities statement set out on page 114 and 115, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, the Accountable Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council of Governors intend to cease operations, or have no realistic alternative but to do so.

As explained in the statement of the Accountable Officer's responsibilities, as the Accountable Officer of the Trust, the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), as well as relevant employment laws of the United Kingdom. In addition, the Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.
- We understood how Wirral Community Health and Care NHS Foundation Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Trust's board minutes, through enquiry of employees to verify Trust policies, and through the inspection of employee handbooks and other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified a risk of fraud in revenue and expenditure recognition and a risk of misstatements due to fraud or error to be our fraud risks.
- To address our fraud risk relating to in revenue and expenditure recognition, we:
  - Reviewed and tested revenue and expenditure to ensure they are in line with the Trusts recognition policies.
  - Reviewed accounting estimates for evidence of management bias, including testing of expenditure accruals and provisions.
  - Reviewed the financial statements for evidence of significant or unusual transactions, in addition to testing a sample of income and expenditure transactions from material revenue streams including year-end debtor and creditor balances.
  - Reviewed the intra NHS agreement of balances outputs and investigated significant variances between parties to gain assurance that the transactions and balances recorded by the Trust were not materially misstated.
  - Reconciled income for the period 1 April 2020 to 30 September 2020 to the amounts notified by NHSE/I and bank statements.
  - Reconciled income for the period 1 October 2020 to 31 March 2021 to the amounts notified by the Integrated Care System and bank statements.
  - Agreed a sample of any adjustments made throughout the year for additional funding to supporting documentation, including bank statements.
  - Tested a sample of property, plant and equipment additions to confirm that capitalisation was consistent with the reporting framework.

- Reviewed a sample of transactions recorded in the ledger and payments made from the bank account post year end to confirm that the associated expenditure was recorded in the correct period, and
- Tested the completeness of provisions in the financial statements based on our understanding of the Trust.

- To address our fraud risk of misstatements due to fraud or error, we
    - identified those areas most likely to be impacted by fraud during the planning stage of our audit and planned substantive procedures to identify any actual fraud;
    - made inquiries of management about risks of fraud and the controls put in place to address those risks;
    - obtained an understanding the oversight given by those charged with governance of management's processes over fraud;
    - considered the effectiveness of management's controls designed to address the risk of fraud;
    - undertook testing of journal entries and other adjustments in the preparation of the financial statements, focussing on areas where we believe manipulation through journals may be most likely to arise
    - looked to identify any significant unusual transactions during the year. None were identified; and,
    - considered the results of testing relating to revenue and expenditure recognition in order to identify indicators of management override of controls e.g. management bias in key accounting estimates and judgements in the financial statements.
    - undertook sample testing of additions to property, plant and equipment to ensure that they have been correctly classified as capital and included at the correct value in order to identify any revenue items that have been inappropriately capitalised;
    - used our data analytics tool to identify and test journal entries that move expenditure from revenue codes into capital codes to ensure that these journals were posted properly and it was correct to make the transfer;
    - performed substantive analytical procedures looking at trends in expenditure; and
    - we ensured that the expenditure was approved in accordance with the decision template and process for a sample of expenditure posted to Covid-19 cost centres within the Trust's Covid-19 Governance Framework.

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

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in April 2021, as to whether the Foundation Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We planned our work in accordance with the Code of Audit Practice. Based on our risk

assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Foundation Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under schedule 10(1)(d) of the National Health Service Act 2006 to be satisfied that the Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Under the Code of Audit Practice, we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Foundation 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 accounts of Wirral Community Health and Care NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General (C&AG).

Use of our report

This report is made solely to the Council of Governors of Wirral Community Health and Care NHS Foundation Trust in accordance with Schedule 10 of the National Health Service Act 2006 and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Hassan Rohimun
Associate Partner
for and on behalf of Ernst & Young LLP
Manchester
25 October 2021

Wirral Community Health and Care NHS Foundation Trust

WIRRAL COMMUNITY HEALTH AND CARE NHS FOUNDATION TRUST

FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2021

FOREWORD TO THE ACCOUNTS

Wirral Community Health and Care NHS Foundation Trust

Accounts for the year ended 31 March 2021

The following presents the accounts for Wirral Community Health and Care NHS Foundation Trust for the year ended 31 March 2021.

These accounts have been prepared by Wirral Community Health and Care NHS Foundation Trust in accordance with the requirements 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 independent regulator of NHS Foundation Trusts has, with approval of the Treasury, directed.

Karen Howell, Chief Executive

21 October 2021

Statement of Comprehensive Income (SoCI)

	Note	2020/21 £000	2019/20 £000
Operating income from patient care activities	4	85,581	80,787
Other operating income		6,935	4,360
Total operating income		**92,516**	**85,147**
Operating expenses of continuing operations	5	(92,997)	(84,109)
Impairments net of (reversals)	8	(112)	430
Operating surplus/(deficit)		**(593)**	**1,468**
Finance costs			
Finance income		5	126
PDC dividend expense		0	(160)
Net finance costs		5	(34)
Gains/(losses) on disposal of assets		8	0
Surplus/(deficit) for the year		**(580)**	**1,434**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(934)	0
Revaluations		32	110
Other recognised gains and losses		0	(1)
Remeasurement of net defined benefit pension scheme assets/(liabilities)		(2,777)	436
Total comprehensive income/(expense) for the period		**(4,259)**	**1,979**

The notes on pages 146 to 181 form part of these accounts.

