NHS

Wirral Community Health and Care

NHS Foundation Trust

Annual Report 2021/22

Wirral Community Health & Care NHS Foundation Trust Annual Report and Accounts 1 April 2021 - 31 March 2022

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

Table of Contents

The Annual Report and a full copy of the Annual Accounts 2021-22 will be made available on our website at www.wchc.nhs.uk. A limited number of printed copies will be sent to official statutory and non-statutory bodies. A summary of this report and accounts will be available as part of our Annual Members Meeting.

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

Your Experience - tell us what you think

Your feedback will help us to improve the services we provide to everyone in our community. If you have a compliment, comment, concern or complaint, please get in touch via:

- Tel: 0800 694 5530
- Email: yourexperience@nhs.net

Performance Report

Performance overview from the Chief Executive - a review of our performance during 2021-22

Welcome to our Annual Report and Accounts for 2021-22, which sets out the Trust's response to Covid-19 and the continued tremendous resilience, determination and compassion shown by our staff. During 2021-22 and throughout the system response to Covid-19 we have shown the importance of maintaining high quality community health and care services.

A key strength of our Trust is how our teams support people at critical points through their entire lives, enabling them to start, live, age and die well. We provide universal services focused on wellness as well as specialist services, working at the heart of communities and across the whole Place footprints in Cheshire & Merseyside.

We have accelerated the development of some services, such as remote monitoring, and supporting discharge from hospital. Over the past 18 months we have set up a new Community Integrated Care Centre and implemented a two-hour, seven-day crisis response service to reduce unnecessary admissions to hospital.

In July 2021, we launched our new common purpose statement and values that coincided with the Queen's award of the George Cross to the NHS to mark its 73rd anniversary. We undertook months of staff engagement to ensure our values and purpose reflected the views, commitment and passion of the whole organisation. The values reflect the voice of our staff, and what they want the future of the Trust to be.

The three words: **Compassion**, **Open** and **Trust**, each with a short supporting statement guide every aspect of what we do.

Our Common Purpose is clear, that '**together we will support you and your community to live well'** working collaboratively, and inclusively as one team.

The common purpose and values have become part of our everyday narrative as we work together to deliver services to our communities across Wirral, Cheshire East, St Helens, and more recently Knowsley where we launched the new 0-25 health and wellbeing service in February 2022.

This performance overview provides a summary of the Trust, our purpose, the key risks to the achievement of our objectives and how we performed during 2021-22.

Statement of the purpose and activities of Wirral Community Health & Care NHS Foundation Trust

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

We had a revised version of our Establishment Order passed by Parliament in July 2013 to reflect the Board composition of five Non-Executive Directors and four Executive Directors.

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

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

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

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

The accounts for the year ended 31 March 2022 have been prepared by Wirral Community Health and Care NHS Foundation Trust under section 232 (15) of the National Health Service Act 2006 in the form which the Secretary of State has, with the approval of Treasury, directed.

Who we are

Located in Wirral in Northwest England, we are a population health focussed NHS organisation specialising in supporting people to live independent and healthy lives.

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

Our expert teams provide a diverse range of community health care services, seeing and treating people both at home and close to home, ensuring essential care continues to be delivered, and preventing a visit to hospital.

We employ over 1,970 members of staff, nearly 90% of whom are directly supporting our patients and service users. Our workforce represents 73% of the costs of the organisation and is our most important and valued resource. In 2021-22 we had a turnover of £97m.

What we do

Our services are local and community-based, provided from over 50 sites including care homes and specialist schools across Wirral, and our main clinical bases, St Catherine's Health Centre in Birkenhead and Victoria Central Health Centre in Wallasey.

We also provide the Community Intermediate Care Centre on the Clatterbridge site providing 71 beds across 3 wards offering reablement care and support to the local community.

We also provide integrated 0-19 services in Cheshire East comprising health visiting, school nursing, family nurse partnership and breastfeeding support services from a number of bases including medical centres and children's centres. In September 2021 we started delivering the 0-19 health and wellbeing service in St Helens and in February 2022 we launched a new 0-25 service in Knowsley.

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

During 2021-22 we worked alongside the hospital and other health and social care partners to actively support the system to continue to respond to the Covid-19 pandemic. Our Integrated Discharge Team worked with the hospital to affect the requirements of national guidance on effective discharges. This enabled patients to leave the hospital on the most appropriate pathway of support to meet their needs, freeing up hospital beds for new patients. We also provided specialist Infection, Prevention and Control in-reach support to care homes across Wirral, to improve infection prevention and control standards, provide high quality evidence- based advice and support, and improved response to outbreaks of Covid-19.

In the second quarter of 2021-22 we opened a further two wards at the Community Intermediate Care Centre. This increased the number of beds to 71 where we provide high quality inpatient rehabilitation and reablement support to people following discharge from the hospital.

In 2021-22, our services collectively delivered over 1,086,500 contacts, and despite the challenges of the pandemic the vast majority, over 786,700 of these contacts, were face to face with our staff supported with all the appropriate Personal Protective Equipment to deliver care safely.

Who we serve

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

Wirral is home to around 323,000 people. Demographically, Wirral differs slightly to England, as it has a lower proportion of younger adults in their 20s and 30s and a higher proportion of older people.

Despite a small geographical footprint, life expectancy varies by 12 years for men and 10 years for women between the most and least deprived areas. This is the fourth largest gap for life expectancy at 65 between people living in the most and least deprived areas when compared to statistical near neighbours.

Although Wirral has areas of great affluence, just over 35% of the population were classed as living in deprivation in 2019, compared to 31% in 2015. Meanwhile, disease prevalence rates show that Wirral has higher percentages of the population living with long-term conditions than the North of England or England averages across 18 of 19 categories.

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

The NHS Long Term Plan (2019) sets out the challenges of funding, staffing, increasing inequalities and meeting the needs of an ageing population. As other areas are doing, Wirral is facing the challenge of reconfiguring services to meet projected increases in demand within available resources.

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

St Helens and Knowsley, where the Trust has taken on contracts for 0-19 and 0-25 services, face similar challenges to Wirral. In St Helens approximately 30% of children live in poverty, with rates as high as 40% in some wards. There is a 10-year life expectancy gap between the most and least well-off parts of St Helens. Knowsley is the second most deprived local authority in the country. Levels of deprivation in Kirkby are over double that of the England average. Over two fifths of Kirkby's children and older people are income deprived.

