

Informal Board Programme 2022-23

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| Meeting | Board of Directors | | |
| Date | 15/06/2022 | Agenda item | |
| Lead Director | Alison Hughes, Director of Corporate Affairs | | |
| Author(s) | Karen Lees, Head of Corporate Governance | | |
| Action required (please tick the appropriate box) | | | |
| To Approve <input type="checkbox"/> | To Discuss <input checked="" type="checkbox"/> | To Assure <input type="checkbox"/> | |
| Purpose | | | |
| The informal board programme for 2022-23 is provided to the Board of Directors for approval following discussion and consultation at the informal board session on 11 May 2022. | | | |
| Executive Summary | | | |
| <p>The Board of Directors meets informally on a bi-monthly schedule. These meetings are intended for wider board discussion, sharing of information and joint learning. They are not a formal forum for decision-making.</p> <p>A forward plan for the informal board programme is developed at the start of each year. The attached programme for 2022-23 has been developed to align with the new 5-year organisational strategy and enabling strategies as much as possible.</p> <p>The programme intentionally allows for some flexibility and the inclusion of hot topics which arise in-year.</p> <p>The programme also allows for guest speakers and invited colleagues to join the board to share information and to provide an opportunity to wider discussion and networking.</p> | | | |
| Risks and opportunities: | | | |
| <p>No risks identified.</p> <p>The informal board programme provides an opportunity for members of the board to discuss and share information informally and to meet with other stakeholders and Trust colleagues.</p> | | | |
| Quality/inclusion considerations: | | | |
| <p>Quality Impact Assessment completed and attached <input type="checkbox"/> No</p> <p>Equality Impact Assessment completed and attached <input type="checkbox"/> No</p> <p>Not applicable for the DRAFT programme.</p> | | | |
| Financial/resource implications: | | | |
| There are no financial or resource implications associated with this programme. Any colleagues will be invited to join the informal board once the programme is approved. | | | |
| Trust Strategic Objectives | | | |
| <i>Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.</i> | | | |
| <input type="checkbox"/> Our People - improving staff engagement | <input type="checkbox"/> Our Populations - improving services through integration and better coordination | <input type="checkbox"/> Our Populations – provide more person-centred care | |
| Board of Directors is asked to consider the following action | | | |
| To approve the informal board programme for 2022-23. | | | |

| Report history | | |
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| Submitted to | Date | Brief summary of outcome |
| Informal Board | 11/05/2022 | The members of the Board received the DRAFT programme in an informal session for discussion and consultation. |

Informal Board Programme 2022-23

| Date | Session theme (s) | Lead Director | Other Presenters | Alignment to Trust strategy 2022-27 and enabling strategies | Lunch & Learn topic (TBC as either virtual or F2F) |
|--------|--|--|------------------|---|--|
| 11 May | <p>Governance and compliance - principles and arrangements, performance reporting, NED buddying</p> <p>Financial plans - update on latest developments and horizon scanning</p> <p>Integrated Care System - update on the preparations for the commencement of the ICS from 1 July 2022</p> <p>People Strategy - development and emerging priorities</p> <p>Strategic risk refresh for 2022-23 - considering the risk for the Board Assurance Framework</p> | <p>Director of Corporate Affairs</p> <p>Chief Finance Officer</p> <p>Chief Executive</p> <p>Chief Nurse</p> <p>Director of Corporate Affairs</p> | | <p>Whole strategy</p> <p>Whole strategy</p> <p>Whole strategy</p> <p>People strategy - Wellbeing of employees</p> <p>Improve health of population and health inequalities</p> <p>Whole strategy</p> | <p>Service Directors - new localities</p> |

| Date | Session theme (s) | Lead Director | Other Presenters | Aligns to Trust Workplan 2021-22 | Lunch & Learn topic (TBC as either virtual or F2F) |
|--|---|--|---|--|--|
| 13 July | Well Led external review - feedback of the findings and a discussion on the actions to support further improvement | Director of Corporate Affairs | MIAA lead reviewer Head of Corporate Governance | Whole strategy | Service Directors - system wide |
| | Regulatory compliance - a review of fundamental standards and Trust compliance (SAFE) | Chief Nurse | | Whole strategy | |
| | Innovation and research - establishing and embedding an innovation hub | Medical Director | | Quality strategy - ground-breaking research and innovation | |
| | Quality Improvement - an overview of the work QI work going on across the Trust | Chief Nurse/Medical Director | Quality Lead(s) | | |
| | FTSU board assessment tool | Chief Nurse | FTSU Guardian | People strategy - Wellbeing of employees | |
| Adult Social Care service performance and regulatory framework including the Liberty Protection Standards | Chief Nurse | Deputy Director of Adult Social Care Head of Safeguarding | Quality strategy - Safe care and support every time | | |

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| 14 September | Population Health - developing integrated care models to provide better coordinate care | Chief Operating Officer | Deputy Chief Operating Officer | Operational development | Children's Services |
| | Social Value - mid-year update and next steps | Chief Strategy Officer | | Social value and partnerships | |
| | Financial update - update on system financial position | Chief Finance Officer | | Whole strategy | |
| | Integrated Care System - first quarter update | Chief Executive | Simon Banks - Wirral Place Director - TBC | Whole strategy | |
| | Digital Enablement & Developments - striving for the highest standards of digital maturity, underpinned by benchmarking and accreditation | Chief Strategy Officer | Chief Information Officer | Digital strategy | |
| 9 November | Population health - promoting independence and person-centred care | Chief Operating Officer | Deputy Chief Operating Officer | Operational development | CICC |
| | Cyber security - current threats and interventions | Chief Strategy Officer | Chief Information Officer | Digital strategy | |
| | Strategic risk refresh - BAF interim assessment and report | Director of Corporate Affairs | | Whole strategy | |
| | Safe care and support every time - embedding a framework for system-wide learning | Chief Nurse Medical Director | Deputy Chief Nurse | Quality strategy | |

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| 18 January | Planning Guidance for 2023-24 | Chief Strategy Officer | Deputy Director of Strategy | | Corporate Service(s) |
| | Review of the Organisational Strategy for Year 2 | Chief Executive | Deputy Director of Contracts & Commissioning | Whole strategy | |
| | Financial update | Chief Finance Officer | | | |
| | Development of the forward work plan for the Informal Board 2023-24 | Director of Corporate Affairs | | | |
| 8 March | Integrated Care System - update and plans for 2023-24 | Chief Executive | | Improve health of population and health inequalities | TBC |
| | Well led - progress update on actions taken in response to recommendations for further improvement | Director of Corporate Affairs | Head of Corporate Governance | Whole strategy | |
| | Financial update | Chief Finance Officer | | Efficient use of resources | |
| | Informal board programme - forward planning for the 2022-23 | Director of Corporate Affairs | | Whole strategy | |

NHS Provider Licence Self-Certification 2021-22

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|---|--|---|--|
| Meeting | Board of Directors | | |
| Date | 15/06/2022 | Agenda item | |
| Lead Director | Alison Hughes, Director of Corporate Affairs | | |
| Author(s) | Alison Hughes, Director of Corporate Affairs | | |
| Action required (please tick the appropriate box) | | | |
| To Approve <input checked="" type="checkbox"/> | To Discuss <input type="checkbox"/> | To Assure <input type="checkbox"/> | |
| Purpose | | | |
| The purpose of this paper is to provide evidence of compliance against the Provider Licence to support a decision by the Board of Directors | | | |
| Executive Summary | | | |
| NHS Improvement (NHSI) oversees an NHS Foundation Trust's compliance with its licence conditions. | | | |
| NHS Providers are required to self-certify the following after the financial year-end: | | | |
| Condition G6(3) | The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS constitution | | |
| Condition G6(4) | Publication of condition G6(3) self-certification. | | |
| Condition CoS7(3) | If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver the designated services | | |
| Condition FT4(8) | The provider has complied with required governance arrangements (this includes the training of governors) | | |
| <p>The process for 2021-22 is similar to 2020-21 with Trust's not required to return completed provider licence self-certifications to NHSI. Instead the process of audit allows NHSI to contact a select number of NHS Trusts and Foundation Trusts to ask for evidence that they have self-certified either by providing the completed or relevant board minutes and papers recording sign-off.</p> <p>There is no set process for assurance on how conditions are met; Boards need to understand the reported position and sign off on compliance.</p> <p>Condition CoS7(3) is not applicable to the Trust as the Trust is not a designated CRS provider; this has been confirmed with the CCG.</p> <p>Self-certification returns deadlines</p> <ol style="list-style-type: none"> 1. Condition G6(3) - Systems for compliance with licence <ul style="list-style-type: none"> • The G6 self-certification must be published (on the Trust's website) by 30 June 2022 as per G6(4). 2. Condition FT4 - Corporate Governance Statement and Training of governors Deadline for Board sign off 30 June 2020 | | | |

| <p>Proposed position</p> <p>3. The Director of Corporate Affairs has reviewed the statements and considered the evidence against each and is recommending that the Board of Directors self-certifies 'Confirmed' for all elements.</p> <p>The evidence to support the proposed position is outlined in appendix 1 for further Board discussion.</p> | | | | | | | | |
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| <p>Risks and opportunities: This is a requirement of NHS FTs Provider Licence.</p> | | | | | | | | |
| <p>Quality/inclusion considerations: Quality Impact Assessment completed and attached <input type="checkbox"/> No Equality Impact Assessment completed and attached <input type="checkbox"/> No Not applicable for this return. <input type="checkbox"/></p> | | | | | | | | |
| <p>Financial/resource implications: None identified. <input type="checkbox"/></p> | | | | | | | | |
| <p>Trust Strategic Objectives <i>Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.</i></p> <table border="1"> <tr> <td><input type="checkbox"/> Our Performance - delivering against contracts and financial requirements</td> <td><input type="checkbox"/> Our Populations - improving services through integration and better coordination</td> <td><input type="checkbox"/> Our People - improving staff engagement</td> </tr> </table> | | | <input type="checkbox"/> Our Performance - delivering against contracts and financial requirements | <input type="checkbox"/> Our Populations - improving services through integration and better coordination | <input type="checkbox"/> Our People - improving staff engagement | | | |
| <input type="checkbox"/> Our Performance - delivering against contracts and financial requirements | <input type="checkbox"/> Our Populations - improving services through integration and better coordination | <input type="checkbox"/> Our People - improving staff engagement | | | | | | |
| <p>Board of Directors is asked to consider the following action</p> <p>Consider the responses and evidence aligned to each element of the provider licence conditions in appendix 1, which the Board is required to self-certify against, and confirm/approve the proposed response.</p> <p>Note that the agreed return in relation to G6 will be published no later than 30 June 2022. <input type="checkbox"/></p> | | | | | | | | |
| <p>Report history</p> <table border="1"> <thead> <tr> <th>Submitted to</th> <th>Date</th> <th>Brief summary of outcome</th> </tr> </thead> <tbody> <tr> <td>Click or tap here to enter text.</td> <td>Click or tap to enter a date.</td> <td>No history</td> </tr> </tbody> </table> | | | Submitted to | Date | Brief summary of outcome | Click or tap here to enter text. | Click or tap to enter a date. | No history |
| Submitted to | Date | Brief summary of outcome | | | | | | |
| Click or tap here to enter text. | Click or tap to enter a date. | No history | | | | | | |

Appendix 1 - Provider licence self-certification

G6 (3) - Systems for compliance with licence *(to be published by 30 June 2022)*

The board are required to response 'Confirmed' or 'Not confirmed' to the following statement. Explanatory information should be provided where required.