Statement of Financial Position (SoFP)

	Note	31 March 2021 £000	31 March 2020 £000
Non-current assets			
Intangible assets	9	497	650
Property, plant and equipment	10	25,841	24,125
Receivables	13	74	184
Total non-current assets		**26,412**	**24,959**
Current assets			
Inventories	12	560	487
Receivables	13	4,929	6,331
Cash and cash equivalents	14	26,189	18,287
Total current assets		**31,678**	**25,105**
Total Assets		**58,090**	**50,064**
Current liabilities			
Trade and other payables	15	(19,074)	(12,555)
Provisions	16	(192)	(22)
Other liabilities	15	(655)	(112)
Total current liabilities		**(19,921)**	**(12,689)**
Total assets less current liabilities		**38,169**	**37,375**
Non-current liabilities			
Other liabilities	7.3	(13,762)	(10,235)
Total non-current liabilities		**(13,762)**	**(10,235)**
Total assets employed		**24,407**	**27,140**
Financed by taxpayers' equity			
Public dividend capital		2,224	698
Revaluation reserve		1,941	2,843
Income and expenditure reserve		20,242	23,599
Total taxpayers' and others' equity		**24,407**	**27,140**

The financial statements and notes on pages 142 to 181 were approved by the Audit Committee, on behalf of the Board, on 21 October 2021. They are signed on its behalf by:

Karen Howell, Chief Executive

21 October 2021

Statement of Changes in Taxpayers' Equity (SoCITE)

	Total Taxpayers' Equity	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**27,140**	**698**	**2,843**	**23,599**
Surplus/(deficit) for the year	**(580)**	0	0	(580)
Net impairments	**(934)**	0	(934)	0
Revaluations - property, plant and equipment	**32**	0	32	0
Remeasurements of defined net benefit pension scheme liability/asset	**(2,777)**	0	0	(2,777)
Public dividend capital received	**1,526**	1,526	0	0
Taxpayers' and others' equity at 31 March 2021	**24,407**	**2,224**	**1,941**	**20,242**
Taxpayers' and others' equity at 1 April 2019	**24,939**	**477**	**2,734**	**21,729**
Surplus/(deficit) for the year	**1,434**	0	0	1,434
Revaluations - property, plant and equipment	**110**	0	110	0
Other recognised gains and losses	**(1)**	0	(1)	0
Remeasurements of defined net benefit pension scheme liability/asset	**436**	0	0	436
Public dividend capital received	**221**	221	0	0
Taxpayers' and others' equity at 31 March 2020	**27,140**	**698**	**2,843**	**23,599**

Statement of Cash Flows (SoCF)

	Note	2020/21 £000	2019/20 £000
Cash flows from operating activities			
Operating surplus/(deficit)		(593)	1,468
Non-cash or non-operating income and expense:			
Depreciation and amortisation	5	2,405	2,220
Impairments and reversals	5	112	(430)
On SoFP pension liability - employer contributions paid less net charge to the SOCI	7.3	750	1,749
(Increase)/decrease in receivables		1,701	491
(Increase)/decrease in inventories		(73)	(16)
Increase/(decrease) in trade and other payables		4,492	(1,153)
Increase/(decrease) in other liabilities		543	(37)
Increase/(decrease) in provisions		170	(256)
Other movements in operating cash flows		0	(1)
Net cash generated from/(used in) operations		**9,507**	**4,035**
Cash flows from investing activities			
Interest received		5	126
Purchase of intangible assets		(273)	(151)
Purchase of property, plant and equipment		(2,682)	(2,693)
Proceeds from sales of property, plant and equipment		8	0
Net cash generated from/(used in) investing activities		**(2,942)**	**(2,718)**
Cash flows from financing activities			
Public dividend capital received		1,526	221
PDC dividend (paid)/refunded		(189)	(132)
Net cash generated from/(used in) financing activities		**1,337**	**89**
Increase/(decrease) in cash and cash equivalents		**7,902**	**1,406**
Cash and cash equivalents at 1 April - brought forward		**18,287**	**16,880**
Cash and cash equivalents at 31 March		**26,189**	**18,287**

Notes to the Accounts

1. Accounting policies and other information

1.1. Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2020/21, issued by the DHSC. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DHSC GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.2. 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.

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1.3. Going concern

These accounts have been prepared on a going concern basis, in accordance with the definition as set out in section 4 of the DHSC GAM which outlines the interpretation of IAS1 'Presentation of Financial Statements' as "the anticipated continuation of the provision of a service in the future, as evidenced by the inclusion of financial provision for that service in published documents".

The Directors of the Trust have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust is a member of the Cheshire and Merseyside Health and Care Partnership (An integrated care system (ICS) with effect from 1 April 2022). The Trust continues to provide community services that are part of the ICS forward looking plans. No circumstances were identified causing the Directors to doubt the continued provision of NHS services.

This year the Trust reported a small operating deficit of £593k and recorded an accounting deficit of £4.3m, primarily due to recognition of pension scheme remeasurements. As disclosed in note 3, when excluding the impact of impairments, non-cash elements of the Local Government pension scheme costs and the net impact of centrally procured DHSC inventory, the Trust achieved an underlying trading surplus of £88k which is slightly above the forecast position agreed within the ICS.

Income from Commissioners was largely based on the simplified block payments system introduced in response to the COVID-19 pandemic, which improved liquidity and cash flow during the year. Additional costs due to the pandemic were supported on an actual cost reimbursement basis for the first half the year and on an advance block payment basis for the second half of the year. This enabled the Trust to maintain a strong liquid cash position to support the sustainability of the Trust.

For 2021/22 the current financial funding arrangements will remain in place for the first half of the year and it is expected that they will continue on a similar basis in the second half of the year (H2).

Key assumptions include

- the overarching framework for H2
- national support provided to ICS to be allocated on a similar basis in H2
- achievement of cost improvement savings

Prior to the pandemic, the Trust had a strong business plan in place to secure sustainability and these plans are in the process of being re-based incorporating the new funding mechanisms so as to ensure the long-term sustainability of the Trust is maintained.

The Trust has produced its financial plans based on these assumptions which have been approved by the Trust Board. The control target for the first half of the 2021/22 year agreed with commissioners/ICS as a breakeven position. This includes a savings/operational efficiency target of £854k for the first half of 2021/22. It is expected that the level of savings will be higher in H2, with an anticipated overall savings programme of £2.145m for the whole of the 2021/22 financial year and similar levels in 2022/23. This compares to efficiency targets of a similar value in years pre-COVID. The Trust has a proven track record of consistently meeting the performance and control totals set by the regulator and over the last 5 years has delivered surpluses to support the sustainability of the Trust. Therefore, the Trust is reasonably assured of the achievability of this target.