Our business environment

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

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

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

- Cheshire East Council
- St Helens Council
- Knowsley Council

The White Paper 'Integration and innovation: working together to improve health and social care for all' introduced in 2021 signals that competitive tendering for NHS and public health services may, in future, no longer be a requirement for health commissioners.

Whilst the establishment of Integrated Care Systems and associated place-based planning will have a significant influence on Trust service development, the Trust has also considered the potential competition from other organisations. We have also calculated the risk to our Trust based on potential loss of services.

Strategic and operational risk and opportunities

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

In April 2021 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 Risk Policy sets out the Trust's approach which is preventative, aimed at influencing behaviour and developing a culture within which risks are recognised early and promptly addressed. This process is aligned to controlling clinical and non-clinical risks and to support a pervasive safety culture.

During 2021-22 the need for robust systems and processes to support continuous programmes of risk management has remained essential, enabling staff to integrate risk management into their activities and support informed decision-making through an understanding of risks, their likely impact, and their mitigation.

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

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

Throughout 2021-22, the sub-committees of the Board also considered the potential impact of high-level organisational risks on the strategic risks managed through the Board Assurance Framework (BAF).

The strategic risks noted against each strategic theme are detailed in the Annual Governance Statement on page 101. 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.

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 for any gaps identified. The mitigating actions were intrinsic in the reset and recovery plans for the Trust.

The on-going assessment of in-year and future risks was essential during 2021-22 with the changing demands on services and subsequent Level 4 incident being declared.

Major risk themes related to:

- Delivery of safe services and inclusive restoration of services
- Regulatory, statutory and professional compliance
- Equity of access, experience and outcomes
- Impact of funding regimes
- Maintaining effective cyber defences
- Establishing the right partnerships to support the development of the Integrated Care System and Integrated Care Partnership
- Ensuring optimum workforce levels
- Promoting and supporting staff wellbeing
- The workforce not being representative of its communities and people are not able to thrive as employees of our Trust

Furthermore, in-year, a risk associated with place-based partnership governance arrangements was suspended due to the delays in legislation and in order to accurately determine the scope of the risk for the Trust. This was recorded in the paper to the Board of Directors in October 2021. Whilst this risk was suspended for detailed scrutiny in-year, the Trust has remained integral to the developments of wider partnership working and engagement as part of the Cheshire & Merseyside Health and Care Partnership and at the Wirral Place level.

Operational planning

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

For the forthcoming year 2022-23, this planning was produced for the whole system by Cheshire & Merseyside ICS colleagues.

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

Delivery during the COVID -19 pandemic

The scale of challenge for the Trust, and for the NHS as a whole, has continued to be immense, and we were delivering vital services in this high-paced and ever-changing environment. The 2021-22 winter pressures were significant due to the Omnicom variant increasing Covid-19 infection rates, leading to increased hospital admissions and reduced staff availability due to staff contracting Covid-19 or needing to isolate. The whole organisation has faced great pressures that have stimulated changes in working practices, sometimes in partnership with others, and which have led to imaginative innovation.

Further details of our response to the Covid-19 health emergency are described in the Annual Governance Statement and the Performance Analysis.

We developed significant services for our communities to support their health and wellbeing during the pandemic, and these services have continued and developed during 2021-22 and included:

- Integrated community pathways including four 'discharge from hospital' pathways
- A Covid 'virtual ward' in the community
- Tele health monitoring for people with exacerbations and deterioration of COPD and heart failure, and the establishment of the Oximetry @Home service
- Community Integrated Rapid Response team
- A wrap-around team to avoid unnecessary hospital admissions
- Reablement services
- Urgent care centres and walk-in centres
- Social care providing wrap-around support for people in their own home and at the Community Integrated Care Centre
- Hospital @ Home in partnership with the local hospital trust
- Opening of two further wards at the Community Intermediate Care Centre that provide discharge to assess services
- Enhanced palliative and end of life pathways
- Continued enhanced Infection, Prevention and Control support to care homes
- NHS 111 - transforming the way patients access urgent and emergency care by offering a single point of access, standardised assessment, clinical validation and onward direct referral to the Emergency Department or other alternative services
- Supporting emergency bed provision – the Trust provided enhanced Multi-Disciplinary Team wrap around across the emergency bed base to support flow through the community and emergency bed bases.
- Engagement with our governors and members (through the Your Voice group) continued during the pandemic to provide regular updates on the Trust's response
- Our staff are our greatest resource and support to staff to keep them safe during the pandemic was a priority, and this support continued to include:
  - individual risk assessments,
  - Covid-19 and flu vaccinations
  - Personal Protective Equipment, and how to use this correctly
  - lateral flow testing
  - well-being advice and support
  - enhanced daily communication bulletins
  - weekly vlogs by senior leaders
  - working from home where possible.

We maintained our performance in 2021-22 and had good service user feedback (93% of service users who responded to the survey would recommend the Trust to provide care). Of note were:

- We achieved consistent good performance against our key performance indicators, despite waiting list challenges
- 2-hour emergency response performance was stable at 84%
- Mandatory training compliance was excellent at 92%
- We had zero never events
- We reported 2 information governance incidents to the ICO; the ICO was satisfied with the internal investigations and measures implemented and both cases were closed with no further action.
- The financial position was managed through emergency measures and the planned break-even position was delivered
- The staff sickness absence rate was 7% across the year.

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

- Two Trust projects were shortlisted at **HSJ Patient Safety Awards 2021,** recognising their outstanding contribution to healthcare:
- The Integrated Therapy Review - shortlisted for '*Improving Care for Children and Young People Initiative of the Year'*
- The IPC Care Home Project - shortlisted for the '*Covid-19 Infection Prevention and Control Award'*
- The IPC team were recognised as the **Infection Prevention Society 'Team of the**
- **Year'**
- Four nurses were awarded the **Queen's Nurse** title,
- The **Florence Nightingale Scholarship** was awarded to two members of staff
- The Trust has successfully retained the prestigious **Sustainability Award** (ISO
- 14001:2015) for the 4th year running, and also included another two buildings which meant that all Trust-owned properties are covered.
- **Social Value Quality Mark, level 1**. The Trust was proud to be the first NHS organisation in the country to achieve the Social Value Quality Mark, level 1. The Quality Mark recognises values-led organisations that benefit people, communities, and the planet. It is one of the most rigorously tested standards of its kind in the UK.