| | Statement | Response (& supporting information/evidence for board assurance) | Risks/Mitigations |
|---|--|--|-----------------------------|
| 1 | <p>Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.</p> | <p>CONFIRMED</p> <p>At the meeting of the Audit Committee on 20 April 2022 the Trust's internal auditors Mersey Internal Audit Agency (MIAA) presented their Head of Internal Audit Opinion providing overall Substantial Assurance confirming that <i>"there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently"</i>. This is a key piece of evidence to support compliance with this condition of the provider licence.</p> <p>Further evidence to support this condition include;</p> <ul style="list-style-type: none"> - the Risk Policy (GP45), updated during 2021-22 and approved by the Audit Committee. The policy, updated in December 2021 and approved by the Audit Committee, provides a systematic approach to the identification, management and escalation of risks within the Trust. The updated policy ensures clear alignment to the Trust's governance arrangements at a local and trust-wide level recognising the flow and escalation of risk appropriately and the mechanisms in place to ensure robust risk management and monitoring. - the Board Assurance Framework supported by the Annual Assurance Framework Opinion from MIAA - the Quality & Patient Experience Report received by the Quality & Safety Committee <p>In April 2021 <i>(following the establishment of emergency governance arrangements during 2020-21)</i> the Trust returned to extant governance</p> | <p>No risks identified.</p> |

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| | <p>arrangements, re-established with improvements to reflect learning from the emergency position. The opportunity to reflect on the success of the emergency arrangements, particularly the efficiency, focus and collaborative approach that resulted, provided the Trust with an opportunity to refine and strengthen for the future.</p> <ul style="list-style-type: none"> • The Integrated Performance Board was established to monitor the delivery of high-quality performance across all Trust services, reporting into the key sub-committees of the Board to drive the development of the Integrated Performance Report to the Board of Directors • The Operational Oversight Group was established from the Tactical Command Group • The SAFE Assurance Group was evolved to include key safe staffing metrics • The scope of the Programme Management Group was revised to maintain oversight of key strategic programmes and capital planning and expenditure • The local governance arrangements to support the timely review and analysis of data and the escalation of risk to provide assurance as appropriate were reviewed <p>This opportunity to refine and strengthen for the future also considered appropriate compliance with and assurance on the following;</p> <ul style="list-style-type: none"> • the organisational design programme • the priorities of the Trust workplan for 2021-22 • the requirements of the new CQC strategy • the requirements of the NHS reforms including a new System Oversight Framework <p>The new governance arrangements are supported by a revised performance framework which takes account of the required national, regional and local performance metrics and operates on a 4-week business cycle.</p> | |
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| | | <p>Following the further Level 4 incident declared by NHSE/I in December 2021, the Trust implemented a streamlined approach to governance across the Trust. This approach was aimed at ensuring the appropriate assurances continued to be provided and risks appropriately escalated, whilst also supporting operational teams and services to respond to the requirements of the Level 4 position.</p> <p>The streamlined arrangements were subject to regular review to ensure they remained fit for purpose with a return to extant arrangements agreed from March 2022.</p> | |
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FT4 Declaration - Corporate Governance Statement & Training of Governors *(by 30 June 2022)*

The Board are required to respond 'Confirmed' or 'Not confirmed' to the following statements, setting out any risks and mitigating actions planned for each one.

| | Statement | Response (& supporting information/evidence for board assurance) | Risks/Mitigations |
|---|---|---|-----------------------------|
| 1 | <p>The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p> | <p>CONFIRMED</p> <p>The Annual Governance Statement 2021-22 (to be approved by the Audit Committee on 20 June 2022) outlines the main arrangements in place to ensure the Trust applies the principles, systems and standards of good corporate governance expected of it as a provider of health and social care services.</p> <p>There is an internal audit programme in place, under the direction of the Audit Committee to ensure systems and processes are appropriately tested.</p> <p>The external auditors deliver a robust annual audit plan reporting to the Audit Committee.</p> | <p>No risks identified</p> |
| 2 | <p>The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p> | <p>CONFIRMED</p> <p>The Board retains oversight of new guidance issued by regulatory bodies including NHSE/I, CQC and ADASS through informal board sessions.</p> <p>During 2021-22, any new guidance related to the NHS response to COVID-19</p> | <p>No risks identified.</p> |

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| | | was managed through the governance structure. | |
| 3 | <p>The Board is satisfied that the Licensee implements:</p> <ul style="list-style-type: none"> (a) Effective board and committee structures (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation. | <p>CONFIRMED</p> <p>In April 2021 (<i>following the establishment of emergency governance arrangements during 2020-21</i>) the Trust returned to extant governance arrangements, re-established with improvements to reflect learning from the emergency position. The opportunity to reflect on the success of the emergency arrangements, particularly the efficiency, focus and collaborative approach that resulted, provided the Trust with an opportunity to refine and strengthen for the future.</p> <ul style="list-style-type: none"> • The Integrated Performance Board was established to monitor the delivery of high-quality performance across all Trust services, reporting into the key sub-committees of the Board to drive the development of the Integrated Performance Report to the Board of Directors • The Operational Oversight Group was established from the Tactical Command Group • The SAFE Assurance Group was evolved to include key safe staffing metrics • The scope of the Programme Management Group was revised to maintain oversight of key strategic programmes and capital planning and expenditure • The local governance arrangements to support the timely review and analysis of data and the escalation of risk to provide assurance as appropriate were reviewed <p>This opportunity to refine and strengthen for the future also considered appropriate compliance with and assurance on the following;</p> <ul style="list-style-type: none"> • the organisational design programme • the priorities of the Trust workplan for 2021-22 • the requirements of the new CQC strategy • the requirements of the NHS reforms including a new System Oversight Framework | No risks identified. |

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| | | <p>The new governance arrangements are supported by a revised performance framework which takes account of the required national, regional and local performance metrics and operates on a 4-week business cycle.</p> <p>Following the further Level 4 incident declared by NHSE/I in December 2021, the Trust implemented a streamlined approach to governance across the Trust. This approach was aimed at ensuring the appropriate assurances continued to be provided and risks appropriately escalated, whilst also supporting operational teams and services to respond to the requirements of the Level 4 position.</p> <p>The streamlined arrangements were subject to regular review to ensure they remained fit for purpose with a return to extant arrangements agreed from March 2022.</p> | |
| 4 | <p>The Board is satisfied that the Licensee effectively implements systems and/or processes:</p> <ul style="list-style-type: none"> (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; | <p>CONFIRMED</p> <p>Appropriate financial controls and governance were maintained throughout 2021-22. The Trust adhered to the interim national COVID financial regime and all governance measures locally and all arrangements were overseen by the Finance & Performance Committee which met bi-monthly during 2021-22.</p> <p>In accordance with national guidance, operational plans for 2021-22 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 pre-determined level of income over the period.</p> <p>A robust programme of clinical audit remained in place and during 2021-22, 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</p> | No risks identified. |

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| <p>(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence</p> <p>(g) To generate and monitor NHS Improvement delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p>(h) To ensure compliance with all applicable legal requirements.</p> | <p>outcomes from the audits will be reported in the Annual Quality Account.</p> <p>The Standing Orders for the Practice and Procedure of the Board of Directors (Para 3.1) provide for the Chairman to call a meeting of the Board at any time.</p> <p>The Trust's Risk Policy was reviewed during 2021-22. The updated policy ensures clear alignment to the Trust's governance arrangements at a local and trust-wide level recognising the flow and escalation of risk appropriately and the mechanisms in place to ensure robust risk management and monitoring.</p> <p>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 five criteria are;</p> <ul style="list-style-type: none"> - Has the risk been recently reviewed? - Is the expected date of completion still in date? - Is there evidence of recent progress and assurance notes to show actions taken and steps towards mitigation - Is there an action plan with forward dates of actions yet to be completed - Has the action plan had recent oversight at a Divisional level meeting <p>During 2021-22 the average monthly risk health score for all organisational risks recorded on Datix, assessed as above, was 98%.</p> <p>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.</p> <p>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.</p> | |
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| | | <p>At the start of 2021-22 there were 11 principal risks (strategic risks) recorded on the BAF and at the year-end position this had reduced to 9 principal risks following in-year reviews (as detailed below).</p> <p>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.</p> <p>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.</p> <p>Of the 9 principal risks (at year-end) six were categorised as risk averse; these related to regulatory compliance, ensuring equity of access, inclusive service restoration, cyber defences and workforce levels and inclusive representation.</p> <p>In December 2021 and March 2022, Mersey Internal Audit Agency (MiAA) completed the annual Assurance Framework Review in two phases. This provided a range of assurances and noted the development of the BAF recognising that <i>"it was structured according to the NHS requirements"</i>, <i>"it was clearly visible and used by the organisation"</i> and it was noted that <i>"the BAF clearly reflected the risks discussed by the Board"</i> and risks were reviewed and changed in year to reflect the position and support the effective management of risks.</p> <p>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 2022.</p> | |
| 5 | The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be | <p>CONFIRMED</p> <p>a) There are effective appraisal processes in place to support the Board members individually and collectively. All of this is described in the</p> | No risks identified. |

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| | <p>restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p> | <p>Annual Report.</p> <p>b) There are robust QIA and EIA processes in place to support decision making processes for any service development or changes and any impact on the quality of care is carefully considered.</p> <p>c) The quality governance framework is robust. The SAFE group has supported the monitoring of information on quality of care and the Quality & Safety Committee has received a detailed quality report outlining key risks, incidents and assurances on safety. The committee chair reports any key decisions and recommendations to the next meeting of the board.</p> <p>d) As above - the board receives a report from the QSC. The board also receives the Quality Account annually.</p> <p>e) Members of the board are engaged in quality initiatives and the board has remained informed on the delivery of high-quality care. Whilst F2F activities have continued to be restricted during 2021-22, the members of the board have remained engaged with the Council of Governors and the Trust's Your Voice group to take account of views from outside the organisation. The national FFT was restarted during 2021-22 with 92% of people (<i>based on 10,000 responses</i>) recommending the Trust services. The opportunity for staff to raise concerns through Freedom To Speak Up (FTSU) processes also remained throughout 2021-22.</p> <p>f) There is clear accountability for quality of care through the Chief Nurse and Medical Director.</p> | |
| 6 | The Board is satisfied that there are | CONFIRMED | No risks identified. |

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| | <p>systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p> | <p>All members of the Board comply with the requirements of the Fit and Proper Persons Regulation and all members of the board and senior decision makers complete annual declaration of interests.</p> <p>The annual appraisal process supports effective succession planning through talent conversations and a number of senior managers are engaged in national programmes to support their development to Director level, as appropriate.</p> <p>The Board of Directors started at development programme with external facilitation in September 2020 but this was paused and subsequently ended during 2021 due to the on-going response to COVID-19.</p> | |
| <p>Training of governors</p> | | | |
| <p>1</p> | <p>The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.</p> | <p>CONFIRMED</p> <p>The Council of Governors meets formally on a quarterly basis with a further development/training day 3-4 times per year. The schedule of meetings continued during 2021-22 though streamlined agendas and focused discussion have been supported.</p> <p>In November/December 2021 a series of governor elections were held, and an induction day held in early 2022 to provide an overview on the role of the FT governor, their statutory responsibilities and governance within the Trust.</p> <p>The governor Quality Forum has been temporarily suspended however the Chair of the group has met regularly with the Chair of the Quality & Safety Committee for a briefing on key areas of focus.</p> <p>The Remuneration and Nomination subgroup conducted significant business during 2021-22 including the reappointment of two Non-Executive Directors and the recruitment and appointment of a new Non-Executive Director/ Audit Chair.</p> <p>The governor development days have continued to provide an opportunity for shared learning and updates, most recently this has included on the Trust's forward plan and NHS reforms.</p> | |