Our going concern assessment is made up to 30 September 2022. This includes assessment of the first half of the 2022/23 financial year. NHS operating and financial guidance is not yet issued for that year, and so the Trust has assumed that;

- service requirements will remain broadly unchanged over the period,
- the Trust expenditure to meet these requirements will remain stable,
- the income received from commissioners and the ICS will match the block funding received in 2020/21
- savings will be on a similar level in 2022/23 as in 2021/22, and
- capital development plans and capital expenditure cash requirements will progress in line with the current timetable.

The Trust has maintained strong liquidity throughout 2020/21. Cash levels have been augmented by the prepayment of pandemic response funding during 2020/21. At the end of March 2021, the available cash in the Trust's bank exceeded £26m. Taking into account the end of prepayment arrangements and the capital plans of the Trust, cash levels will remain robust to support the needs of the Trust. The Trust has prepared a cash forecast modelled on the above expectations for funding during the going concern period to 31 August 2022. The cash forecast shows sufficient liquidity for the Trust to continue to operate during that period.

Interim support can be accessed if it were required, but there is currently no such identified requirement.

These factors, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts.

1.4. Critical accounting judgments and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make various 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.

1.5. 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.

1.6. Key sources of estimation uncertainty

The outbreak of the Novel Coronavirus (COVID-19), declared by the World Health Organisation as a global pandemic on 11 March 2020, has and continues to impact global financial markets with travel, movement and operational restrictions implemented by many countries. Market activity has been affected in many sectors. Although this may imply a new stage of the crisis, these factors are not unprecedented in the same way as the initial impact.

Under these conditions, the following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in estimation uncertainty in 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 2021. Unlike 2019/20, the valuation provided was not reported on the basis of 'material valuation uncertainty.'
- Asset lives – the Trust estimates the asset lives of intangible and tangible assets. For buildings, the Trust uses the estimate of remaining useful economic life provided by the Trust's valuer. For medical equipment and IT intangible and tangible assets these are reviewed within the Trust by the Deputy Director of IM&T and relevant departments.
- Pension liabilities – the Trust estimates the potential pension scheme liability arising from membership of the Merseyside Pension Fund. This is based on estimated life expectancy of members and current and future performance of investments and is therefore subject to significant uncertainty. The Pension Fund has reported that there are various factors that affect the complexity of valuation and the realisable value of assets. The Trust has considered the stated valuation range provided by the Pension Fund and consider that the assets are reported on the best available information and that the impact of maximum increases and decreases within the range would not have a material impact on the Trust share of Pension Fund assets.

1.7. Revenue

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

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

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the Trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the Trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Sustainability and Transformation Partnership level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the Trust's contracts with NHS commissioners included those where the Trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

In 2019/20, the Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

For 2020/21 and 2019/20
In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard the Trust does not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less;
- The DHSC GAM does not require the Trust to disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date;
- The DHSC GAM has mandated the exercise of the practical expedient offered in C7A of the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

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

1.8. Employee Benefits

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

1.8.2. Pension costs

NHS Pensions
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 though it were a defined contribution scheme and the cost to the NHS body of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period. Employer's pension cost contributions are charged to operating expenses as and when they become due.

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.

The scheme is subject to a full actuarial valuation every four years and an accounting valuation every year.

Local Government Pension Scheme
Some Adult Social Care employees are members of the Local Government Pension Scheme (LGPS), which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. Re-measurements of the defined benefit plan are recognised in the Income and Expenditure reserve and reported as an item of other comprehensive income.

1.9. Expenditure on other goods and services
Expenditure on other goods and services is 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.

1.10. Property, plant and equipment

1.10.1. 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 either
    - 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, 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 individual useful economic lives.

1.10.2. Valuation
All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

1.10.3. Revaluation

Revaluations of property, plant and equipment 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. Current values in existing use are determined as follows:

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

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

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

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

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.

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

1.10.4. Subsequent expenditure

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

1.11. Intangible assets

1.11.1. 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 where the cost is at least £5,000.

Software which is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, 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.

1.11.2. Measurement

Intangible assets acquired separately are initially recognised at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition 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 current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost (MEA basis) and value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

Revaluations and impairments are treated in the same manner as for property, plant and equipment.

1.12. Depreciation, amortisation and impairments

Freehold land, assets under construction or development and assets held for sale are not depreciated/amortised.

Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible assets, less any residual value, on a straight-line basis over their estimated useful lives. 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. Any assets held under finance leases are depreciated over the shorter of the lease term and the estimated

useful life, unless the Trust expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets.

At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.
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. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

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

1.13. 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.

1.13.1. 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 to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in the Statement of Comprehensive Income.

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.

1.13.2. 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 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 as an expense on a straight-line basis over the lease term.

1.14. 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.
In 2020/21, the Trust received inventories including personal protective equipment from the DHSC at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.15. Cash and cash equivalents

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

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

1.16. 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 a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates.

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.

1.17. Clinical negligence costs

NHS Resolution (the trading name of the NHS Litigation Authority NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed in note 17 but is not recognised in the Trust's accounts.

1.18. Non-clinical risk pooling

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

1.19. Contingent liabilities and contingent assets

A contingent liability is a possible obligation that arises from a past event 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 a past event 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, contingent liabilities and contingent assets are disclosed at their present value.

1.20. Financial assets

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument 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 when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.
The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by the Office of National Statistics.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income; and
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.20.1. Financial assets at amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable and other simple debt instruments. This is the only category of financial assets relevant to the Trust.

The Trust's financial assets at amortised cost comprise:

- Cash and cash equivalents;
- NHS receivables;
- Other receivables; and
- Accrued income.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.20.2. Impairment

For all financial assets measured at amortised cost, lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For any other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

Additionally, the DHSC provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not normally recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

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

1.21. Financial liabilities

Financial liabilities are recognised 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 extinguished, that is, the obligation has been discharged or cancelled or has expired.

1.21.1. Other financial liabilities

All of the Trust's financial liabilities are classified as other financial liabilities.