Developing Place-Based Care

During 2021-22, the Trust worked to define a new operational structure to better enable integrated provision at neighbourhood level across its health and social care services, and to better enable working relationships with partners and stakeholders, including Primary Care Networks, community and voluntary sector organisations and schools.

Alongside the team alignments, to be implemented at the start of 2022-23, changes were planned for the governance and supporting data systems, to ensure the Trust's Service Directors have the information necessary for effective performance and quality management.

The Trust recognises the significant importance of such actions and developing closer and stronger relationships between primary and community teams, is consistent with the NHS Long Term Plan and essential for implementing Place-Based Care.

Looking forward

The coming year will bring great challenges as well as opportunities to work differently across the health and care system in Cheshire and Merseyside.

Recovery from Covid-19 will take time and effort. We will work with partners across the Cheshire & Merseyside ICS to do this effectively and safely. Alongside this, and building on the delivery of our previous strategy, we want to build and influence a health and care system that provides strong and sustainable community health and care services, more equitable access and outcomes, and a better future for our populations.

Against this background we launched our new Five-Year Organisational Strategy for 2022-27. In developing this strategy, we have engaged extensively with staff and our partners, as

well as understanding and reflecting the national and local direction. Our Organisational strategy can be found on our website.

Over the next five years, we expect a growing focus on holistic and proactive care, delivering the benefits of Place-based working and Integrated Care Systems. We recognise the crucial role we play in ensuring health inequalities are addressed both through service delivery and how we support local employment and create opportunities for people from more deprived communities.

As an Anchor Institution, we will add social value through our approach to employment, procurement, and sustainability to support stronger, healthier communities.

We will build on our implementation of the '3 Conversations' model of adult social care to take this person-centred approach to understanding people's lives and needs across our teams. We will support more joined-up adult social care, domiciliary and care home provision.

Our five-year Organisational Strategy is fully aligned with the aspirations of the NHS Long Term Plan and strategy for community health services, as well as local plans. We will ensure financial sustainability and value for money so that we can continue to invest in high quality care.

We are very proud of these developments and others delivered during the year, and to recognise these achievements we have chosen to include the detailed analysis of performance in this Annual Report.

The Trust published the Quality Account in line with national requirements. The Quality Account is not included in this Annual Report as trusts are not required to include this for 2021-22. However, the Quality Account is available on the Trust website.

The NHS System Oversight Framework was published in June 2021 and outlined NHS England and NHS Improvement's approach to oversight for 2021-22, one that reinforced system-led delivery of integrated care. The framework reflected the vision set out in the NHS Long Term Plan, Integrating Care: Next steps to building strong and effective integrated care systems across England, the White Paper Integration and innovation: Working together to improve health and social care for all, and aligned with the priorities set out in the 2021-22 Operational Planning Guidance.

During 2021-22 due to the Covid-19 pandemic the system oversight framework and use of resources requirements were suspended, and additional funding was provided to trusts. The Trust operated effectively within this regime and met all the national and regional financial requirements.

The Trust was inspected by the CQC in 2018. In March 2020 the CQC issued the Routine Provider Information Request (RPIR) to the Trust for submission, but this process was stopped due to the Covid-19 pandemic and the response of the Trust to the national Level 4 incident. We look forward to resuming the CQC inspection process as soon as possible and the opportunity this will provide to demonstrate the significant improvements the Trust has made. The Trust has remained in regular contact with the CQC through engagement meetings and the CQC has provided regulatory support as the Trust brought new services, particularly the CICC, on-line during 2020-21.

Going Concern

The Trust's Annual Report and Accounts have been prepared on a going concern basis. This takes account of the uncertainties during the Covid-19 pandemic and the national changes in operational planning processes for 2022-23.

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

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

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

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

Karen Howell OBE
Chief Executive

23 January 2023

Performance Analysis

Trust performance during the ongoing Covid-19 pandemic 2021-22

Delivery during the Covid-19 pandemic

Wirral Community Health and Care NHS Foundation Trust is diverse both in terms of the services we provide and the geographies in which we work. Every day our staff deliver high quality health and social care services to the people of Cheshire and Merseyside.

During the second year of the Covid-19 pandemic we continued to adapt our services in response to the challenges presented by the virus and its new variants, ensuring that essential care and support were provided. Many of our staff were reassigned to priority services as defined by NHS England, in order to support the health and care system. The resilience of our workforce has been exemplary, as they continued to care for patients, service users and their families each day demonstrating our values: 'compassion, open and trust'.

The intensity of the pandemic continued to pose new challenges into 2021-22 across the whole of the NHS but using the skills and experience we gained from the first wave of the virus we were able to introduce further innovations, strengthen partner relationships and focus resources on those areas of most need.

Adaptability of service delivery

The unpredictability of the virus necessitated flexibility to support the system response to Covid-19. Our services continued to adapt and evolve whilst maintaining safe, effective and high quality care.
As an integrated health and social care organisation delivering adult social care services alongside NHS and public health contracts, working closely with other statutory partners and stakeholders across organisational boundaries is second nature to our staff. This way of working proved invaluable during the pandemic.

National Level 4 incident

In December 2021 NHS England declared a further Level 4 incident reflecting the severity of the position as a result of the unprecedented rise in cases of Covid-19 due to the Omicron variant.

National priorities in response to the Level 4 incident were set and the Trust's priority was to redirect resources to support timely discharge from hospital and reduce unnecessary admissions to hospital. The focus was to create capacity within the hospital and the Trust's Community Intermediate Care Centre (CICC) was vital.

To support the CICC and to enable it to run at full capacity and therefore help the flow of patients out of hospital, nursing staff, health care assistants (HCAs) and administrative staff in particular were reassigned to the wards at the CICC.

Chief Executive, Karen Howell, offered words of encouragement: *"We have been here before throughout this pandemic; you have stepped up, been flexible and supported those areas of most need and which have most impact in the response. We must now look at what we can do as a whole Trust to get us through these difficult weeks ahead."*

The response of our staff during this time further demonstrated their resilience and drive to care for their patients.

Like all NHS Trusts, we faced another challenging winter in 2021-22.

The Omicron variant impacted on staffing levels due to isolation requirements and the demands to support the health and care system were significant.

The annual staff flu vaccine programme protected 71% of frontline staff (above the average uptake for England (59%) and the Northwest (63%)) which helped to protect patients, services users and their families and the wider community.

Infection Prevention and Control (IPC)

Our specialist IPC nurses continued to provide dedicated support to care homes including the introduction of an assurance framework to facilitate best practice in IPC standards, and by providing an enhanced model of support including virtual and e-learning modules for care home staff on core training topics.