**Wirral Community
Health and Care**
NHS Foundation Trust

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| Audit Committee Annual Report for the financial year 2021-22 | | |
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| Meeting | Board of Directors | |
| Date | 15/06/2022 | Agenda item |
| Lead Director | Alison Hughes, Director of Corporate Affairs | |
| Author(s) | Alison Hughes, Director of Corporate Affairs | |
| Action required (please tick the appropriate box) | | |
| To Approve <input checked="" type="checkbox"/> | To Discuss <input type="checkbox"/> | To Assure <input type="checkbox"/> |
| Purpose | | |
| This paper provides the Trust Board of Directors with an annual report from the Audit Committee of Wirral Community & Health NHS Foundation Trust for the financial year 2021-22. | | |
| Executive Summary | | |
| <p>The report summarises the activities of the Trust's Audit Committee for the financial year 2021-22 setting out how it has met its terms of reference and key priorities.</p> <p>The committee is a formal committee of the Board of Directors. It follows best practice guidance as set out in the NHS Audit Committee Handbook 2014 providing a form of independent check upon the management of the Trust.</p> <p>The annual report attached as Appendix 1 provides an overview and summary of the following key points:</p> <ul style="list-style-type: none"> • Membership of the committee and frequency of meetings • Governance arrangements to support the committee • The work and achievements of the committee during the financial year 2021-22 including clinical audit, internal and external audit and counter fraud, particularly in the context of COVID-19 • The role of the committee in approving the Trust's Annual Report and Annual Accounts and the Quality Report <p>In preparing this report, the members of the Audit Committee is of the view that the committee has taken appropriate steps to perform its duties as delegated by the Board of Directors and it has no cause to raise any issues of significant concern with the Board arising from its work during 2021-22.</p> | | |
| Risks and opportunities: | | |
| None identified for the Annual Report. | | |
| Quality/inclusion considerations: | | |
| Quality Impact Assessment completed and attached <input type="checkbox"/> No | | |
| Equality Impact Assessment completed and attached <input type="checkbox"/> No | | |
| Not applicable for the Annual Report. | | |
| Financial/resource implications: | | |
| None identified for the Annual Report. | | |
| Trust Strategic Objectives | | |
| <i>Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.</i> | | |
| <input type="checkbox"/> Our Performance - increase efficiency of all services | <input type="checkbox"/> Our Performance - delivering against contracts and financial requirements | <input type="checkbox"/> Our Populations - improving services through integration and better coordination |

| | | |
|--|---|--|
| Board of Directors is asked to consider the following action | | |
| The Board of Directors is asked to endorse the Annual Report of the Audit Committee. | | |
| Report history | | |
| Submitted to | Date | Brief summary of outcome |
| No previous reporting history. | Click or tap to enter a date. | Click or tap here to enter text. |

Audit Committee Annual Report for the Financial Year 2021-22

Introduction

1. This Annual Report to the Board of Directors and the Council of Governors summarises the activities of the Audit Committee of Wirral Community Health & Care NHS Foundation Trust for the financial year 2021-22 setting out how it has met its terms of reference and key priorities.
2. The Committee is a formal committee of the Board of Directors. It follows best practice guidance as set out in the NHS Audit Committee Handbook 2014 providing a form of independent check upon the management of the Trust.

Membership and Meetings

3. The Committee comprises four Non-Executive Directors including the appointed Committee Chair, Brian Simmons.
4. The Chair of the Audit Committee has significant financial experience; previously Assistant Chief Officer and Finance Director for the Cheshire Constabulary and is a fellow of the Chartered Institute of Management Accountants.
5. Members of the committee during 2021-22 were:
 - Brian Simmons, Chair
 - Beverley Jordan, Member
 - Professor Chris Bentley, Member
 - Gerald Meehan, Member
6. Brief CVs of members including any declared interests can be found on the Trust's website.
7. In addition to the members, the following trust officers attended the committee on a regular basis: Chief Finance Officer, Director of Corporate Affairs, Deputy Chief Finance Officer and Local Security Management Specialist.
8. The Chief Executive attends annually, and other Directors and Senior Managers attend by invitation and at the request of members.
9. The Trust's internal (Mersey Internal Audit Agency) and external auditors (Ernst & Young) attend all meetings to report on the matters they have investigated, to advise on a range of risk and control issues, and to formally report on the financial statements.
10. The committee's terms of reference for the financial year are attached at **appendix 1**.
11. Through the terms of reference, the committee is responsible on behalf of the Board for independently reviewing the systems of governance, control, risk management and assurance. Its activities cover the Trust's governance agenda.
12. The purpose of the Audit Committee, as set out in its Terms of Reference, is;

- Governance, risk management and internal control - providing an independent review of the work of the sub-committees of the Board
 - Internal audit - reviewing the major findings of internal audit work and considering management's responses, ensuring co-ordination between the internal and external auditors to optimise audit resources
 - External audit - reviewing all external audit reports and considering the implications and management's responses to their work
 - Other assurance functions - reviewing the findings of other significant assurance functions (e.g., reports from external regulators and arm's length bodies, the work of other committees)
 - Counter fraud - seeking assurance that the organisation has adequate arrangements in place for countering fraud
 - Management - as required, reviewing reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control
 - Financial control - monitoring the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance
13. The committee met on 4 occasions during 2021-22; a schedule of attendance is included in the table below.
14. Following each meeting of the committee a verbal report is provided to the Board summarising the key topics discussed and any formal recommendations. The minutes of each meeting once approved by the committee, are also presented to the following meeting of the Board.

Table 1: Audit Committee members' attendance information 2021-22

| | 10 June 2021 | 22 September 2021 | 21 October 2021 | 26 January 2022 |
|-----------------------|--------------|-------------------|-----------------|-----------------|
| Brian Simmons (Chair) | ✓ | ✓ | ✓ | ✓ |
| Beverley Jordan | ✓ | ✓ | ✓ | ✓ |
| Chris Bentley | | ✓ | | ✓ |
| Gerald Meehan | ✓ | ✓ | | ✓ |

Governance Arrangements

15. In April 2021 (*following the establishment of emergency governance arrangements during 2020-21*) the Trust returned to extant governance arrangements, re-established with improvements to reflect learning from the emergency position. The opportunity to reflect on the success of the emergency arrangements, particularly the efficiency, focus and collaborative approach that resulted, provided the Trust with an opportunity to refine and strengthen for the future.
- The Integrated Performance Board was established to monitor the delivery of high-quality performance across all Trust services, reporting into the key sub-committees of the Board to drive the development of the Integrated Performance Report to the Board of Directors
 - The Operational Oversight Group was established from the Tactical Command Group
 - The SAFE Assurance Group was evolved to include key safe staffing metrics
 - The scope of the Programme Management Group was revised to maintain oversight of key strategic programmes and capital planning and expenditure

- The local governance arrangements to support the timely review and analysis of data and the escalation of risk to provide assurance as appropriate were reviewed
16. This opportunity to refine and strengthen for the future also considered appropriate compliance with and assurance on the following
 - the organisational design programme
 - the priorities of the Trust workplan for 2021-22
 - the requirements of the new CQC strategy
 - the requirements of the NHS reforms including a new System Oversight Framework
 17. The new governance arrangements are supported by a revised performance framework which takes account of the required national, regional and local performance metrics and operates on a 4-week business cycle.
 18. Following the further Level 4 incident declared by NHSE/I in December 2021, the Trust implemented a streamlined approach to governance across the Trust. This approach was aimed at ensuring the appropriate assurances continued to be provided and risks appropriately escalated, whilst also supporting operational teams and services to respond to the requirements of the Level 4 position.
 19. The streamlined arrangements were subject to regular review to ensure they remained fit for purpose with a return to extant arrangements agreed from March 2022.
 20. The Audit Committee continued to meet under the emergency and streamlined governance arrangements.

Work and achievements of the committee

21. 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 as required.
22. The committee also recognises the quality of the discussion, the scrutiny applied, and the assurances given at the sub-committees of the Board which in turn have provided assurance and where necessary timely and appropriate escalation of risks and issues to the Audit Committee.
23. During 2021-22, the committee had oversight of all matters in accordance with its Terms of Reference whilst also supporting the governance arrangements established in response to the COVID-19 pandemic. Further detail is provided below.

Governance

24. The committee discussed the annual work plan for the financial year which included the review and approval of the Annual Governance Statement (AGS), the Annual Report and Accounts, and the Quality Report.
25. The Board Assurance Framework (BAF) was reviewed by the committee at each meeting providing assurance on the systems and processes in place to manage strategic risks across the organisation.
26. The Trust's Risk Policy was reviewed and approved by the committee in December 2021. The updated policy ensured alignment to the Trust's governance arrangements at a local and trust-wide level recognising the flow and escalation of risk appropriately and the mechanisms in place to ensure robust risk management and monitoring.

27. In addition to approving the Risk Policy the committee also received a half-yearly position on organisational risk managed across the Trust.
28. A monthly health risk score assessing the management of risks against five key criteria, provided further assurance on the effectiveness of the risk management framework. The five criteria (as described in the Risk Policy) are;
 - Has the risk been recently reviewed?
 - Is the expected date of completion for the risk still in date?
 - Is there evidence of progress and assurance notes to show actions towards mitigation taken?
 - Is there an action plan that has forward dates showing actions still to be completed?
 - Has the action plan associated with the risk been monitored at divisional level with any barriers or delays flagged to service director, or executive director if the risk has been active for more than nine months?
29. During 2021-22 the average monthly risk health score for all organisational risks recorded on Datix, assessed as above, was 98%.
30. The trust-wide policy schedule was presented (live from SAFE) to the committee on a half-yearly basis providing a position on the management of policies across the Trust.
31. Tender Waiver Applications were also reported to the committee to give assurance that processes had been followed which complied with local guidance, as described in the Trust's Standing Financial Instructions (SFIs).

Audit and Quality Improvement Programme 2021-22

32. The Trust's *Audit and Quality Improvement Programme 2021-22* was approved by the Audit Committee at its meeting in March 2021.
33. The key quality outcomes from the audits will be reported in the Trust's Annual Quality Account 2021-22.

Independent Assurance - Internal Audit

34. MIAA has provided the internal audit service since the Trust's establishment on 1 April 2011. In March 2021, the committee received the annual audit plan 2012-22 for approval and regular progress reports on the delivery of the plan at each subsequent meeting.
35. The review coverage of the internal audit plan 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)

Table 2: Internal Audit Reviews 2020-21

| Review Title | Assurance Level |
|----------------------------|------------------------|
| Key Financial Controls | Substantial |
| Agency Staffing | Substantial |
| ESR/HR Payroll | Substantial |
| Service Review of CIRT | Substantial |
| Service Review of VCHC WIC | Substantial |
| E-rostering | Limited |
| IT Asset Management | Limited |

| | |
|------------------------------------|--------------------------------------|
| Assurance Framework (pHl and phll) | Not applicable for assurance opinion |
|------------------------------------|--------------------------------------|

36. The overall opinion for 2021-22 provided **Substantial Assurance**.
37. It confirmed that *“there is a good system of internal control designed to meet the organisation’s objectives, and that controls are generally being applied consistently”*.
38. 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 and each sub-committee of the Board has maintained oversight of all internal audit reviews via the Audit Tracker Tool and the Audit Committee has received regular progress reports from MIAA.

Independent Assurance - External Audit

39. Ernst & Young (EY) was the appointed external auditor for the Trust for 2021-22.
40. The timescales for the submission of the 2020-21 accounts was revised as a result of COVID-19 and further extended due to the timetable for assurances on the local government pension scheme. The Audit Committee met to approve the Annual Governance Statement in June 2021 and subsequently received and approved the final accounts and annual report for the Trust in October 2021. This revised and extended timetable was agreed with NHSE/I.
41. EY presented their Audit Results Report for the year ended 30 March 2021 to the committee in October 2021 having no matters to report.
42. The audit for the financial year 2021-22 is on-going at the time of writing and the Audit Committee will meet on 20 June 2022 to receive the Annual Governance Statement for sign-off. This reflects latest guidance from NHSE/I in response to the timetable for assurances on local government pension schemes.
43. During 2021-22 the members of the Audit Committee also worked with the Council of Governors to commence a procurement process for external audit for the Trust with effect from August 2022 and in readiness for the audit of the financial year 2022-23. This work is on-going at the time of writing.