After initial recognition, all other financial liabilities are measured 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 amortised cost of the financial liability.

1.22. Value Added Tax

Most of the activities of the Trust are outside the scope of value added tax (VAT). Irrecoverable VAT is charged to the relevant expenditure category or included in the

capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.23. Public Dividend Capital (PDC) and PDC dividend

PDC is a type of public sector equity finance, which represents the DHSC's investment in the Trust. HM Treasury has determined that, being issued under statutory authority rather than under contract, PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.
An annual charge, reflecting the cost of capital utilised by the Trust, is payable to the DHSC as PDC dividend. The charge is calculated at the real rate set by the Secretary of State with the consent of HM Treasury (currently 3.5%) on the average relevant net assets of the Trust. Relevant net assets are calculated as the value of all assets less all liabilities, except for:

- Donated and grant funded assets;
- Average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility;
- Approved expenditure on COVID-19 capital assets; and
- Any PDC dividend balance receivable or payable.

The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

The PDC dividend policy issued by the DHSC can be found by following the link https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the DHSC, the dividend for the year is calculated on the actual average relevant net assets as set out in the pre-audit version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.24. 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 had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note (note 20) is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.25. Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

1.26. Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2020/21. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022/23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration:

- IFRS 16 Leases – The Standard is effective from 1 April 2022 as adapted and interpreted by the FReM.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRS 16 Leases

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

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

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 0.91% but this may change between now and the adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for any existing finance leases.

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

The implementation date for IFRS 16 in the NHS was revised to 1 April 2022 in November 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/23 is currently impracticable. However, the Trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

2. 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 health and social care.

3. Reconciliation from the Statement of Comprehensive Income to the recognised system financial position

	2020/21 £000	2019/20 £000
Surplus/(deficit) for the period	(580)	1,434
Normalising adjustments:		
Add back all I&E impairments/(reversals)	112	(430)
Remove non-cash element of on-SoFP pension costs	750	1,749
Remove net impact of DHSC centrally procured inventories	(194)	0
Trading (deficit)/surplus for the period	**88**	**2,753**
Comprising:		
Provider Sustainability Fund income	0	990
COVID-19 funding	2,611	0
COVID-19 expenditure	(2,911)	0
Underlying surplus	388	1,763
	88	**2,753**

4. Operating income

4.1. Operating income (by source)

	2020/21 £000	2019/20 £000
Income from patient care activities received from:		
NHS England	7,573	6,465
Clinical commissioning groups	49,888	45,973
NHS Foundation Trusts	3,511	3,471
NHS Trusts	18	2
Local authorities	24,428	24,468
Injury cost recovery scheme	151	243
Non-NHS: other	12	165
Total income from patient care activities (by source)	**85,581**	**80,787**
Other operating income		
Education and training (excluding notional apprenticeship levy income)	2,744	1,381
Non-patient care services to other bodies	901	0
Provider Sustainability Fund	0	990
Reimbursement and top up funding	121	0
Charitable and other income	382	629
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	1,341	0
Rental revenue from operating leases	1,446	1,360
Total other operating income	**6,935**	**4,360**
Total operating income	**92,516**	**85,147**

4.2. Operating income (by nature)

	2020/21 £000	2019/20 £000
Community services		
Block contract / system envelope income	53,910	50,220
Income from other sources (e.g. local authorities)	27,957	27,941
All services		
Additional pension contribution central funding*	2,348	2,218
Other clinical income**	1,366	408
Total income from patient care activities (by nature)	**85,581**	**80,787**
Total other operating income	6,935	4,360
Total operating income	**92,516**	**85,147**

*The revaluation of public sector pensions schemes resulted in a 6.3% increase (14.38% to 20.68% including admin levy) in the employer contribution rate for the NHS Pensions Scheme. A transitional approach was agreed whereby an employer rate of 20.68% would apply from 1 April 2019, however in 2020/21 (as in 2019/20) the NHS Business Service Authority would only collect 14.38% from employers. Central payments have been made by NHS England and the DHSC for their respective proportions of the outstanding 6.3% on local employers' behalf. The full cost and related funding have been recognised in these accounts.

**Other clinical income in 2020/21 includes additional funding received for the annual leave accrual and Flowers corrective payment funding.

4.3. Income from activities arising from commissioner requested services

Under the terms of its provider license, the Trust is required to analyse the level of income from activities that has arisen from Commissioner requested and non-Commissioner requested services. However, unlike Acute Trusts, as a Community Trust, no Commissioner requested services are defined in the provider license. The table below reflects the core contracts to Local Authorities, CCGs and NHS England.

	2020/21 £000	2019/20 £000
Core contracts		
CCGs	47,399	40,938
Local authorities	24,032	23,829
NHS England	5,120	3,315
Total core contracts	**76,551**	**68,082**
Other services	15,965	17,065
Total operating income	**92,516**	**85,147**

5. Operating expenses

	2020/21 £000	2019/20 £000
Purchase of healthcare from NHS and DHSC bodies	1,080	929
Purchase of healthcare from non-NHS and non-DHSC bodies	593	502
Staff and executive directors' costs	67,620	63,151
Non-executive directors	95	95
Supplies and services - clinical (excluding drugs costs)	4,768	4,619
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	1,037	0
Supplies and services - general	947	702
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	339	746
Inventories written down (including consumables donated from DHSC group bodies for COVID response)	233	0
Consultancy	613	262
Establishment	2,230	2,194
Premises - business rates collected by local authorities	352	301
Premises - other	2,803	2,170
Transport (business travel only)	121	142
Depreciation	1,979	1,640
Amortisation	426	580
Movement in credit loss allowance: contract receivables/assets and other receivables	212	287
Provisions arising/released in year	170	10
Audit fees payable to the external auditor:		
- Audit services - statutory audit	76	52
- Other auditor remuneration (payable to external auditor only)	0	9
Internal audit - non-staff	71	65
Clinical negligence - amounts payable to NHS Resolution (premium)	207	130
Legal fees	59	112
Insurance	89	109
Education and training - non-staff	2,569	1,287
Operating lease expenditure (net)	3,722	3,366
Car parking and security	317	278
Hospitality	3	3
Other losses and special payments - non-staff	3	20
Other services (e.g. external payroll)	263	348
Operating expenditure	**92,997**	**84,109**
Impairments net of (reversals)	112	(430)
Total operating expenditure	**93,109**	**83,679**

The external auditors' liability is limited to £2,000,000.