The IPC Care Home Project was recognised nationally as finalists in the Health Service Journal Patient Safety Awards 2021 and the team won 'Team of the Year' at the Infection Prevention Society Awards 2021 in recognition of the important work supporting care homes.

The Trust also successfully retained the contract for the Wirral Infection Prevention and Control Service following a competitive tendering process. This contract award further recognises the expertise, professionalism and commitment of the team to the Wirral community.

Safeguarding

Safeguarding is an ever-present thread running through all services in our Trust, and we remain committed to ensuring that all staff are aware of their role in relation to safeguarding children and adults at risk.

The Safeguarding service provides a comprehensive proactive service which responds to the needs of staff and individuals and is committed to the promotion of safeguarding within everyday practice, focusing upon prevention and early intervention. All statutory functions were fulfilled for adults and children during 2021-22.

There was a large increase in domestic abuse referrals during 2021-22 with 1 in 4 adults at risk. We launched our new domestic abuse template on SystemOne to support all service user and patient facing staff to ask the right questions and make every contact count. We also announced our inaugural Domestic Abuse Practitioner, who we can signpost staff to for any concerns either personally or professionally regarding domestic abuse.

We continue to be an active partner in the MARAC (multi-agency risk assessment conferences) with local services including the police, probation, social care, mental health and housing. These meetings share information in regard to the highest risk domestic abuse cases and all agencies agree the support and develop a plan to protect the victim.

Our Safeguarding service expanded as we began to deliver new children's services in St Helens (0-19) and Knowsley (0-25); and we now have five Named Safeguarding Children's Nurses who together with Specialist Safeguarding Nurses ensure that the Trust met the statutory requirements for safeguarding children and children in care as laid out in The Children Act (2004) and Promoting the Health of Looked after Children (2002/2009). We are part of the MASH (multi-agency safeguarding hub) together with children's services, the local police, Education and other health partners. Since the pandemic began there has been an increase in child safeguarding referrals which has brought its own challenges, and we continue to be vigilant for issues that may lead to a safeguarding concern.

We delivered a wide range of training and support to our staff including Level 3 safeguarding training to all staff who deliver services, a monthly virtual 'live lounge' for staff to drop in to learn

about key themes, and monthly bitesize sessions covering in-depth safeguarding children topics for 1-2-1 support with families.

Admission avoidance and supporting earlier discharge

A key focus for the Trust during 2021-22 (and as per national guidance) was to support admission avoidance (i.e., unnecessary admissions to hospital) and earlier discharge from hospital. This was achieved through our Discharge to Assess and Rapid Community Response Teams, which provide support within two hours of receiving a referral from a GP, the Urgent Treatment Centre (UTC) or a Walk-in Centre

Two Hour Crisis Response

The Two-Hour Crisis Response service was developed to enhance the current Community Integrated Response Team (CIRT) in readiness for April 2022.

The multi-skilled team includes call handlers, community paramedics, nurse practitioners, physiotherapists, occupational therapists, social care practitioners and health care assistants.

The service provides interventions to prevent unnecessary hospital admissions by offering specialist care and treatment in peoples home or place of residence, as well as supporting their independence. The team works closely with GP Practices across Wirral, Northwest Ambulance Service (NWAS), NHS111, and multi-disciplinary teams (MDT) to ensure joined up care.

The team provide urgent assessments, care and treatment for people living in Wirral within two hours and personalised support is in place within two days (usually 24 hours).

Urgent Treatment Centre (UTC) and Walk-in Centres

To reduce the risk of infection transmission, the UTC and Walk-in Centres adopted digitally supported triage, prioritising the need of patients/service users, and, where appropriate, the use of remote consultations too. This managed the number of people visiting the centres and helped to maintain social distancing.

Patients/service users who couldn't use the online system, or were considered vulnerable, were either supported by carers or taken through the online form or a short template by administrative staff over the telephone or in person (with some agreed exceptions, for example, vulnerable patients). The year-end position for the 4-hour wait for the UTC and walk in centres was 99%.

Pulse Oximetry

The Pulse Oximetry Service continued to see high levels of referrals during 2021-22. Pulse Oximetry provides vital reassurance and timely clinical intervention for those in our communities who are unwell with Covid-19, through daily monitoring and escalation when required for additional care by the GP or emergency services.

The Trust also started 'Long Covid' clinics in October 2021, providing multidisciplinary support from a GP, exercise physiologist and a social prescriber, to assist people in their recovery from a Covid-19 infection.

Community Nursing

The community nursing service introduced a new service to administer intravenous antibody treatment locally to vulnerable patients with Covid-19. The nMABS (neutralising monoclonal antibodies) service reduced hospital admissions allowing patients to receive highly specialised care in their own home.

The community nursing teams also increased the support they provided to local communities and to other partners in the health and care system, including GPs who were unable to undertake home visits.

As a result of the Covid-19 response and national guidance, changes to the referral process into community nursing were implemented resulting in improved quality of referrals and more efficient use of time. This work benefitted both staff and patients in their experience of care.

All referrals into the service are triaged using clinical knowledge to ensure the patient is directed to the most appropriate service.

The service was also supported by staff reassigned from other services across the Trust including, the 0-19 service, speech and language, dietetics and the adult bladder and bowel service providing routine calls as well as crisis calls for patients with catheters.

Community Intermediate Care Centre (CICC)

In January 2021 the Trust opened the Community Intermediate Care Centre (CICC) and in January 2022 all three wards (Bluebell, Iris and Aster) were opened providing 71 beds to the local system.

The CICC offers a ‘step-down’ provision for hospital discharge. That is, patients who are in hospital and have been assessed as ‘medically optimised’ but are not ready to be discharged home, due to on-going therapy requirements.

The CICC also offers a temporary ‘step-up’ provision for people living in their own homes who may need short-term or urgent support.

The dedicated, multi-disciplinary team at the CICC consists of physiotherapists, occupational therapists, social workers, nurses, health care assistants (HCAs) and ward clerks.

In early 2022 the Trust welcomed its first international nurse recruits from India, Zimbabwe and Kuwait to the CICC.

Integrated Discharge Team (IDT)

The IDT consists of a multi-disciplinary team of staff from the Trust and the hospital, co- located on the hospital site to ensure swift and timely action.

The service operates seven days a week to ensure all discharges are appropriately reviewed and where necessary packages of care put in place to facilitate a safe and timely discharge.