Local Security Management

44. The Local Security Management Annual Report 2021-22 was presented to the Audit Committee in April 2022 to demonstrate compliance with the requirements of the NHS Standard Contract to put in place and maintain appropriate counter fraud and security management arrangements. The report summarised security related incidents drawing comparisons where possible, with the previous financial years.

Counter Fraud

45. The Audit Committee oversees robust processes in respect to fraud with dedicated resource and access to NHS specialists. The dedicated Anti-Fraud Specialist (AFS), provided by Mersey Internal Audit Agency (MIAA) undertakes both proactive and reactive work including direct investigation of potential frauds.
46. The Trust has established good processes in respect of fraud, overseen by the Chief Finance Officer and Director of Corporate Affairs and reported to the Audit Committee.

47. The LCFS annual work plan for 2021-22 was approved by the Audit Committee in March 2021. The annual work plan included core work taking account of the NHS Counter Fraud Authority's Organisational Strategy, risks identified through considering national and local anti-fraud risks and any specific management requests. MIAA Anti-Fraud insights, including benchmarking, briefings and anti-fraud related events were integral to the plan. During 2021-22 this also included the Government Functional Standard 013 for Counter Fraud which was introduced into the NHS.
48. The Audit Committee received a counter fraud update at each of its meetings. This provided information on current fraud enquiries and any other related issues.
49. To comply with the requirements of the new NHS CFA fraud standards the plan focused on the standards previously rated amber. At the year end 11 of the 12 standards (90% compliance rate) were assessed as green.
50. Previously, there were four thematic fraud areas which were consolidated into two thematic fraud areas as directed in the new NHS CFA Strategy. The key achievements during 2021-22 are covered in the LCFS Annual Report.
51. With Audit Committee oversight, the Trust remains committed to tackling fraud and corruption and demonstrating a good level of performance and continues to develop its anti-fraud culture and fraud prevention following an evaluation of fraud risks. This will further be developed in 2022-23.
52. The Anti-Fraud Annual Plan for 2022-23 was presented to the committee in April 2022.

Annual Report and Year-end declarations

53. The Audit Committee requested delegated authority from the Board of Directors at its meeting on 13 April 2022 to receive and approve the accounts and annual reports for the financial year 2021-22.
54. The Chief Executive will be in attendance at the meeting of the Audit Committee in June 2022 to sign the necessary certificates and statutory declarations based on the submissions being made.
55. A further meeting of the Audit Committee will be scheduled to formally receive the final accounts and annual report in due course.
56. A report from the meeting of the Audit Committee will be presented to the Board of Directors confirming that all the necessary requirements have been met, including the Annual Report being laid before Parliament.

Annual Governance Statement

57. The internal auditors performed a range of audits during the year (see Table 2 above) which supported the Head of Internal Audit Opinion on the effectiveness of the Trust's internal control which the committee reviewed at its April 2022 meeting.
58. The committee supports the development of the Annual Governance Statement based on NHSI requirements and Internal Audit Assurance and will review and approve it for inclusion in the Annual Report and Accounts at its meeting in June 2022.

Quality Report

59. In February 2022, NHSI removed the requirement for auditors to issue a limited assurance opinion on the quality account/quality report for 2021-22.

Conclusion

60. The Audit Committee of Wirral Community Health & Care NHS Foundation Trust is of the view that it has taken appropriate steps to perform its duties as delegated by the Board and it has no cause to raise any issues of significant concern with the Board arising from its work during 2021-22. There were no breaches of or deficiencies in internal control during 2021-22.
61. In making this statement, the Committee members acknowledge the support given to it by management, in particular the Chief Finance Officer, the Director of Corporate Affairs and by the internal and external auditors.
62. During 2022-23, the committee will keep under review its working arrangements and ensure it continues to develop its own practice to improve its own effectiveness.
63. The Board is asked to endorse this Annual Report from the Audit Committee.

The members of the Audit Committee (*in the absence of the Audit Chair who left the organisation at the end of April 2022*).

May 2022

| Charitable Funds - Financial Reporting | | | |
|---|---|--|----|
| Meeting | Board of Directors | | |
| Date | 15/06/2022 | Agenda item | 17 |
| Lead Director | Mark Greatrex, Deputy Chief Executive & Chief Finance Officer | | |
| Author(s) | Ian Benjamin, Chief Financial Accountant | | |
| Action required (please tick the appropriate box) | | | |
| To Approve <input type="checkbox"/> | To Discuss <input type="checkbox"/> | To Assure <input checked="" type="checkbox"/> | |
| Purpose | | | |
| <p>The purpose of this paper is to provide the Board with assurance on the reporting and governance arrangements regarding Wirral Community Health and Care NHS Foundation Trust's charitable funds.</p> <p>The Board is asked to note the latest published financial statements for the Trust's charitable funds (for the financial year ending 31 March 2021), which are included within the funds of the Cheshire and Wirral Partnership (CWP) Charity.</p> <p>The Board is also asked to note updates to the charitable funds during 2021/22 and beyond and the plans to promote and encourage donations and funding applications throughout the Trust.</p> | | | |
| Executive Summary | | | |
| <p>The Trust holds charitable funds comprising donations and fundraising received from staff and patients (and other stakeholders) of the Trust and legacy funds passed over from Wirral PCT when the Trust became a separate entity in 2013.</p> <p>These funds are held and managed on behalf of the Trust by CWP, who administers and accounts for them through the CWP Charity (charity number 1050046).</p> <p>An annual report on the funds is provided to the Board of Directors of CWP. This includes the latest published statements for the Charity (to 31 March 2021).</p> <p>The annual report shows the Trust's charitable funds as £88,756 of unrestricted, designated funds as at 31 March 2021. The Trust and the Charity further split these funds into more specific funds.</p> | | | |
| Risks and opportunities: | | | |
| The purpose of the report is to provide assurance on the reporting and governance arrangements for the Trust's charitable funds and the balances available for suitable applications. | | | |
| Quality/inclusion considerations: | | | |
| Quality Impact Assessment completed and attached <input type="checkbox"/> No Equality Impact Assessment completed and attached <input type="checkbox"/> No This report notes the latest published financial statements for the Trust's charitable funds and further financial activity to March 2022 and beyond. | | | |
| Financial/resource implications: | | | |
| The report highlights the balances and financial activity of the Trust's charitable funds over the period April 2020 to date. It lists the money currently available for applications which meet the | | | |

Charity and Fund objectives.

Trust Strategic Objectives

Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.

| | | |
|---|---|---|
| Our Performance - delivering against contracts and financial requirements | Our People - improving staff engagement | Our Performance - growing community services across Wirral, Cheshire & Merseyside |
|---|---|---|

Board of Directors is asked to consider the following action

To be assured on the financial reporting arrangements for the Trust's charitable funds.

Report history

| Submitted to | Date | Brief summary of outcome |
|--------------------|----------|--------------------------|
| Board of Directors | Annually | To provide assurance |

Charitable Funds – Annual Update

Financial statements of the Charity 2020/21

1. Attached is the latest set of signed accounts for the Charity covering the period 1 April 2020 to 31 March 2021 which were approved by CWP and subject to an independent examination. These accounts are also available to view on the Charity Commission website:

[CWP Charitable Funds Annual Report and Accounts 2020/21 \(Registered Charity 1050046\) - The Charity Commission](#)

2. The accounts cover the total funds held by the Charity, but split out the income, expenditure and opening and closing fund balances relating to the Trust's charitable funds. This is shown most clearly in note 12 of the accounts (page 16) and is summarised in the table below:

| | 2019/20 | 2020/21 |
|---|---------------|---------------|
| | £ | £ |
| Opening WCT fund balance at 1 April | 93,402 | 76,088 |
| Income for the year | 11,944 | 64,418 |
| Expenditure for the year | (18,674) | (65,998) |
| Investment gains/(losses) | (10,584) | 14,248 |
| Closing WCT fund balance at 31 March | 76,088 | 88,756 |
| Closing available funds* | 86,973 | 87,666 |

**Unrealised gains/(losses) and other adjustments on investments are included within the fund value but are not available to spend.*

The unrealised loss on investments in 2019/20 was largely due to COVID-19. The market has now started to recover and this loss has since been reversed and unrealised gains have been made. The investments are being monitored by CWP and the investment manager on a daily basis.

3. In the early part of 2020/21, the CWP Charity registered with NHS Charities Together (NHSCT), a collective experience representing, supporting and championing the work of the NHS' official charities. NHSCT set up an emergency grants fund for NHS Charities to enhance the well-being of NHS Staff, volunteers and patients impacted by COVID-19. Their COVID-19 Urgent Appeal went on to raise £150m, which included the efforts of Captain Sir Tom Moore and thousands of others. The funds made available to the Trust to spend by the 31 March 2021 totalled £55,750 and, once the NHSCT membership fee was deducted, the balance was used to fund the following items:
 - £11,988 – Medals for staff to acknowledge and recognise their significant efforts during the COVID-19 pandemic.
 - £42,761 – Purchase of laptops to allow student nurses to communicate and work remotely.

Both the income and expenditure relating to this grant funding are included in the table above.

4. For the CWP Charity, the funds belonging to the Trust are all disclosed in the financial statements as a single, ear-marked fund. However, in agreement between the Charity and the Trust, these are further broken down into local ear-marked funds.

Financial activities of the Charity 2021/22 and beyond

5. The funds, and activity for 2021/22, are reflected in the table below:

| Fund | April 2021 to March 2022 (£) | | | | |
|---|------------------------------|---------------|----------------|--------------------------|-------------------------|
| | Cash Balance April 2021 | Income | Expenditure* | Investment Apportionment | Cash Balance March 2022 |
| F22 General Fund | 46,376 | 1,413 | (5,873) | 181 | 42,097 |
| F33 Wirral Heart Support | 4,132 | 690 | (144) | (81) | 4,597 |
| F35 Palliative Care | 26,572 | 3,495 | (1,370) | (1) | 28,696 |
| F36 Community Nursing | 10,585 | 842 | (379) | 2 | 11,050 |
| F22a COIF Grant | 0 | 521 | 0 | 0 | 521 |
| F37 League of Friends of Wallasey Hospitals | 0 | 32,692 | (361) | 0 | 32,331 |
| Total | 87,666 | 39,653 | (8,127) | 102 | 119,293 |

*Expenditure includes fees, charges and administration costs.

The figures in the table above are subject to audit.

The expenditure incurred included the following highlights:

- £432 – Purchase of books to support the Macmillan ISPCT team in regard to symptom control.
- £4,294 – Breast pump loan scheme funding to purchase electric breast pumps to support the most vulnerable babies and families.

6. The League of Friends charity was a key partner for the Trust over many years operating the tea bar at the VCH Walk-in Centre. After ending its operations, the charity donated £33k to the Trust. This money is to benefit the local community and to support community projects and programmes. However, and at the request of the League of Friends, this is restricted to the Wallasey/VCH area.

7. In 2022, the General Fund provided £26k to support the Bee Well Garden and Bloom initiative, an idea that came from the Trust's Staff Council and Wellbeing Champions. This linked to an Estates project to commemorate and celebrate the Platinum Jubilee in June by planting a number of trees as part of The Queen's Green Canopy project.

Bee Well benches are now in place at SCHC amongst flowers and shrubs, bird boxes with a vibrant resin rainbow as a focal point.

To ensure that all teams and services across the multiple sites can be part of the Bee Well campaign, further Bee Well benches and planters will shortly be in place at VCH and some of our freehold sites.

This expenditure is not reflected in the table above.

8. StaffZone has been updated previously to make the charitable funds more accessible and a further review will take place during 2022/23. This will include work with the Comms team to encourage fundraising and donations along with larger and more ambitious applications.

9. Although a service level agreement (SLA) between CWP and the Trust is not in place, it is intended to produce a letter of intent to clarify roles and responsibilities. The CWP Charity invoices the Trust for services provided based on a percentage of funds held – the fee for 2021/22 was £2,063.