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.

	2020/21 Total £000	2020/21 Buildings £000	2020/21 Other £000
Operating lease expense			
Minimum lease payments	2,745	2,651	94
Service charges	977	977	0
Total	**3,722**	**3,628**	**94**
Future minimum lease payments due:			
- not later than one year	2,689	2,631	58
- later than one year and not later than five years	10,016	9,896	120
- later than five years	28,104	28,104	0
Total	**40,809**	**40,631**	**178**

	2019/20 Total £000	2019/20 Buildings £000	2019/20 Other £000
Operating lease expense			
Minimum lease payments	2,556	2,523	33
Service charges	810	810	0
Total	**3,366**	**3,333**	**33**
Future minimum lease payments due:			
- not later than one year	2,682	2,635	47
- later than one year and not later than five years	9,475	9,452	23
- later than five years	29,205	29,205	0
Total	**41,362**	**41,292**	**70**

6.2. Trust as lessor

The majority of rental agreements are in respect of Trust-owned properties occupied by other NHS organisations. Several contracts are now negotiated on a rolling basis with up to one years' notice and therefore there is no contractual obligation after one year.

	2020/21 £000	2019/20 £000
Operating lease revenue		
Minimum lease payments	1,446	1,360
Total	**1,446**	**1,360**
Future minimum lease receipts due:		
- not later than one year	1,067	1,320
- later than one year and not later than five years	822	1,017
- later than five years	806	1,084
Total	**2,695**	**3,421**

7. Employee benefits

	2020/21 £000	2019/20 £000
Salaries and wages	51,239	46,504
Social security costs	4,278	3,972
Apprenticeship levy	228	215
Pension cost - employer contributions to NHS pension scheme	5,404	5,057
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	2,348	2,218
Pension cost - other	2,014	2,738
Termination benefits	43	251
Temporary staff - agency/contract staff	2,625	2,196
Total staff costs	**68,179**	**63,151**
Included within:		
Costs capitalised as part of assets	559	0
Total employee benefits excl. capitalised costs	**67,620**	**63,151**

7.1. Exit packages

During 2020/21 no voluntary redundancies were agreed (2019/20: none, £nil). One compulsory redundancy was agreed in relation to the Phlebotomy service at a total cost of £43,371 (2019/20: 15, £251,196).

7.2. Pension costs – NHS Pension Scheme

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

7.3. Pension costs – Local Government Pension Scheme
On 1 June 2017 Wirral Metropolitan Borough Council transferred its Adult and Social Care services to the Trust. As part of this agreement 206 staff were transferred under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). Of these employees 158 are active members of the Merseyside Pension Fund. Therefore, with effect from 1 June 2017 the Trust became an admitted member of the pension scheme.

The Merseyside Pension Fund is a multi-employer scheme operated under the regulatory framework for the Local Government Pension Scheme (LGPS). The governance of the scheme is the responsibility of the Fund Pensions Committee, which comprises representatives from participating employers. Policy is determined in accordance with the Public Service Pensions Act 2013. Unlike the NHS Pension Scheme this is a funded defined benefit final salary scheme where the scheme assets and liabilities of each scheme member can be separately identified. The Trust and employees pay contributions into a fund, calculated at a level intended to balance the pension's liabilities with investment assets. This is subject to actuarial review by the fund's actuaries, Mercer.

Wirral Metropolitan Borough Council has provided guarantees to the Trust, indemnifying them against pension liabilities over the period of the contract (except for early retirements where the Trust will bear any additional costs arising from these specific arrangements). Therefore, the Trust recognises a contingent asset, disclosed in note 16, for the total liabilities arising from the latest actuarial review.

The Pension Fund have reported that there are various factors that affect the complexity of valuation and the realisable value of assets. The Trust considered the stated valuation range provided by the Pension Fund and concluded that the assets were reported on the best

available information and that the impact of maximum increases and decreases within the range would not have a material impact on the Trust share of Pension Fund assets.

7.3.1 Changes in the defined benefit obligation and fair value of plan assets during the year

	2020/21 £000	2019/20 £000
Present value of the defined benefit obligation at 1 April	**(30,964)**	**(27,151)**
Current service cost	(1,486)	(1,638)
Interest cost	(744)	(700)
Contribution by plan participants	(319)	(325)
Remeasurement of the net defined benefit (liability)/asset:		
- Actuarial (gains)/losses	(5,953)	(561)
Benefits paid	323	193
Past service costs*	0	(782)
Present value of the defined benefit obligation at 31 March	**(39,143)**	**(30,964)**
Plan assets at fair value at 1 April	**20,729**	**18,229**
Interest income	510	469
Remeasurement of the net defined benefit (liability)/asset:		
- Actuarial gains/(losses)	3,176	997
Administration expenses	(25)	(25)
Contributions by the employer	995	927
Contributions by the plan participants	319	325
Benefits paid	(323)	(193)
Plan assets at fair value at 31 March	**25,381**	**20,729**
Plan surplus/(deficit) at 31 March	**(13,762)**	**(10,235)**

*Past service cost included McCloud impact (£756k) and GMP indexation (£26k).