During 2021-22 improvements were made to the discharge pathway to support a more person-centred transition from hospital and to promote better sharing of information at the point of discharge. As a result, patients benefited from receiving the most appropriate care, at the right time and in the right place.

Short Term Assessment and Reablement (STAR) Team and Health Care Assistants

STAR staff assess an individual in their home to get a clearer idea of their needs and help them regain their independence. The STAR team has incorporated an in-house bridging service consisting of 15 health care assistants (HCA) as part of the Wirral community response, and STAR staff assess an individual in their home to get a clearer idea of their needs and help them regain their independence. The HCAs form part of the wider community offer focusing on supporting the system due to increased domiciliary care pressures. They have provided support to patients requiring domiciliary care. The service has also accepted referrals from Single Point of Access (SPA) and Community Integrated
Response Team (CIRT).

Adult Social Care

The Trust has developed integrated community care teams which are co-located and have generated significant changes in the way people work together around the people they serve, including the design and implementation of place-based teams. Measurable outcomes of this work are evidenced in the people's stories, staff and stakeholder feedback and business intelligence.

The Health and Care Act and former white paper emphasises that the health and care workforce is the most important asset and that they need to work together to meet the needs of populations and places.

The NHS Long Term Plan (2019) states the expectation of '…creating genuinely integrated teams of GPs, community health and social care staff. 'Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs). This links directly to the vision and values of the Trust and these priorities are reflected in the current 5-year Organisational Strategy (2022-2027).

Having a single governance structure in the Trust protects staff, services, and development in terms of their professional roles working together, integrating further, and focusing on the people in our community.

The Adult Social Care Outcomes Framework provides clear evidence of the Trust's performance supporting the achievement of better than the England average in a number of key areas.

The Trust's Adult Social Care provision is delivered through co-ordinated approaches to support a flexible person-centred approach. These approaches include a single point of access, prevention and admission avoidance; and place based integrated care services. These approaches are described in further detail below:

Single point of access

The Integrated Gateway is a fully integrated single front door to all community health and social care services in Wirral. The Integrated Gateway provides access to each Integrated Community Care Hub. The gateway offers advice and guidance on accessing voluntary, community, and health or social care services to improve quality of service user experience and to manage demand. There are several teams located within the Integrated Gateway which respond well to demand, including the Central Advice and Duty Team (CADT), Promoting Peoples Independent Network (POPIN), and First Contact.

Prevention and admission avoidance

Prevention and admission avoidance is made up of a number of key services as well as being fully supported by the Integrated Community Care Hubs. These include:

- Community Integrated Response Team (CIRT)
- Discharge to Assess (D2A)
- Community Intermediate Care Centre (CICC)
- Short Term Assessment and Reablement (STAR)
- Wirral Community Response Team (WCR)

Community Integrated Response Team (CIRT) includes a range of integrated services to promote faster recovery from illness, prevention of unnecessary acute hospital admissions, reduction in admissions to long-term residential care, and supporting of timely discharge from hospital.

The Trust's CIRT multi-disciplinary team includes social workers, nurses, and therapy staff. The service has embedded the 2021 Urgent Community Response two hour response national target.

The Two-Hour Urgent Community Response (UCR) Service performs well and provides people with:

- Assessments within two hours
- Personalised support and care within two days.

Since 2020-21 the Trust's Discharge to Assess (D2A) offer was extended to include the Community Intermediate Care Centre (CICC). This provides a bed-based service to enable reablement and rehabilitation for individuals following an acute admission where the individual is ready for discharge but requires additional assessment and reablement goals prior to returning home to longer-term support. The service is designed to support individuals to live more independently, achieve their own goals and have a better quality of life underpinned by a strength-based approach.

Social care staff act as a key member of the multi-disciplinary team and provide a holistic and person-centred assessment of need and determine eligibility in accordance with statutory requirements of the Care Act 2014.

Future developments include strengthening links with the CIRT team to support people to return home earlier in their journey using the 'Home First' principles and Short Term Assessment and Reablement (STAR):

- STAR staff assess an individual in their home to get a clearer idea of their needs and help them regain their independence. This includes working with designated providers to facilitate home based reablement for a period of up to six weeks. The service supports people to remain in or return to their own home, and the team work closely with Therapists to ensure early identification of simple aids and adaptations and technology are responded to.

Place based integrated services

The Trust has four Integrated Community Care Hubs (ICCHs) which provide support across the Wirral. Each hub is co-located with a community nursing team, with access to Therapy Services and 0-19 children and young people's services - all of which strengthen and supports integration.

The ICCHs provide an assessment and support planning function and ongoing support to individuals and their families, delivered on a neighbourhood footprint. As a result of the community Multi-Disciplinary Team (MDT) approach, individual's care plans are more holistic, timely and person centred. This approach promotes independence, admission avoidance, mitigation of risks and improves outcomes for people.

Joint working across the ICCHs, CIRT and CICC has resulted in individuals maintaining their independence within the community and with less reliance on 24-hour care.

Adult Social Care - Three Conversations

While continuing to build on integration and new ways of working, during 2021-22 social care teams piloted the Three Conversations approach. This transformational approach takes a step away from the traditional Adult Social Care assessment model, cutting the red tape and reducing process driven assessments to a more personalised, person-centred approach.

It allows staff to have open conversations with the person and their family to find out what is important to them. The conversations help us to understand what the individual would like to achieve and how they can be supported to build a good life without handoffs, referrals, triage, or screening processes.

The pilot has been a great success and has now been fully adopted across Birkenhead and West Wirral localities. The aim for the next phase is to do the same in remaining localities and to introduce the Three Conversations across all remaining social care teams.

Vaccinations programmes

The Trust supported the Covid-19 vaccination programme across Wirral with staff reassigned to help administer the vaccine. The support from staff was provided throughout the peak of the vaccination programme including first, second and booster doses.

Teenage vaccination programme

In the autumn of 2021-22, the school nursing teams across Wirral and Cheshire East were commissioned to administer the Covid-19 vaccine to children between 12 and 15 years. This was part of the national drive to vaccinate this age group in the school setting to maximise take-up.

The school nursing team deliver the school age vaccination programme each year and were therefore able to mobilise their teams within weeks to meet this new requirement. The leadership within the teams and the determination to deliver the programme within the timescales was outstanding.

Second doses of the Covid-19 vaccine were delivered, again in schools, in early 2022.