Board action

10. The Board is asked to be assured on the financial reporting arrangements for the Trust's charitable funds.

Ian Benjamin, Chief Financial Accountant

8 June 2022



Cheshire and Wirral Partnership
NHS Foundation Trust
Charitable Funds: Registered Charity Number 1050046

Redesmere
Countess of Chester Health Park
Liverpool Road
Chester
CH2 1BQ
Tel No. - 01244393239
Fax No. - 01244393268
Email: kim.langridge@nhs.net

Charitable Funds

Annual Report and Accounts

2020-2021



Cheshire and Wirral Partnership

NHS Foundation Trust

Charitable Funds: Registered Charity Number 1050046

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ANNUAL REPORT

Foreword

The Corporate Trustee presents the Charity Annual Report together with the Financial Statements for the year ended 31 March 2021.

The Charity's Annual Report and Accounts for the year ended 31 March 2021 have been prepared by the Corporate Trustee in accordance with Part 8 of the Charities Act 2011 and Accounting and Reporting by Charities, Financial Reporting Standards (FRS102).

Reference and Administrative Information

The Charitable Funds are registered with the Charity Commission in accordance with the Charities Act 2011.

The main Charity, Cheshire and Wirral Partnership NHS Foundation Trust General Fund was originally recorded on the Central Register of Charities on 20 October 1995.

The Charity comprises the following Charitable Trusts which have been established by trust deed -

Ashton House Hospital Fund
East Cheshire Mental Health, Learning Disabilities and Associated Services Fund
Mid Cheshire Mental Health, Learning Disabilities and Associated Services Fund
Cheshire and Wirral Partnership NHS Foundation Trust (Expendable Funds) Common Investment Fund

Charitable funds received by the Charity are accepted, held and administered as funds held on trust for purposes relating to the NHS and Community Care Act 1990. The Charity comprised 21 individual funds at 31 March 2021.

The Charity administers charitable funds on behalf of the NHS services provided by Cheshire and Wirral Partnership NHS Foundation Trust and Wirral Community NHS Foundation Trust.

Structure, Governance and Management

Under paragraph 16(c) of Schedule 2 of the NHS and Community Care Act 1990, the Charity has a Corporate Trustee; the Board of the Cheshire and Wirral Partnership NHS Foundation Trust. Upon appointment, Directors and Non Executive Directors of Cheshire and Wirral Partnership NHS Foundation Trust, immediately assume the role as a charity trustee. When terminating their post they automatically relinquish their responsibilities as trustee. The members of the NHS Foundation Trust Board serving during the year were as follows -

Executive Directors

Sheena Cumiskey
Tim Welch
Anushta Sivananthan
Andy Styring
Faouzi Alam
David Harris
Gary Flockhart
Suzanne Edwards - appointed April 2020

Non Executive Directors

Mike Maier - Chair - resigned 31st December 2021
Isla Wilson - Chair - appointed 1st January 2022
Rebecca Burke-Sharples
James O'Connor - completed term October 2020
Andrea Campbell
Edward Jenner
Anne Boyd - resigned 30th June 2020
Paul Bowen
Elizabeth Harrison - appointed October 2020
Farhad Ahmed - appointed October 2020

The corporate trustee delegate day to day administration of the charity to the Business and Value Department of Cheshire and Wirral Partnership NHS Foundation Trust. These costs are recorded as bought in services from NHS

The principal office of the Charity is -

c/o Cheshire and Wirral Partnership NHS Foundation Trust
Redesmere
Countess of Chester Health Park
Liverpool Road
Chester
CH2 1BQ

ANNUAL REPORT

Reserves Policy

The Charity generally expects to spend at the same level as income is received taking one year with another. The Charity's reserves policy also anticipates that, excluding unrealised gains on investments, from time to time reserves will rise above a level equivalent to 24 months budgeted expenditure. Where this happens, action will be taken in accordance with the Charity's objectives, to spend down to a level equal to or below this threshold.

Compliance with the Charity's reserves policy is evidenced by annual expenditure equal to or greater than annual income in all but five of the last ten years. In those years significant receipts e.g. legacies which could not be appropriately spent before the financial year end were the explanation.

Investment Policy

During 2020/2021 the Charity's investment objective was to maximise financial returns as follows -

- a) ensure that income generated matched forecast need and grew at a rate above inflation.
- b) achieve a return on investments of £12,000 (actual achievement £10,592).
- c) maintain the capital value of the portfolio as high as possible commensurate with the above.

While individual investments may have a higher or lower level of risk from time to time, the overall portfolio risk profile should, in achieving the above, be neither high nor low, but as far as possible held at a midpoint between the two.

In 2020/2021 the Charity investment portfolio was managed by Investec.

Risk Management

In compliance with the recommendations contained within the Statement of Recommended Practice (FRS102), the major risks to which the Charity is exposed have been identified by the trustee and where necessary systems established to mitigate these risks.

Policies are in place which are reviewed by the trustee. The policies give instruction on income and expenditure, ensuring controls are in place to avoid the misappropriation or misuse of donations and funds

The donation policy gives the location of the cash offices where donations can be received. The officers are trained to recognise and handle Charity donations.

Charitable fund receipts include space to record the donors wishes. The Charity administrator monitors that all donations are spent as intended by the donor.

All fundraising activities must have the authorisation of the Director of Finance. Clear guidance is given to fundraisers prior to commencing the activities to ensure controls are in place for the collection and reconciliation of fund raising income.

Independent Examiners

Susan Harris MA ACA
Champions Allwoods Ltd
2nd Floor
Refuge House
33-37 Watergate Row
Chester

ANNUAL REPORT

Objectives and Activities

The Charity has NHS wide objectives as follows -

"The Trustee shall hold the trust fund upon trust, to apply the income and so far as may be permissible the capital, for any charitable purpose or purposes relating to the National Health Service including related research activities."

Charitable funds comprise donations that may only be accepted if they are clearly charitable. We will only use such funds for specific or general charitable purposes. Central to this, it is vital that we clearly demonstrate public benefit.

The corporate trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objectives of each fund and by designating funds the trustee respects the wishes of the donor. The Charity generates income for general purpose and specific projects and administers all donations in a manner that is both professional and sensitive to the needs of the donor.

During the year, the Charity continued to support a range of charitable and health related activities benefiting both patients and staff of Cheshire and Wirral Partnership NHS Foundation Trust. The funds are used to purchase various additional goods and services that the NHS is not funded to provide. By working in partnership with the Trust, this ensures the charitable funds are used to best effect for the benefit of the general public served by the Trust.

The Charity operates for the public benefit and the Charity aims to deliver on its objectives, supporting the health and wellbeing of those who experience mental health, drug and alcohol, learning disabilities and community nursing services. The Charity therefore supports the work of Cheshire and Wirral Partnership NHS Foundation Trust in respect of the following services:

Challenging Stigma and Discrimination

We challenge stigma experienced by people with mental ill health, with learning disabilities or have drug and alcohol problems. Promote positive attitudes to mental health, learning disabilities and drug and alcohol problems. To help people suffering in silence to speak out, to help their friends and families and to offer support and understanding.

Insight - Recovery Through Research.

Supporting local research studies and projects to find better solutions, treatments, care and recovery for people experiencing mental ill health.

Adult Mental Health

Providing quality care and offering a range of services for adult and older people suffering from complex and serious mental health problems.

CAMHS

Child and adolescent mental health services (CAMHS) both in-patient and out-patient for children and young people from the ages of 0-19 years with mental health problems.

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Drug and Alcohol Services

The aim is to provide easily accessible services to people whose drug and alcohol use is a problem with the over-arching aim of promoting health and minimising harm to the individual, their families and the community.

Learning Disabilities Services

The aim is to provide a person-centred approach for adults with a learning disability and their carers, thus ensuring that the service user's needs and preferences influence the health care they receive. Learning disability services are delivered by experienced, multi professional staff in community and inpatient settings.

Community Care Western Cheshire

Community care services throughout Western Cheshire, serving a registered population of approximately 250,000.

Grants received from NHS Charities Together

The Trust received grants totalling £176,482 from NHS Charities Together during 2020/2021. This extremely generous grant had an impact on the on improving the wellbeing of staff, patients and volunteers as well as helping to support our local Mental Health Forums during the Covid 19 pandemic. The grant has been spent on a variety of initiatives such as ThinkPad's and I pads so patients were able to keep in touch with family and friends and also access services virtually. Other examples of expenditure was Garden furniture to provide outside quiet areas for both staff and patients and Wellness boxes and a Wellness magazine were provide to help with staff wellbeing

Looking to the future

To continue to raise awareness of the Charity and to maximise donation and fund raising opportunities.

To cultivate good working relations with current donors and fundraisers.

To continue to raise funds to benefit the general public who use the services of Cheshire and Wirral Partnership NHS Foundation Trust.

To continue to support the delivery and development of services provided to the general public by Cheshire and Wirral Partnership NHS Foundation Trust, to those who suffer from mental ill health, learning disabilities and drug and alcohol problems. With a focus on ways of promoting mental health, preventing the onset of mental health disorders. Finding methods of detecting and intervening early, helping with quick and full recovery. To raise awareness of and to challenge stigma associated with mental ill health. To continue to support the provision of quality and appropriate care to people in their own homes through the Community Care Western Cheshire Services.

The Charity will continue to promote fund raising for Insight Research Fund, funds raised will be utilised for non statutory research. The Charity will continue to work closely with colleagues in research, service innovation and development. The Trustees will ensure that the research fund is well managed and cost effective.

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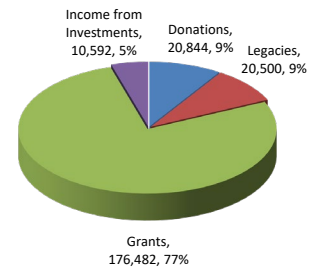
Review of Finances, Achievements and Performance

The net assets of the Charity at 31 March 2021 were £314,471 an increase of £87,065 from those held at 31 March 2020 (£227,406). Of the balance at 31 March 2021, £153,077 was invested in UK fixed interest and Equities, £114,200 in Overseas Fixed Interest, Equities and Securities and the remainder comprised debtors, creditors and funds on deposit at the bank.

The Charity continues to rely on donations, legacies, fund raising and investment income as its main sources of income. During the year grants totalling £176,482 were received from NHS Charities Together to help combat the effect of Covid-19 on staff / patients and volunteers. The chart below shows the percentage of each category of income received during 2020/21:

TOTAL INCOME £ 228,418

Income from Investments £ 10,592 Earned from dividends and interest.



Charitable activities

| | | |
|------------------|-----------------|--|
| Grants | £176,482 | Received from NHS Charities Together re Covid 19 |
| Legacies | £20,500 | |
| Donations | £20,844 | |

The Trustees continue to look at ways of making donating to the Charity more accessible, to continue to develop the Charity web page and the guidance contained therein. The CWP Charity intranet page also encourages Payroll Giving and provides links to application forms for Pennies from Heaven and Workplace Giving.