7.3.2 Reconciliation of the present value of the defined benefit obligation and the plan assets to the assets and liabilities recognised in the SoFP

	31 March 2021 £000	31 March 2020 £000
Present value of the defined benefit obligation	(39,143)	(30,964)
Plan assets at fair value	25,381	20,729
Net defined benefit (obligation)/asset recognised in the SoFP at 31 March	**(13,762)**	**(10,235)**
Total net (liability)/asset after the impact of reimbursement rights as at 31 March	**(13,762)**	**(10,235)**

7.3.3 Amounts recognised in the SoCI

	2020/21 £000	2019/20 £000
Current service cost	(1,486)	(1,638)
Interest expense/income	(259)	(256)
Past service cost	0	(782)
Total net (charge)/gain recognised in SoCI	**(1,745)**	**(2,676)**
Comprising:		
Contributions made by the Trust recognised in SoCI	(995)	(927)
Liability arising from actuarial adjustments guaranteed by Wirral MBC	(750)	(1,749)
	(1,745)	**(2,676)**

7.3.4 Actuarial assumptions

	2020/21		2019/20	
	Start of period	End of period	Start of period	End of period
Financial assumptions				
Inflation	2.1%	2.7%	2.2%	2.1%
Rate of salary increase	3.6%	4.2%	3.7%	3.6%
Rate of pensions increase	2.2%	2.8%	2.3%	2.2%
Discount rate	2.4%	2.1%	2.5%	2.4%
Post retirement mortality assumptions (normal health)				
Non-retired members				
Female	25.9 years	26.0 years	27.9 years	25.9 years
Male	22.5 years	22.6 years	25.2 years	22.5 years
Retired members				
Female	24.0 years	24.1 years	25.0 years	24.0 years
Male	20.9 years	21.0 years	22.2 years	20.9 years

7.4. Retirements due to ill-health

During 2020/21 there was one (at a total value of £23,701) early retirement from the Trust on the grounds of ill-health (2019/20: two, £156,300). The cost of early retirements is borne by the Trust, but where this is due to ill-health these costs are met by the NHS Pension Scheme. There were no early retirements from the Local Government Pension Scheme (2019/20: nil).

8. Impairment of assets

During 2020/21 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.

	2020/21		
	Net impairments £000	Impairments £000	Reversals £000
Impairments and (reversals) charged to operating surplus/deficit			
Changes in market price	112	223	(111)
Total impairments and (reversals) charged to operating surplus/deficit	**112**	**223**	**(111)**
Total net impairments charged to revaluation reserve	934	934	0
Total impairments and (reversals)	**1,046**	**1,157**	**(111)**

	2019/20		
	Net impairments £000	Impairments £000	Reversals £000
Impairments and (reversals) charged to operating surplus/deficit			
Changes in market price	(430)	83	(513)
Total impairments and (reversals) charged to operating surplus/deficit	**(430)**	**83**	**(513)**
Total impairments and (reversals)	**(430)**	**83**	**(513)**

9. Intangible assets

	Total (Software licences) £000
2020/21	
Valuation/gross cost at 1 April 2020 - brought forward	**2,594**
Additions - purchased	273
Valuation/gross cost at 31 March 2021	**2,867**
Accumulated amortisation at 1 April 2020 - brought forward	**1,944**
Provided during the year	426
Accumulated amortisation at 31 March 2021	**2,370**
Net book value at 31 March 2021	**497**

	Total (Software licences) £000
2019/20	
Valuation/gross cost at 1 April 2019 - brought forward	**2,443**
Additions - purchased	151
Valuation/gross cost at 31 March 2020	**2,594**
Accumulated amortisation at 1 April 2019 - brought forward	**1,458**
Provided during the year	580
Reclassifications*	(94)
Accumulated amortisation at 31 March 2020	**1,944**
Net book value at 31 March 2020	**650**

***Classification amendment between intangible assets and property, plant and equipment.

9.1. Economic life of intangible assets
The economic life of intangible assets is based on assessment of the individual asset within three to five years.

10. Property, plant and equipment – 2020/21

2020/21	Total £000	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000
Valuation/gross cost at 1 April 2020 - brought forward	**28,895**	**1,127**	**19,139**	**97**	**1,823**	**13**	**6,246**	**450**
Additions - purchased	**4,709**	0	1,079	1,420	34	0	2,176	0
Impairments charged to operating expenses	**(304)**	0	(304)	0	0	0	0	0
Impairments charged to the revaluation reserve	**(1,317)**	0	(1,317)	0	0	0	0	0
Reversal of impairments credited to operating expenses	**97**	97	0	0	0	0	0	0
Revaluations	**32**	32	0	0	0	0	0	0
Disposals	**(13)**	0	0	0	0	(13)	0	0
Valuation/gross cost at 31 March 2021	**32,099**	**1,256**	**18,597**	**1,517**	**1,857**	**0**	**8,422**	**450**
Accumulated depreciation at 1 April 2020 - brought forward	**4,770**	**0**	**30**	**0**	**1,045**	**13**	**3,262**	**420**
Provided during the year	**1,979**	0	487	0	158	0	1,318	16
Impairments charged to operating expenses	**(81)**	0	(81)	0	0	0	0	0
Impairments charged to the revaluation reserve	**(383)**	0	(383)	0	0	0	0	0
Reversal of impairments credited to operating expenses	**(14)**	0	(14)	0	0	0	0	0
Disposals	**(13)**	0	0	0	0	(13)	0	0
Accumulated depreciation at 31 March 2021	**6,258**	**0**	**39**	**0**	**1,203**	**0**	**4,580**	**436**

10.1. Property, plant and equipment – 2019/20

2019/20	Total £000	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000
Valuation/gross cost at 1 April 2019 - brought forward	**26,676**	**1,127**	**18,467**	**0**	**1,543**	**13**	**5,076**	**450**
Additions - purchased	**2,137**	0	590	97	280	0	1,170	0
Impairments charged to operating expenses	**(125)**	0	(125)	0	0	0	0	0
Reversal of impairments credited to operating expenses	**146**	0	146	0	0	0	0	0
Revaluations	**61**	0	61	0	0	0	0	0
Valuation/gross cost at 31 March 2020	**28,895**	**1,127**	**19,139**	**97**	**1,823**	**13**	**6,246**	**450**
Accumulated depreciation at 1 April 2019 - brought forward	**3,494**	**0**	**19**	**0**	**895**	**13**	**2,172**	**395**
Provided during the year	**1,640**	0	465	0	150	0	996	29
Impairments charged to operating expenses	**(42)**	0	(42)	0	0	0	0	0
Reversal of impairments credited to operating expenses	**(367)**	0	(367)	0	0	0	0	0
Revaluations	**(49)**	0	(49)	0	0	0	0	0
Reclassifications	**94**	0	4	0	0	0	94	(4)
Accumulated depreciation at 31 March 2020	**4,770**	**0**	**30**	**0**	**1,045**	**13**	**3,262**	**420**