E-consent

In 2021-22, the Trust introduced a new way for parents and carers to consent to their child's school-aged vaccinations, including the Covid-19 vaccination.

The new electronic consent (e-consent) process is easy, secure and convenient and avoids the use of paper forms.

The e-consent process is now used for all school-based vaccinations.

0-19 expansion into St Helens and Knowsley

Over the past seven years the Trust's 0-19 teams have been delivering an outstanding, responsive, and innovative integrated 0-19 Health and Wellbeing Service in Wirral, providing support for over 71,000 local children and young people, and in Cheshire East with teams supporting over 83,000 0-19 year olds.

In September 2021 the Trust marked the official launch of the 0-19+ Health and Wellbeing Service for local children, young people, and families across St Helens including Health Visiting, School Nursing and an Enhanced Offer for families who require tailored support for a longer period of time.

In February 2022 the Trust launched the new 0-25 Health and Wellbeing Service in Knowsley which aims to improve the current and future health and wellbeing of all children and young people. It includes Health Visiting, Infant Feeding, School Nursing, and the Enhancing Families Programme (EFP) for families who might need more tailored support for a longer period of time.

The growth of our 0-19, 0-19+ and 0-25 Health and Wellbeing Services is a true reflection of the excellent work that already goes on in Wirral and Cheshire East to support children, young people, and their families.

Ensuring equity of delivery and access

In responding to the challenges of the pandemic, the Trust and system partners acknowledged the legal duties under the Equality Act 2010 and while service delivery models changed, a focus on ensuring equity of access did not.

The decision to continue to provide the most important services and to use alternative delivery methods, for example virtual and telephone consultations, were supported by our Protocol for Accessible Information Standards, and all services conducted an Equality Impact Assessment. This ensured a clear understanding of any impact on vulnerable and protected groups and those with additional communication needs.

To ensure equity of access, many of our services engaged with dedicated user groups to gain objective feedback on inclusivity and accessibility. Our Head of Inclusion and Inequalities plays an integral part in this.

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

In 2021-22, our services collectively delivered over 1,086,500 contacts, and despite the challenges of the pandemic the vast majority of these contacts - over 786,700- were face to face with our staff supported with all the appropriate Personal Protective Equipment to deliver care safely; 299,784 contacts took place via video or telephone. For any patients or service users unable to access digital services, the Trust was able to signpost to Age UK Wirral who ran a digital inclusion project which loaned devices with a data allowance.

Full details of the contacts for the year are shown below:

	Service contacts 2021-22	
Access & Intermediate Care Services	Community Intermediate Care Unit (CICC)	62,772
	Transfer to Assess	6,584
	Community Integrated Response Team (CIRT)	28,209
	Birkenhead Integrated Care Co-Ordination Team	6,295
	South Wirral Integrated Care Co-Ordination Team	4,470
	Wallasey Integrated Care Co-Ordination Team	5,447
	West Wirral Integrated Care Co-Ordination Team	4,636
	Central Advice & Duty Team (CADT)	27,221
	First Contact	4,401
	Integrated Discharge Team	1,682
	Occupational Therapy	4,944
	Promoting Older People's Independence (POPIN)	2,174
	Visual Impairment	614
	Review Team	1,828
	Short Term Assessment & Reablement (STAR)	7,818
	Multi-Agency Safeguarding Hub (MASH) Team	4,925
Adult & Community Services	Community Nursing/Matrons/ Integrated Care Co-Ordination	291,429
	Integrated Continence	11,056
	Intermediate Care Therapies	6,387
	Community Discharge team	2,106
	Specialist Palliative Care	12,628
	Parkinson/Alzheimer's	2,261
	Tissue Viability	514
	Community Cardiac Service & Diagnostics	47,674
	Speech and Language Therapy	4,226
	Community Physiotherapy, Musculoskeletal & Pelvic	22,618

	Service contacts 2021-22	
	Podiatry	25,008
	Dietetics	9,495
	Weight Management Service	5,305
	Rehabilitation at Home	18,075
	Wheelchairs (Wirral & West Cheshire)	2,549
Urgent & Primary Care	Single Point of Access	18,008
	Deep Vein Thrombosis	10,887
	Urgent Care Treatment Centre / Walk-in Centre's	68,338
	Dental Service	2,413
	Ophthalmology	8,190
	Teletriage	3,945
	GP Out of Hours	47,231
Integrated Children's	Health Visitors & Family Nurse Partnership – Wirral	56,719
	Health Visitors & Family Nurse Partnership – East	67,559
	School Nursing – Wirral	55,773
	School Nursing – East Cheshire	59,120
	0-19 – St Helens (Commenced September 21)	12,513
	0-25 – Knowsley (Commenced February 22)	3,303
	Sexual Health	17,892
	Paediatric Nutrition & Dietetics	2,988
	Paediatric Speech and Language Therapy	12,646
	Paediatric Continence	3,642
Total		**1,086,518**

The Trust continued to follow the national guidance on the delivery of community services during the Level 4 incident, and during 2021-22 there was a return to more normal service as the virus levels fell, with the number of patients in some services increasing as activities that were focused on responding to the pandemic reduced.

Achieving Key Performance Indicators (KPIs) during 2021-22

In 2021-22 the Trust was contractually accountable once again for meeting KPIs which had been paused during the height of the pandemic. Performance in 2021-22 was maintained in line with the national guidance during Level 4, and to ensure we met all requirements during the year.

The Trust received good service user feedback (93% of service users who responded to the survey would recommend the Trust to provide care). Of note were:

- Consistent good performance against key performance indicators, despite waiting list challenges
- 2-hour emergency response performance was stable at 84%
- Mandatory training compliance was sustained at 92%
- Zero never events
- We reported 2 information governance incidents to the ICO; the ICO was satisfied with the internal investigations and measures implemented and both cases were closed with no further action.

- The financial position was managed through emergency measures and the planned break-even position was delivered
- The staff sickness absence rate was 7% across the year

The Trust continues to closely monitor performance, and the delivery of safe, supportive, and caring services remains the focus as the return to 'normal' service delivery continues. Teams across the Trust continue to innovate and have embedded the enhancements introduced during the Level 4 period.

Financial performance

During 2021-22 financial planning and performance processes continued to operate under an emergency financial regime.

Following on from the previous year the Trust again set an emergency COVID budget in line with national guidance that initially set the regime for the first 6 months of the financial year (known as H1) and then latterly for the remaining 6 months (known as H2). All trusts were given additional system and Covid funding to manage the pandemic response and in order to deliver a breakeven financial position. The Trust achieved a reportable underlying trading surplus of £97k for the year, £97k ahead of plan.