Donations received during the year were for the following services / funds

| | |
|--------|--|
| £1,215 | Wirral Mental Health Services |
| £130 | West Cheshire Mental Health Services |
| £1,040 | Central & Eastern Cheshire Mental Health Services |
| £100 | CAMHS |
| £39 | Challenging Stigma |
| £39 | Research |
| £4,853 | Community Nursing |
| £2,494 | General Purpose |
| £5,914 | East Cheshire Mental Health Services/CAMHS/Learning Disabilities/General Purpose |
| £4,981 | Wirral Community NHS Foundation Trust |
| £39 | Kisiizi |

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Review of Finances, Achievements and Performance (Continued)

TOTAL EXPENDITURE **£ 182,020**

| | |
|---------|--------------------------------------|
| 179,558 | Expenditure on Charitable activities |
| 2,462 | Expenditure on raising funds |

Expenditure on Charitable activities **£ 179,558**

| | |
|---------|--|
| £287 | Wirral Mental Health Services: Christmas trees / aromatherapy oils and sensory packs for patients |
| £320 | West Cheshire Mental Health Services: Christmas trees and afternoon tea |
| £600 | Challenging Stigma: Chester Pride sponsorship |
| £5,609 | Community Nursing: Books / Bags / mats / lunches / afternoon tea/ kitchen equipment / beauty packs / water bottles |
| £2,976 | General Purpose: Christmas monies for clients gifts / Christmas trees |
| £93,986 | General Purpose NHSC grant (restricted) - Wellness boxes / wellbeing magazine/ Ipads / ThinkPad's / Books / Garden project/ contribution to local support mental health forums / NHSC membership |
| £4,613 | East Cheshire Mental Health Services/CAMHS/Learning Disabilities/General Purpose: Kitchen equipment / garden benches / garden project / radio /DVD/ speakers / TV |
| £6,171 | Wirral Community Trust: staff incentive scheme / fridges / leaflets |
| £55,749 | Wirral Community Trust NHS Grant (restricted) - Medals for staff / laptops |
| £7,459 | Bought in services from the NHS, CWP administration fees |
| £86 | Bank Charges |
| £562 | QuickBooks support |
| £1,140 | Independent Examiners Fees |

Expenditure on Raising funds **£ 2,462**

| | |
|--------|----------------------------|
| £2,454 | Investment management fees |
| £8 | Pennies from Heaven fees |

Approved on behalf of the Corporate Trustee by the Chair of Cheshire and Wirral Partnership NHS Foundation Trust.



Date: 26/01/2022

Statement of Corporate Trustee's Responsibilities

The Corporate Trustee is responsible for:

- keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charitable funds and to enable them to ensure that the accounts comply with requirements in the Charities Act 2011 and those outlined in the directions issued by the Secretary of State;
- establishing and monitoring a system of internal control; and
- establishing arrangements for the prevention and detection of fraud and corruption.

The Corporate Trustee is required under the Charities Act 2011 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the financial position of the charitable funds, in accordance with the Charities Act 2011. In preparing these accounts, the Corporate Trustee is required to:

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

The Corporate Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages 9-16 attached have been compiled from and are in accordance with the financial records maintained by the Corporate Trustee.

By Order of the Corporate Trustee

Chair



Date: 26/01/2022

Director of Business & Value



Date: 26/01/2022



Independent Examiners' Report to the Corporate Trustee of the Cheshire and Wirral Partnership NHS Foundation Trust Charitable Funds

I report on the Accounts of the Charitable Funds for the year ended 31 March 2021, which are set out on pages 9 to 16.

Respective Responsibilities of Corporate Trustee and Examiners

The Charity's trustee are responsible for the preparation of the accounts. The Charity's trustee consider that an audit is not required for this year (under Section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is required.

It is my responsibility to:

- examine the accounts under Section 145 of the 2011 Act;
- follow the procedures laid down in the General Directions given by the Charity Commission (under section 145(5)(b) of the 2011 Act); and
- state whether particular matters have come to my attention.

Basis of Independent Examiners Report

My examination was carried out in accordance with the general directions given by the Charity Commission. An examination includes a review of the accounting records kept by the Charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustee concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statements below.

Independent Examiners Statement

In connection with my examination, no matter has come to my attention:

1) which gives me reasonable cause to believe that, in any material respect, the requirements

- to keep accounting records in accordance with Section 130 of the 2011 Act; and
- to prepare accounts which accord with the accounting records and to comply with the accounting requirements of the 2011 Act.

have not been met; or

2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Susan Harris MA ACA

Champions Allwoods Ltd
2nd Floor
Refuge House
33-37 Watergate Row
Chester
CH1 2LE

Signed

Champion Allwoods Ltd

Date

27 January 2022

Statement of Financial Activities for the year ended 31 March 2021

| | Note | 2020-21 Restricted Funds £'s | 2020-21 Unrestricted Funds £'s | 2020-21 Total Funds £'s | 2019-20 Restricted Funds £'s | 2019-20 Unrestricted Funds £'s | 2019-20 Total Funds £'s |
|---|------|---------------------------------------|---|----------------------------------|---------------------------------------|---|----------------------------------|
| Income from Charitable activities | | | | | | | |
| Donations | | 39 | 20,805 | 20,844 | 45 | 17,360 | 17,405 |
| Fund raising | | 0 | 0 | 0 | 0 | 0 | 0 |
| Legacies | | 0 | 20,500 | 20,500 | 0 | 0 | 0 |
| Grants | | 176,482 | 0 | 176,482 | 0 | 0 | 0 |
| Income from Investments | 3 | 400 | 10,192 | 10,592 | 358 | 11,391 | 11,749 |
| Other incoming resources | | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Income and Endowments | 4 | <u>176,921</u> | <u>51,497</u> | <u>228,418</u> | <u>403</u> | <u>28,751</u> | <u>29,154</u> |
| Expenditure on Charitable activities | | | | | | | |
| Expenditure on Charitable activities | 5a | (150,084) | (29,474) | (179,558) | (142) | (36,777) | (36,919) |
| Expenditure on Raising Funds | 5b | (93) | (2,369) | (2,462) | (77) | (2,435) | (2,512) |
| Total Expenditure | 6 | <u>(150,177)</u> | <u>(31,843)</u> | <u>(182,020)</u> | <u>(219)</u> | <u>(39,212)</u> | <u>(39,431)</u> |
| Net Gain/(loss) on disposal of investments assets | | 8 | 206 | 214 | 9 | 299 | 308 |
| Net Gain/(loss) on revaluation of investment assets | | 1,241 | 39,212 | 40,453 | (832) | (26,406) | (27,238) |
| Net gains(losses) on investments | | <u>1,249</u> | <u>39,418</u> | <u>40,667</u> | <u>(823)</u> | <u>(26,107)</u> | <u>(26,930)</u> |
| Net income/(expenditure) | | <u>27,993</u> | <u>59,072</u> | <u>87,065</u> | <u>(639)</u> | <u>(36,568)</u> | <u>(37,207)</u> |
| Funds Transfer | | 0 | 0 | 0 | 0 | 0 | 0 |
| Total net movement in funds | 7 | <u>27,993</u> | <u>59,072</u> | <u>87,065</u> | <u>(639)</u> | <u>(36,568)</u> | <u>(37,207)</u> |
| Fund balances brought forward at 31 March 2020 | | 13,503 | 213,903 | 227,406 | 14,142 | 250,471 | 264,613 |
| Fund balances carried forward at 31 March 2021 | | <u>41,496</u> | <u>272,975</u> | <u>314,471</u> | <u>13,503</u> | <u>213,903</u> | <u>227,406</u> |

The notes on pages 12-16 form part of these Accounts.

Balance Sheet as at 31 March 2021

| | Notes | Total Restricted Funds at 31 March 2021 £'s | Total Unrestricted Funds at 31 March 2021 £'s | Total Funds at 31 March 2021 £'s | Total Restricted Funds at 31 March 2020 £'s | Total Unrestricted Funds at 31 March 2020 £'s | Total Funds at 31 March 2020 £'s |
|--|-------|--|--|-------------------------------------|--|--|-------------------------------------|
| Fixed Assets | | | | | | | |
| Investments | 9 | 10,591 | 256,686 | 267,277 | 9,224 | 213,561 | 222,785 |
| Tangible fixed assets | 9a | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Fixed Assets | | <u>10,591</u> | <u>256,686</u> | <u>267,277</u> | <u>9,224</u> | <u>213,561</u> | <u>222,785</u> |
| Current Assets | | | | | | | |
| Debtors | 10 | 206 | 5,264 | 5,470 | 81 | 2,576 | 2,657 |
| Short term investments and deposits | | 32,411 | 54,687 | 87,098 | 4,396 | 4,060 | 8,456 |
| Total Current Assets | | <u>32,617</u> | <u>59,951</u> | <u>92,568</u> | <u>4,477</u> | <u>6,636</u> | <u>11,113</u> |
| Creditors: Amounts falling due within one year | 11 | (1,712) | (43,662) | (45,374) | (198) | (6,294.00) | (6,492) |
| Net Current Assets | | <u>30,905</u> | <u>16,289</u> | <u>47,194</u> | <u>4,279</u> | <u>342</u> | <u>4,621</u> |
| Total Net Assets | | <u>41,496</u> | <u>272,975</u> | <u>314,471</u> | <u>13,503</u> | <u>213,903</u> | <u>227,406</u> |
| Funds of the Charity | | | | | | | |
| Total Funds | 12 | <u>41,496</u> | <u>272,975</u> | <u>314,471</u> | <u>13,503</u> | <u>213,903</u> | <u>227,406</u> |

The notes on pages 12-16 form part of these Accounts.

Signed on behalf of the Corporate Trustee by the Chair of Cheshire and Wirral Partnership NHS Foundation Trust.

Signature:  Date: 26/01/2022

Statement of Cash Flow as at 31 March 2021

| | Notes | Restricted 31 March 2021 | Unrestricted 31 March 2021 | Total 31 March 2021 | Restricted 31 March 2020 | Unrestricted 31 March 2020 | Total 31 March 2020 |
|--|-------|-----------------------------|-------------------------------|------------------------|-----------------------------|-------------------------------|------------------------|
| Net cash provided by (used in) operating activities | 14 | 27,732 | 44,143 | 71,875 | (246) | (25,021) | (25,267) |
| Cash flows from investing activities: | | | | | | | |
| Dividends and Interest | | 400 | 10,192 | 10,592 | 358 | 11,391 | 11,749 |
| Proceeds from the sale of investments | | 1,303 | 41,169 | 42,472 | 920 | 29,297 | 30,217 |
| Purchase of investments & deposits made | | (1,420) | (44,877) | (46,297) | (798) | (25,442) | (26,240) |
| Net cash provided by (used in) investing activities | | <u>283</u> | <u>6,484</u> | <u>6,767</u> | <u>480</u> | <u>15,246</u> | <u>15,726</u> |
| Cash flows from financing activities: | | | | | | | |
| Net cash provided by (used in) financing activities | | 283 | 6,484 | 6,767 | 480 | 15246 | 15,726 |
| Change in cash and cash equivalents in the reporting period | | <u>28,015</u> | <u>50,627</u> | <u>78,642</u> | <u>234</u> | <u>(9,775)</u> | <u>(9,541)</u> |
| Cash and cash equivalents at the 1st April | | <u>4,396</u> | <u>4,060</u> | <u>8,456</u> | <u>4,162</u> | <u>13,835</u> | <u>17,997</u> |
| Cash and cash equivalents at the 31st March | | <u>32,411</u> | <u>54,687</u> | <u>87,098</u> | <u>4,396</u> | <u>4,060</u> | <u>8,456</u> |

Notes to the Accounts

1 Accounting Policies

1.1 Accounting Convention

The accounts have been prepared in accordance with the Statement of Recommended Practice (FRS102) effective from April 2015, and with accounting standards and policies for the NHS approved by the Secretary of State.

1.2 Income and Endowments

- a) All income and endowments are included in full in the Statement of Financial Activities as soon as the following three factors can be met:
- i) entitlement - arises when a particular resource is receivable or the Charity's right becomes legally enforceable;
 - ii) certainty - when there is reasonable certainty that the incoming resource will be received;
 - iii) measurement - when the monetary value of the incoming resource can be measured with sufficient reliability.
- b) Gifts in kind
- i) Assets given for distribution by the Charity are included in the Statement of Financial Activities only when distributed.
 - ii) Assets given for use by the Charity (e.g. property for its own occupation) are included in the Statement of Financial Activities as incoming resources when receivable.
 - iii) Gifts made in kind but on trust for conversion into cash and subsequent application by the Charity are included in the accounting period in which the gift is sold.
 - iv) The amount at which gifts in kind are brought into account is either a reasonable estimate of their value to the Charity or the amount actually realised.
- c) Legacies
- Legacies are accounted for as incoming resources once the receipt of the legacy becomes reasonably certain. This will be once confirmation has been received from the representatives of the estate that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.
- d) Income from investments
- Income from investments is accounted for on an accruals basis and is apportioned across the individual funds on an average balance of funds basis.