10.2. Property, plant and equipment financing – 2020/21

	Total	Land	Buildings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000
2020/21								
Net book value (NBV) at 31 March 2021								
Owned - purchased	**25,841**	1,256	18,558	1,517	654	0	3,842	14
NBV total at 31 March 2021	**25,841**	**1,256**	**18,558**	**1,517**	**654**	**0**	**3,842**	**14**

10.3. Property, plant and equipment financing – 2019/20

	Total	Land	Buildings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000	£000
2019/20								
Net book value (NBV) at 31 March 2020								
Owned - purchased	**24,125**	1,127	19,109	97	778	0	2,984	30
NBV total at 31 March 2020	**24,125**	**1,127**	**19,109**	**97**	**778**	**0**	**2,984**	**30**

10.4. 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 2021. The valuation has been based on existing use value using the depreciated replacement cost approach as certain properties are specialised in nature. The valuers have assumed that the replacement would be with a modern equivalent asset, which may in some cases be a smaller property.

As a result of the COVID-19 outbreak, the valuation provided by Cushman and Wakefield (DTZ Debenham Tie Leung Ltd) in 2019/20 was reported on the basis of 'material valuation uncertainty' as per VPS 3 and VPGA 10 of the RICS Red Book Global. Consequently, less certainty and a higher degree of caution should be attached to that valuation than would normally be the case. However, the inclusion of the 'material valuation uncertainty' declaration did not mean that the valuation could not be relied upon. COVID-19 has not impacted NHS property values to the same extent as other property sectors, for example leisure and retail, the demand for which, at least in the short-term, has significantly reduced. There has been no reduction in the occupancy/use, and therefore demand, for the Trust's property. Furthermore, the property valuations provided on a depreciated replacement cost basis, with the exception of any land components, were based on comparable build cost information published by the RICS Building Cost Information Service (BCIS) up to and including the valuation date of 31 March 2020. It was not anticipated that any subsequent fluctuations in this information would significantly influence the output produced. The valuer has continued to exercise professional judgement in providing their valuations and this remains the best information available to the Trust.

The pandemic and the measures taken to tackle COVID-19 continue to affect economies and real estate markets globally. Nevertheless, as at the valuation date 31 March 2021 property markets are mostly functioning again, with transaction volumes and other relevant evidence at levels where an adequate quantum of market evidence exists upon which to base opinions of value. Accordingly, and for the avoidance of doubt, this latest valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

This explanatory note has been included to ensure transparency and to provide further insight as to the market context under which the valuation opinion was prepared. In recognition of the potential for market conditions to move rapidly in response to changes in the control or future spread of COVID-19 the importance of the valuation date is highlighted.

10.5. 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.

	Min life Years	Max life Years
Buildings	5	43
Plant & machinery	5	15
Transport equipment	3	7
Information technology	3	10
Furniture & fittings	5	24

11. Capital commitments

At 31 March 2021 the Trust had £8,410,582 capital commitments (31 March 2020: £27,203).

12. Inventories

	2020/21 Consumables £000	2019/20 Consumables £000
Carrying value at 1 April - brought forward	**487**	**471**
Additions	3,448	3,165
Additions (donated) - from DHSC	1,341	0
Inventories consumed (recognised in expenses)	(4,483)	(3,149)
Write-down of inventories recognised as an expense	(233)	0
Carrying value at 31 March	**560**	**487**

13. Trade and other receivables

	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables (IFRS 15): invoiced	2,574	4,308
Contract receivables (IFRS 15): not yet invoiced/non-invoiced	1,591	1,503
Allowance for impaired contract receivables/assets and other receivables	(833)	(650)
Prepayments (revenue)	1,244	834
PDC dividend receivable	229	40
VAT receivable	124	76
Other receivables	0	220
Total current receivables	**4,929**	**6,331**
Non-current		
Contract receivables (IFRS 15): not yet invoiced/non-invoiced	113	0
Other receivables	0	235
Allowance for impaired contract receivables/assets and other receivables	(39)	(51)
Total non-current receivables	**74**	**184**
Of which receivable from NHS and DHSC group bodies:		
Current	2,229	1,698
Non-current	0	0

13.1. Provision for impairment of receivables

	Total £000
Allowance for credit losses at 1 April 2020 - brought forward	701
New allowances arising	655
Reversals of allowances (where receivable is collected in-year)	(443)
Utilisation of allowances (where receivable is written off)	(41)
Total allowance for credit losses at 31 March 2021	**872**
Allowance for credit losses at 1 April 2019 - brought forward	531
New allowances arising	429
Reversals of allowances (where receivable is collected in-year)	(142)
Utilisation of allowances (where receivable is written off)	(117)
Total allowance for credit losses at 31 March 2020	**701**

14. Cash and cash equivalents

	2020/21 £000	2019/20 £000
At 1 April	18,287	16,880
Net change in year	7,902	1,407
At 31 March	**26,189**	**18,287**
Broken down into:		
Cash at commercial banks and in hand	1	1
Cash with the Government Banking Service	26,188	18,286
Total cash and cash equivalents as in SoFP	**26,189**	**18,287**
Total cash and cash equivalents as in SoCF	**26,189**	**18,287**

15. Trade and other payables

	31 March 2021 £000	31 March 2020 £000
Current		
Trade payables	2,128	3,129
Capital payables (including capital accruals)	2,123	96
Accruals (revenue costs only)	11,907	7,372
Annual leave accrual	887	0
Social security costs	737	700
Other taxes payable	502	462
Other payables	790	796
Total current trade and other payables	**19,074**	**12,555**
Of which payable to NHS and DHSC group bodies:	**1,372**	**2,540**

	31 March 2021 £000	31 March 2020 £000
Other current liabilities		
Deferred income: contract liability (IFRS 15)	655	77
Deferred income: other (non-IFRS 15)	0	35
Total other current liabilities	**655**	**112**
Other non-current liabilities		
Net defined benefit pension scheme liability	13,762	10,235
Total other non-current liabilities	**13,762**	**10,235**
Total other liabilities	**14,417**	**10,347**

16. Provisions for liabilities and charges

	31 March 2021 £000	31 March 2020 £000
Legal claims	192	22
Total	**192**	**22**

Legal claims include a number of small individual cases relating to compensation claims, employment disputes and potential tax liabilities.