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

	2021-22 £'000
Net deficit for the year in the financial statements	(141)
Adjustment for items excluded by NHSI/E	
Net impairments of land and buildings	(972)
Remove capital donations	(34)
Remeasurement of Merseyside Pension Scheme Liabilities	1,087
Net impact of DHSC centrally procured inventories	157
Total	**97**

Capital spend of £5.5m was achieved against a revised limit of £4.8m (down from £7.1m due to delays in the Marine Lake Health & Wellbeing Centre development). The Trust managed to secure an additional £0.7m of capital funding from regional slippage and brought forward a number of schemes identified for 2022-23.

Due to the pandemic, assessments under the Use of Resources rating continued to be suspended. However, the Trust maintained strong cash levels and good liquidity during the year. The Use of Resources criteria are being revised nationally for 2022-23.

Cost Improvement Plan (CIP)

The Trust's approach to Cost Improvement Plans (CIP) planning during 2021-22 was significantly affected by the Covid-19 pandemic, with a greater than usual proportion of savings identified non-recurrently.

The latter part of 2021-22 saw a renewed focus on CIP planning, with the reintroduction of monthly Programme Management Group meetings to oversee the identification of, and approve and monitor delivery of, CIP savings.

To deliver the arrangements for 2021-22 the Trust set robust budgets signed off in line with the Standing Financial Instructions of the organisation. These budgets included an efficiency CIP of over 2% (nationally mandated) that was tracked monthly to ensure delivery.

The Trust developed a CIP plan to achieve £2.3m recurrent savings during the year through a range of transformation and efficiency schemes. Despite suspension of many of these schemes, the Trust achieved £2.3m of savings against baseline costs however only £650k was achieved recurrently.

All proposed plans go through a rigorous Quality Impact Assessment process, overseen by the Chief Nurse and Medical Director, to ensure any changes are safe and quality is maintained.

The 2021-22 workplan

The workplan was developed in the context of the Covid-19 pandemic, which affected every aspect of organisational, place-based and national planning and provision. The work plan covered eight distinct areas:

The development of the 12-month workplan was preferred to an extension of the overarching Trust strategy, allowing a more focused approach in a time of great uncertainty.

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

The work plan was extensively shared across the Trust, with videos by the Chief Executive, information in The Update, briefings for managers and the presentation, including all of the resources in the work plan, available on StaffZone, the Trust's intranet for staff.

Each team considered the work plan to develop their own team Plan on a Page, setting out how their work would contribute to the delivery of the Trust's overall work plan for 2021-22. The delivery of the workplan is described below.

Despite the systemic pressure, this ambitious workplan reflected our aspirations to:

- ensure our key priorities in 2021-22 supported national and local plans and forthcoming legislation, and
- continue to address organisational and population needs.

In parallel with the delivery of the workplan, a five-year organisational strategy for 2022-27 was developed which builds on many of the workplan priorities. Further details on the new organisational strategy are included on page 50.

Delivering the 2021-22 workplan

Progress of the delivery of the tasks contained within the workplan was monitored through the committees of the Board, with regular progress reported to the Board of Directors. The work plan was successfully delivered with the following exceptions which were reported to the Board in April 2022:

- The introduction of the Electronic Patient Record as the start was delayed by a few weeks, and;
- For the Trust to move out of a CQC Requires Improvement rating - the Trust is awaiting the next routine CQC inspection.

The progress and completion of the tasks are set out on the following pages:

Task	Aim	Description	Assurance and governance	Timeframe	Update
Revise Trust strategy and Values	Develop a fully engaged, collaborative 5 year Organisational strategy which complements and supports Local and System strategies. It will ensure we consider the population health needs and address health inequality. We also aim to ensure we build upon the digital advancements already made and use data to identify our priority areas and service redesign. Following full workforce engagement launch new Values for our Organisation	Aligned to the evolving strategies in Cheshire & Merseyside and Wirral, develop the Trust's 5-year strategic direction aligned to recently published White Paper. We will ensure we work with our partners across the system.	Executive Leadership Team (ELT) & Board	Complete March 2022	Extensive engagement across Cheshire & Merseyside health system 20 focus group discussions Draft shared with informal Board, March 2022 Communications team designed document Approved by Board of Directors, April 2022

Operations

Task	Aim	Description	Assurance and governance	Timeframe	Update
Organisational Design	Align the Trust's structure with current national policy direction incorporating Population Health, Integration and Health inequalities	To implement a new organisational operating model delivered through four locality-based, all-age multidisciplinary teams with an integrated management structure, plus a system wide team	Programme Management Board (PMB)	Initial phases, March 2022	Phase 1 (portfolio, electronic system and governance changes) delivered on 1 April 2022.
Urgent care model development	Provide a modern urgent care facility for the people of Wirral	Work with partners to redesign UTC and A&E model and associated pathways	Managed externally – updates reported to ELT and on to Board	Early 2023	System Business Case submitted for final approval. Pillar 1 within the Healthy Wirral Programme Board tracking the next elements of the project.
Partners for Change: 3 Conversations (3Cs) Transformation programme, adult social care	Work with Wirral Borough Council and Partners for Change to co-design, implement and evaluate innovation sites aimed at delivering more personalised support and reduction in the number of times individuals need to re-refer for help	Testing new, person-focused approaches to adult social care delivery	Managed externally – updates reported to Executive Leadership Team	March 2022	Phase 1 completed in November 2021. Phase 2 commenced Feb 2022, comprising expansion of 3Cs model to whole Birkenhead and West Wirral social care teams, plus intermediate care.