1.3 Expenditure on Charitable activities

The charitable funds accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

Notes to the Accounts**1 Accounting Policies (continued)****1.4 Realised and Unrealised Gains and Losses**

All gains and losses are taken to the Statement of Financial Activities as they arise.

Realised gains and losses on investments are calculated as the difference between the sales proceeds and opening market value. Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or date of purchase if later).

1.5 Fixed Assets**1.5a Intangible or Donated Fixed Assets**

The Charity holds no intangible fixed assets or donated fixed assets as at 31st March 2021.

1.5b Tangible Fixed Assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following basis:

| | |
|--------------|--------------------|
| IT Equipment | 100% straight line |
|--------------|--------------------|

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is credited or charged to profit or loss

During the course of 2020/2021, the Charity purchased IT equipment funded by grants received from NHS Charities Together. They have been depreciated in full on a straight line basis as above policy.

1.6 Investment Fixed Assets

Quoted stocks and shares are included in the balance sheet at mid-market price excluding dividends.

1.7 Pooling Scheme

An official pooling scheme is operated for investments relating to the following funds:
- Cheshire and Wirral Partnership NHS Foundation Trust General Fund and its subsidiary funds.
The scheme was registered with the Charity Commission on 17 March 1998.

1.8 Unrestricted (including designated funds)

Funds where donors have expressed a preference without a 'trust' for example expressed a wish, recommendation or hope that the donation would be used in a certain way, then no trust to that effect will attach to the donation. In such cases the funds will be unrestricted. However the funds will be treated as designated and the trustees will endeavour to use the funds as the donor wishes.

Donations are allocated to and held within designated service or geographic location funds as appropriate at the time of receipt.

1.9 Restricted Funds

Restricted funds are subject to specific requirements and can only be applied for particular purposes within their objects, but still within the wider objects of the charity. The Trustees shall ensure that restricted funds are used for the purpose intended.

The charity holds three restricted funds, two of which are CWP funds - CAMHS General Purpose and Community Services and the third in respect of the Kisiizi Hospital Project.

2 Related Party Transactions

During the year none of the members of the body corporate or members of the key management staff or parties related to them has undertaken any material transactions with the Cheshire and Wirral Partnership NHS Foundation Trust General Fund or with its subsidiary charitable funds.

The Charity has made payments in respect of goods and services for the benefit of patients and staff of the Cheshire and Wirral Partnership NHS Foundation Trust where the members of the Board of Corporate Trustees are also members of the NHS Foundation Trust Board.

The Board of the Corporate Trustees and other senior staff take decisions both on Charity and NHS Foundation Trust matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of any personal interest held have been made in respect of both.

| 3 | Analysis of Gross Income from Investments | Restricted | Unrestricted | 31 March 2021 | Restricted | Unrestricted | 31 March 2020 |
|-----|---|--|------------------|------------------|------------------|--------------------|-----------------|
| | | 2020-2021 | 2020-2021 | | 2019-2020 | 2019-2020 | |
| | | £'s | £'s | £'s | £'s | £'s | £'s |
| | Overseas Securities | 164 | 4,175 | 4,339 | 135 | 4,302 | 4,437 |
| | Held in UK | 236 | 6,017 | 6,253 | 223 | 7,089 | 7,312 |
| | Total gross income | 400 | 10,192 | 10,592 | 358 | 11,391 | 11,749 |
| 4 | Analysis of Income received by Charitable Fund | Restricted | Unrestricted | Total Funds | Restricted Funds | Unrestricted Funds | Total Funds |
| | | Funds | Funds | 2020-2021 | 2019-2020 | 2019-2020 | 2019-2020 |
| | | £'s | £'s | £'s | £'s | £'s | £'s |
| | Charitable Trusts | | | | | | |
| | Ashton House | 0 | 67 | 67 | 0 | 78 | 78 |
| | East Cheshire Mental Health and Learning Disabilities | 0 | 6,813 | 6,813 | 0 | 1,271 | 1,271 |
| | Mid Cheshire Mental Health and Learning Disabilities | 0 | 31 | 31 | 0 | 36 | 36 |
| | Restricted Funds | | | | | | |
| | Kisilzi Hospital | 280 | 0 | 280 | 324 | 0 | 324 |
| | CWP Restricted | 120,824 | 0 | 120,824 | | | |
| | Wirral Community NHS FT Restricted | 55,750 | 0 | 55,750 | | | |
| | Other Charitable Fund Balances | | | | | | |
| | Wirral Community NHS NHS Foundation Trust | 0 | 8,668 | 8,668 | 0 | 11,944 | 11,944 |
| | Insight Research Fund | 0 | 113 | 113 | 0 | 129 | 129 |
| | Cheshire & Wirral Partnership NHS Foundation Trust (comprising of) | | | | | | |
| | Wirral Mental Health | 0 | 22,019 | 22,019 | 0 | 364 | 364 |
| | West Mental Health | 0 | 2,900 | 2,900 | 0 | 4,549 | 4,549 |
| | Central and Eastern | 0 | 1,069 | 1,069 | 0 | 31 | 31 |
| | CAMHS | 43 | 360 | 403 | 51 | 1,303 | 1,354 |
| | Learning Disabilities | 0 | 1 | 1 | 0 | 2 | 2 |
| | Primary Care | 0 | 50 | 50 | 0 | 58 | 58 |
| | Challenging Stigma | 0 | 92 | 92 | 0 | 145 | 145 |
| | Community Services | 24 | 6,192 | 6,216 | 28 | 2,934 | 2,962 |
| | General Purposes | 0 | 3,122 | 3,122 | 0 | 5,907 | 5,907 |
| | | 176,921 | 51,497 | 228,418 | 403 | 28,751 | 29,154 |
| 5a | Expenditure on charitable activities | Restricted | Unrestricted | 31 March 2021 | Restricted | Unrestricted | 31 March 2020 |
| | | £'s | £'s | £'s | £'s | £'s | £'s |
| | Bought-in services from NHS | (281) | (7,178) | (7,459) | (89) | (2,841) | (2,930) |
| | Other expenses in furtherance of charity objectives | (22) | (540) | (562) | (17) | (545) | (562) |
| | Independent Examiners' remuneration | (43) | (1,097) | (1,140) | (34) | (1,076) | (1,110) |
| | Bank Charges | (3) | (83) | (86) | (2) | (71) | (73) |
| | Covid Expenses | (66,168) | 0 | (66,168) | 0 | 0 | 0 |
| | Patients' welfare and amenities | (11,119) | (10,466) | (21,585) | 0 | (16,730) | (16,730) |
| | Staff welfare and amenities | (72,448) | (10,110) | (82,558) | 0 | (15,514) | (15,514) |
| | | (150,084) | (29,474) | (179,558) | (142) | (36,777) | (36,919) |
| 5b | Expenditure on raising funds | (93) | (2,369) | (2,462) | (77) | (2,435) | (2,512) |
| | | (93) | (2,369) | (2,462) | (77) | (2,435) | (2,512) |
| 6 | Analysis of Expenditure | Expenditure | Expenditure | Total | Expenditure | Expenditure | Total |
| | | on Charitable | on raising funds | 2020-2021 | on Charitable | on raising funds | 2019-2020 |
| | | Activities | Activities | | Activities | Activities | |
| | | £'s | £'s | £'s | £'s | £'s | £'s |
| | Independent Examiners remuneration | (1,140) | 0 | (1,140) | (1,110) | 0 | (1,110) |
| | Investment management fees | 0 | (2,454) | (2,454) | 0 | (2,501) | (2,501) |
| | My Donate / Pennies from Heaven * | 0 | (8) | (8) | 0 | (11) | (11) |
| | Bank Charges | (86) | 0 | (86) | (73) | 0 | (73) |
| | Bought-in services from NHS | (7,459) | 0 | (7,459) | (2,930) | 0 | (2,930) |
| | Other costs including purchases for patient and staff welfare and amenities and Covid expenditure | (170,873) | 0 | (170,873) | (32,806) | 0 | (32,806) |
| | | (179,558) | (2,462) | (182,020) | (36,919) | (2,512) | (39,431) |
| 6.1 | Support Costs | Independent Examiners' remuneration, Investment Management fees and Bought-in services from NHS are apportioned across all funds based on an average balance percentage. | | | | | |
| 7 | Changes in Resources Available for Charity Use | Restricted | Unrestricted | Total Funds | Restricted Funds | Unrestricted Funds | Total Funds |
| | | Funds | Funds | 2020-2021 | 2019-2020 | 2019-2020 | 2019-2020 |
| | | £'s | £'s | £'s | £'s | £'s | £'s |
| | Opening Balances | 13,503 | 213,903 | 227,406 | 14,142 | 250,471 | 264,613 |
| | Closing Balances | 41,496 | 272,975 | 314,471 | 13,503 | 213,903 | 227,406 |
| | Net (decrease)/increase in funds available for future activities | 27,993 | 59,072 | 87,065 | (639) | (36,568) | (37,207) |
| 8 | Trustee and Connected Persons Transactions | | | | | | |
| 8.1 | Trustee expenses reimbursed | No expenses were reimbursed to any members of the Board of the Corporate Trustee during the year ended 31 March 2021 (2019-2020 nil). | | | | | |
| 8.2 | Trustee remuneration | No remuneration was paid to any members of the Board of the Corporate Trustee during the year ended 31 March 2021 (2019-2020 nil). | | | | | |
| 8.3 | Details of transaction with Trustees or connected persons | There were no transactions with any members of the Board of the Corporate Trustee or connected persons during the year ended 31 March 2021 (2019-20 nil). | | | | | |

| 9a | Investment Fixed Assets as per Accounting Policy | Restricted | Unrestricted | 31 March 2021 | Restricted | Unrestricted | 31 March 2020 |
|-----|--|-----------------|----------------|----------------|-----------------|----------------|----------------|
| | | 2020-2021 | 2020-2021 | | 2019-2020 | 2019-2020 | |
| 9.1 | Fixed Asset Investments: | £'s | £'s | £'s | £'s | £'s | £'s |
| | Market value at 31 March 2020 | 9,224 | 213,561 | 222,785 | 10,168 | 243,525 | 253,693 |
| | Less: Disposals at carrying value | (1,295) | (40,963) | (42,258) | (911) | (28,999) | (29,910) |
| | Add: Acquisitions at cost | 1,421 | 44,876 | 46,297 | 799 | 25,441 | 26,240 |
| | Net gain on revaluation | 1,241 | 39,212 | 40,453 | (832) | (26,406) | (27,238) |
| | Market value at 31 March 2021 | <u>10,591</u> | <u>256,686</u> | <u>267,277</u> | <u>9,224</u> | <u>213,561</u> | <u>222,785</u> |
| | Historic cost at 31 March 2021 | <u>7,311</u> | <u>231,010</u> | <u>238,321</u> | <u>6,944</u> | <u>221,088</u> | <u>228,032</u> |
| 9.2 | Market value | £'s | £'s | £'s | £'s | £'s | £'s |
| | Overseas Securities | 4,525 | 109,675 | 114,200 | 3,999 | 92,578 | 96,577 |
| | Held in UK | 6,066 | 147,011 | 153,077 | 5,225 | 120,983 | 126,208 |
| | | <u>10,591</u> | <u>256,686</u> | <u>267,277</u> | <u>9,224</u> | <u>213,561</u> | <u>222,785</u> |
| 9b | Tangible Fixed Assets as per Accounting Policy | IT Equipment | | | | | |
| | Cost | £'s | | | | | |
| | As at 31st March 2020 | 0 | | | | | |
| | Additions | 59,168 | | | | | |
| | As at 31st March 2021 | <u>59,168</u> | | | | | |
| | Depreciation | £'s | | | | | |
| | As at 31st March 2020 | 0 | | | | | |
| | Depreciation charged in the year | 59,168 | | | | | |
| | As at 31st March 2021 | <u>59,168</u> | | | | | |
| | Carrying amount | £'s | | | | | |
| | As at 31st March 2021 | <u>0</u> | | | | | |
| | As at 31st March 2020 | <u>0</u> | | | | | |
| 10 | Analysis of Debtors | 31 March 2021 | | | 31 March 2020 | | |
| | Opening Balance | £'s | | | £'s | | |
| | Invoices raised | 2,657 | | | 13,566 | | |
| | Accrued income | 6,537 | | | 6,389 | | |
| | Reversing Accruals | (1,850) | | | (409) | | |
| | Income received | 0 | | | 0 | | |
| | Total debtors | <u>(1,874)</u> | | | <u>(16,889)</u> | | |
| | | <u>5,470</u> | | | <u>2,657</u> | | |
| 11 | Analysis of Creditors | 31 March 2021 | | | 31 March 2020 | | |
| | Opening Balance | £'s | | | £'s | | |
| | Invoices received | (6,492) | | | (20,643) | | |
| | Reversing accruals | (146,990) | | | (42,237) | | |
| | Accrued expenditure | 0 | | | 49,604 | | |
| | Payments | (38,075) | | | (49,608) | | |
| | Total creditors | <u>146,183</u> | | | <u>56,392</u> | | |
| | | <u>(45,374)</u> | | | <u>(6,492)</u> | | |