£246,978 is included in the provisions of NHS Resolution at 31 March 2021 in respect of clinical negligence liabilities (31 March 2020: £110,382).

16.1. Provisions for liabilities and charges - analysis

	2020/21 Total (Legal Claims) £000
At 1 April 2020 - brought forward	**22**
Arising during the year	**175**
Reversed unused	**(5)**
At 31 March 2021	**192**
Expected timing of cash flows:	
- not later than one year	**192**
Total	**192**

17. Contingencies

17.1. Contingent liabilities
The Trust has £3,425 contingent liabilities relating to NHS Resolution cases as at 31 March 2021 (31 March 2020: £10,500). There have been no other contingent liabilities recognised at 31 March 2021 (31 March 2020: nil).

17.2. Contingent assets
In 2020/21 the Trust identified a contingent asset of £13,762,000. This represents a contractual guarantee by Wirral Metropolitan Borough Council to underwrite losses to the Trust arising from actuarial valuation of the Merseyside Pension Fund relating to members of the scheme who transferred to the Trust on 1 June 2017. This asset is equal to the liability on the pension scheme disclosed in note 7.3.

18. 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 Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the Finance Department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

18.1. 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.

18.2. 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 2021 are in receivables from customers, as disclosed in the trade and other receivables note.

18.3. 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.

18.4. Carrying value of financial assets and liabilities
IFRS 9 Financial Instruments as interpreted and adapted by the DHSC GAM was applied retrospectively from 1 April 2018 without restatement of comparatives. IFRS 9 replaced IAS 39 and introduced a revised approach to classification and measurement of financial assets and financial liabilities and a new forward-looking expected loss impairment model.

	Financial assets at amortised cost	
	31 March 2021 £000	31 March 2020 £000
Financial assets per the SoFP:		
Receivables (excluding non-financial assets) - with DHSC group bodies	2,000	1,658
Receivables (excluding non-financial assets) - with other bodies	1,406	3,907
Cash and cash equivalents	26,189	18,287
Total as at 31 March	**29,595**	**23,852**

	Financial liabilities at amortised cost	
	31 March 2021 £000	31 March 2020 £000
Financial liabilities per the SoFP:		
Trade and other payables (excluding non-financial liabilities) - with DHSC group bodies	1,372	2,540
Trade and other payables (excluding non-financial liabilities) - with other bodies	14,744	8,076
Total as at 31 March	**16,116**	**10,616**

19. Related party transactions

Wirral Community Health and Care NHS Foundation Trust is a public interest body authorised by NHS Improvement, the regulator of Foundation Trusts.

The Department of Health and Social Care is a related party as the parent department of the Trust. The Trust has material transactions related NHS clinical commissioning groups, NHS Foundation Trusts and other NHS organisations in the normal course of business.

The table below includes material transactions with these bodies in the financial year:

Organisation	Income £000	Expenditure £000	Receivables Outstanding £000	Payables Outstanding £000
2020/21				
Wirral University Teaching Hospital NHS Foundation Trust	3,876	1,088	155	125
NHS Cheshire CCG	1,506	8	1	0
NHS Liverpool CCG	2,486	0	0	0
NHS Wirral CCG	46,791	0	7	28
NHS England	5,345	19	1,233	292
Bridgewater Community Healthcare NHS Foundation Trust	0	932	0	78
Cheshire & Wirral Partnership NHS Foundation Trust	161	901	77	628
NHS Property Services	0	1,626	0	54
Health Education England	2,802	0	518	0
Department of Health and Social Care	0	0	0	0
Total	**62,967**	**4,574**	**1,991**	**1,205**
2019/20				
Wirral University Teaching Hospital NHS Foundation Trust	3,852	1,140	341	351
NHS West Cheshire CCG	1,228	0	16	0
NHS Wirral CCG	44,194	142	306	1,098
NHS England	5,287	210	750	28
Bridgewater Community Healthcare NHS Foundation Trust	0	929	0	76
Cheshire & Wirral Partnership NHS Foundation Trust	229	1,274	169	781
NHS Property Services	0	1,155	0	13
Health Education England	1,350	0	11	0
Department of Health and Social Care	0	0	0	0
Total	**56,140**	**4,850**	**1,593**	**2,347**

Additionally, the Trust has material transactions with local government bodies – principally Wirral Metropolitan Borough Council and Cheshire East Council, the NHS Pension Scheme and HMRC.

Gerald Meehan became a non-Executive Director on 1 February 2019. He also undertakes work as an adviser for the Cheshire and Merseyside Health and Care Partnership. This is the Integrated Care System (ICS) for Cheshire. The Advisory role is in relation to the involvement of Local Government within the ICS. The Trust paid £32,000 as a contribution to the management costs of the partnership for the 2020/21 financial year (2019/20: £32,000).

Chris Bentley became a non-Executive Director in February 2019. With effect from 1 September 2019 he has undertaken work as an advisor to the Equity and Health Inequalities Teams of NHS England/Improvement and Public Health England, separately and together. Both are related parties to the Trust.

Declarations of interest are given at the start of each meeting by staff members. No other related parties have been identified.

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.

20. Losses and special payments

During the period the Trust made 25 special payments with a total value of £3,553 (2019/20: 9 at a value of £20,429). Of these, none related to a case handled by NHS Resolution (2019/20: 1, £2,712). The Trust wrote off 64 receivable balances in the period with a total value of £40,994 (2019/20: 12 with a total value of £120,229) and there were no cases involving a loss of cash (2019/20: 2, £60).

21. Event after the Statement of Financial Position date

No adjustments have been made to the financial statements as a result of events occurring after the reporting date.