| 12 | Analysis of Funds 2020-2021 | Balance 31 March 2020 £'s | Incoming Resources £'s | Resources Expended £'s | Gains and Losses £'s | Transfer of funds | Balance 31 March 2021 £'s |
|----|--|------------------------------------|------------------------------|------------------------------|----------------------------|-------------------|------------------------------------|
| | Unrestricted Designated Funds | | | | | | |
| | Charitable Trusts | | | | | | |
| | Ashton House | 1,553 | 67 | (74) | 261 | (1,807) | 0 |
| | East Cheshire Mental Health and Learning Disability Services | 22,188 | 6,813 | (5,608) | 3,196 | (12,437) | 14,152 |
| | Mid Cheshire Mental Health and Learning Disability Services | 731 | 31 | (34) | 120 | (658) | 190 |
| | Other Charitable Fund Balances | | | | | | |
| | Wirral Community NHS Foundation Trust | 76,088 | 8,668 | (10,248) | 14,248 | 0 | 88,756 |
| | Research (Insight) | 13,832 | 113 | (81) | 285 | 0 | 14,149 |
| | Cheshire & Wirral Partnership NHS Foundation Trust* | 99,511 | 35,805 | (15,798) | 21,308 | 14,902 | 155,728 |
| | Unrestricted Funds | 213,903 | 51,497 | (31,843) | 39,418 | 0 | 272,975 |
| | Restricted Funds | | | | | | |
| | Kisizi Hospital (Previously held as unrestricted funds) | 12,089 | 280 | (266) | 936 | 0 | 13,039 |
| | CWP | 1,414 | 120,891 | (94,161) | 313 | 0 | 28,457 |
| | Wirral Community NHS FT Restricted | 0 | 55,750 | (55,750) | 0 | 0 | 0 |
| | | 13,503 | 176,921 | (150,177) | 1,249 | 0 | 41,496 |
| | Total Funds | 227,406 | 228,418 | (182,020) | 40,667 | 0 | 314,471 |

Cheshire & Wirral Partnership NHS Foundation Trust Fund Balance as at 31 March 2021 includes legacies totalling £100,113 earmarked for specific services.

| | | | |
|-------------|--|------|----------------|
| Legacy 1 | AMH Springview Clatterbridge | 2008 | 3,083 |
| Legacy 2 * | Psychology Service Chester | 2011 | 56,719 |
| Legacy 3 | Broxtton Community Care Team | 2015 | 1,730 |
| Legacy 4 | Wirral Assertive Outreach Services | 2015 | 500 |
| Legacy 5 | Chester Community Nursing | 2012 | 1,188 |
| Legacy 6 | Oakmere Team Vale House | 2011 | 2,516 |
| Legacy 7 | Wirral | 2011 | 903 |
| Legacy 8 | WCT Women's Services | 2011 | 6,989 |
| Legacy 9 * | East Cheshire AMH/OPS General Purpose | 2005 | 1,970 |
| Legacy 10 * | Wirral Community NHS Trust General Purpose | 2009 | 4,015 |
| Legacy 11 | Brackendale Ward | 2020 | 20,000 |
| Legacy 12 | CWP General fund | 2020 | 500 |
| | | | 100,113 |

* Legacies 9 and 10 were omitted from prior year legacy list. Legacy 2 had £1,204 of expenditure committed in 19/20 which has not been spent and the applications cancelled therefore increasing the balance available

| | Balance 31 March 2019 £'s | Incoming Resources £'s | Resources Expended £'s | Gains and Losses £'s | Transfer of funds | Balance 31 March 2020 £'s |
|--|------------------------------------|------------------------------|------------------------------|----------------------------|-------------------|------------------------------------|
| Analysis of Funds 2019-2020 | | | | | | |
| Unrestricted Designated Funds | | | | | | |
| Charitable Trusts | | | | | | |
| Ashton House | 1,753 | 78 | (98) | (180) | 0 | 1,553 |
| East Cheshire Mental Health and Learning Disability Services | 27,703 | 1,271 | (4,717) | (2,069) | 0 | 22,188 |
| Mid Cheshire Mental Health and Learning Disability Services | 800 | 36 | (22) | (83) | 0 | 731 |
| Other Charitable Fund Balances | | | | | | |
| Wirral Community NHS Foundation Trust | 93,402 | 11,944 | (18,674) | (10,584) | 0 | 76,088 |
| Research (Insight) | 13,949 | 129 | (51) | (195) | 0 | 13,832 |
| Cheshire & Wirral Partnership NHS Foundation Trust* | 112,864 | 15,293 | (15,650) | (12,996) | 0 | 99,511 |
| Transfer column | | | | | | 0 |
| Unrestricted Funds | 250,471 | 28,751 | (39,212) | (26,107) | 0 | 213,903 |
| Restricted Funds | | | | | | |
| Kisizi Hospital (Previously held as unrestricted funds) | 12,578 | 324 | (171) | (642) | 0 | 12,089 |
| CWP | 1,564 | 79 | (48) | (181) | 0 | 1,414 |
| | 14,142 | 403 | (219) | (823) | 0 | 13,503 |
| Total Funds | 264,613 | 29,154 | (39,431) | (26,930) | 0 | 227,406 |

Cheshire & Wirral Partnership NHS Foundation Trust Fund Balance as at 31 March 2020 includes legacies totalling £72,604 earmarked for specific services.

| | | | |
|------------|------------------------------------|------|---------------|
| Legacy 1 | AMH Springview Clatterbridge | 2008 | 3,083 |
| Legacy 2 * | Psychology Service Chester | 2011 | 55,515 |
| Legacy 3 | Broxtton Community Care Team | 2015 | 1,730 |
| Legacy 4 | Wirral Assertive Outreach Services | 2015 | 500 |
| Legacy 5 | Chester Community Nursing | 2012 | 1,188 |
| Legacy 6 | Oakmere Team Vale House | 2011 | 2,516 |
| Legacy 7 | Wirral | 2011 | 1,083 |
| Legacy 8 | WCT Women's Services | 2011 | 6,989 |
| | | | 72,604 |

* Legacy 2 in 19/20 there was income received of £10,500 against expenditure incurred in 18/19. This was training where participants were charged for attending

13 Loans or Guarantees Secured against Assets of the Charity

There were no loans or guarantees secured against assets of the charity during the year ended 31 March 2021 (2019-2020 nil).

| 14 | Statement of Cash Flow from operating activities | Restricted 2020-2021 | Unrestricted 2020-2021 | Total 2020-2021 | Restricted 2019-2020 | Unrestricted 2019-2020 | Total 2019-2020 |
|----|--|-------------------------|---------------------------|--------------------|-------------------------|---------------------------|--------------------|
| | Net Income/(Expenditure) for the reporting period (as per the Statement of Financial Activities) | 27,993 | 59,072 | 87,065 | (639) | (36,568) | (37,207) |
| | Adjustments for: | | | | | | |
| | (Gains)/Losses on Investments | (1,241) | (39,212) | (40,453) | 832 | 26,406 | 27,238 |
| | Dividends and Interest | (400) | (10,192) | (10,592) | (358) | (11,391) | (11,749) |
| | (Gain)/loss on disposal of investments | (8) | (206) | (214) | (9) | (299) | (308) |
| | (Increase)/Decrease in Debtors | (125) | (2,688) | (2,813) | 281 | 10,628 | 10,909 |
| | Increase/(Decrease) in Creditors | 1,514 | 37,368 | 38,882 | (353) | (13,798) | (14,151) |
| | Net cash provided by (used in) operating activities | (260) | (14,930) | (15,190) | 393 | 11,546 | 11,939 |
| | Cash flows from operating activities | | | | | | |
| | Net cash provided by (used in) operating activities | 27,733 | 44,142 | 71,875 | (246) | (25,022) | (25,268) |

15 Connected Organisations

The total income of the Cheshire and Wirral Partnership NHS Foundation Trust for 2020-2021 was £203,966,000 (2019-2020 £188,088,000).

Donations

Without the continued support of our donors we could not continue to do this vital work, we are extremely grateful for all donations no matter how great or small.

The Charity supports services offered to the general public by Cheshire and Wirral Partnership NHS Foundation Trust.

We are committed to improving the lives and emotional wellbeing of people experiencing mental health problems, through early intervention, treatment, care and support. Also supporting Community Services in Chester and Ellesmere Port.

Cash or cheque donations can be accepted at any of the following locations.

Cash Office, Bowmere Hospital, Chester
Cash Office, Springview, Clatterbridge Hospital, Chester
Cash Office, Macclesfield District General Hospital
Cash Office, Ashton House, Oxton, Wirral
Wirral Community NHS Foundation Trust, St Catherine's Health Centre (Ground Floor, Wing 5) Derby Road, Birkenhead, CH42 0LQ

Cheques can also be posted directly to the Business and Value Department as follows.

Cheques or postal orders, should be made payable to Cheshire and Wirral Partnership NHS FT Charitable Funds

Remember to enclose a covering letter with your details so that we can acknowledge your generosity.

Cheshire and Wirral Partnership NHS FT Charitable Funds
For the attention of Kim Langridge
Financial Services
Redesmere
Countess of Chester Health Park
Liverpool Road
Chester
CH2 1BQ

Gift Aid

If you are a UK tax payer you can increase your donation with Gift Aid by making a simple declaration. This will enable the charity to recover the tax on your donation 25p in the £1.

To obtain a Gift Aid declaration form, contact the Charity Administrator, as detailed below.

Fund Raising

We are extremely grateful to and encourage all those who wish to fund raise on our behalf. Guidance and application forms to fund raise on behalf of the Charity can be obtained by contacting the Charity Administrator as detailed below.

As an approved fund raiser you can use the My Donate website to create a fund raising page thus increasing awareness of your event.

Kim Langridge
Charity Administrator
Telephone Number 01244393239
Email: kim.langridge@nhs.net

Legacies

Remember us in your will, even the smallest legacy is appreciated and helps us to continue our work. You can be sure we will use it to benefit a specific ward, department or service, if that is your wish, or you can choose to donate to our General Fund.

Staff Donations

Support the staff payroll giving schemes.

To access Workplace Giving or Pennies from Heaven application forms, visit www.cwp.nhs.uk. Remember every penny counts.

Workplace giving allows staff to donate the amount of their choice.

Pennies from Heaven allows you to donate the spare pennies from your pay, the most you can ever give in from your weekly or monthly pay is 99p. At an annual staff side meeting, the decision is taken to decide which charity will benefit from Pennies from Heaven. From 2013/2014 all donations will be made to CWP charity, to be divided equally between the following funds:

Insight-Recover through Research
Challenging Stigma
Kisiizi Hospital General Fund