Task	Aim	Description	Assurance and governance	Timeframe	Update
Quality Strategy Plan	Involve people as active partners in their wellbeing and safety, promoting independence and choice Nurture an improvement culture focused on consistently delivering effective, efficient care Further strengthen our positive safety culture, promoting psychological safety and supporting reflection	Deliver the plan under the themes of: • Engaged Populations • Effective and Innovative • Safe care every time	Quality & Safety Committee	March 2022	Focus groups held as part of wider strategy development. Briefing to QSC, March 2022 Quality Strategy, approved by Board of Directors, April 2022
Regulatory prepared-ness	For Organisation to move out of Requires Improvement rating Ensure WCHC is prepared for proposed changes to Adult Social Care regulation	Ensure WCHC staff are supported in preparation for CQC inspection	Executive Leadership Team	March 2022	Preparation for inspection continues, adapting to Covid pressures Ongoing preparation whilst inspection details awaited

Task	Aim	Description	Assurance and governance	Timeframe	Update
People Strategy Plan	Support our people's health, wellbeing and recovery from the pandemic to allow them to perform at their best A compassionate and inclusive culture, where our people can thrive at work Outstanding opportunities for our people and communities to develop their skills and experience as our employees Modern, agile, integrated working practices, to meet changing population	Deliver the People Strategy Plan under the themes of: • Wellbeing & Recovery • Culture • Developing Capability and Talent • Transformation of the Organisation	Education and Workforce Committee	Originally March 2022 Extended to June 2022 due to further engagement planned	Focus groups held as part of wider strategy development. Briefing to EWC, February 2022 People Strategy, approved by Board of Directors, June 2022

Task	Aim	Description	Assurance and governance	Timeframe	Update
St Helens 0-19	Deliver a high performing quality effective service to the young people of St Helens	Mobilise St Helens 0-19 service	Programme Management Board	September 2021	Successfully mobilised to schedule
Knowsley 0-25 **(Additional to original workplan)**	Deliver a high performing quality effective service to the young people of Knowsley	Mobilise Knowsley 0-25 service	Programme Management Board	February 2022	Successfully mobilised to schedule

Task	Aim	Description	Assurance and governance	Timeframe	Update
IM&T infrastructure improvement	To ensure core infrastructure is performant, resilient and complies with relevant cyber standards	Improve core IM&T network infrastructure to agreed plan	Finance and Performance Committee	Q2 2021/22	Network improvement plan completed. All works delivered successfully
Electronic Patient Record	To support the complete and effective digitisation of clinical workflow	Plan procurement exercise for the Trust's EPR	Digital Enablement Group	Originally Q4 2021/22	EPR Project planned to commence in March in accordance with digital strategy. The start of this process has been delayed
Digital Strategy	To ensure we have a 3 year digital strategy which complements our strategic direction	Working with Staff and colleagues both internally and across our Integrated Care Partnerships and Cheshire & Merseyside to develop a strong digital offer supporting effective working and improved access for service users	Finance and Performance Committee Executive Leadership Team & Board	Originally Q3 2021/22	Focus groups held as part of wider strategy development. Shared and approved at FPC, Feb 2022 Digital Strategy, approved by Board of Directors, February 2022 (Delayed to prioritise pandemic activity)

Capital

Task	Aim	Description	Assurance and governance	Timeframe	Update
Marine Lake Health & Wellbeing Centre	To ensure a fit for purpose accommodation for health and care staff and collaboration with primary care and third sector.	Deliver new build health and wellbeing centre in West Kirby	Programme Management Board	2023	Contractors on site and broken ground, January 2022

Social Value

Task	Aim	Description	Assurance and governance	Timeframe	Update
Social Value Award	Be the exemplar for social value in Cheshire and Mersey	Undertake seven steps to successfully apply for Cheshire & Merseyside Social Value Level 1 Quality Mark	Executive Leadership Team	Originally July 2021	Level 1 Quality Mark successfully secured November 2021 following iterations of draft submission – first NHS organisation to do so National and local communications delivered in April 2022 Key Value Indicators and social value reporting due to begin in new financial year

Organisational Design

Since before Covid-19, the Trust's ambition has been to re-shape the organisation to be more aligned with the needs of our local communities. To improve our services through integration and better coordination with partners and to deliver person-centred care. Whilst Covid-19 delayed the implementation of a new organisational structure, the incredible work across all services has highlighted our ability to work across boundaries, innovate and adapt to the changing needs of those we care for and to the demands of the health and care system.

During 2021-22 we engaged closely with services to better understand what these changes should look like. Through a series of 'Team Tours' staff feedback has influenced the first phase of the organisational design which came into effect in April 2022.

These changes will help improve how we deliver health and care services to our patients, service users, people, and populations. Locality-based, all-age multidisciplinary teams and system-wide teams will enable us to improve integrated working whilst also reducing some of the inequalities that we know exist in our communities and that have been highlighted during Covid-19.

Inclusion - getting it right for everyone

Despite the global pandemic and the ongoing impact on the NHS and the communities we serve, the Trust's commitment to Equality Diversity and Inclusion and the reduction of health inequalities has been redoubled.

A further year of the Covid-19 pandemic has again impacted on the normal delivery of the Trust's Inclusion objectives with some actions paused, and others altered or amended.

The planned Equality Delivery System (EDS2) for late 2021-22 had to be postponed due to the emergence of the Omicron variant in quarters three and four. Plans have since been amended to now work with our system partners across the ICS to pilot the new EDS during 2022-23 rather than undertake EDS using a tool (EDS2) which is now superseded.

The Trust fulfilled the reporting duties under the Public Sector Equality Duty by ensuring our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data, action plans and progress reports were published, alongside our gender pay gap analysis. Our Inclusion & Health Inequalities Strategy (2022 – 2027) includes an overview of how the Trust collects and uses our equality information and how this has informed the Trust's Equality Objectives.

As part of our regular governance assurance, in the first quarter of 2021-22 we embedded an Inclusion checklist in our SAFE system. This tool helped our Services to identify and recognise any inclusion and equality implications of changes being made to service delivery and operations during the pandemic. This gave the organisation assurance that equality issues were being considered during these changes which responded to national Covid regulations.

The Inclusion & Partnership Forum, the Inclusion Champions Meetings and the Staff Network meetings remained in a virtual/online format during the entirety of the year. This facilitated improved attendance ensuring that as an organisation we were able to continue to engage with stakeholders on this important agenda.

In September 2021 work commenced on a refreshed Inclusion & Health Inequalities Strategy which included extensive engagement with key stakeholders internally and externally. Our ambition was to bring together the Equality, Diversity & Inclusion agenda with the Health Inequalities agenda under the same strategic document for the first time. The strategy was approved in April 2022 by the Board of Directors and can be found on our website.

Further details on how the Trust develops and implements policies to support equality across the organisation, consultation with staff, health and safety and occupational health, staff engagement and the national staff survey are included in detail in the Staff Report on page 75.

Freedom To Speak Up

Promoting the role of Freedom to Speak Up (FTSU) and supporting staff to raise any concerns they may have continues to be a priority at the Trust.

During 2021-22, reporting numbers remained consistent.

The importance of raising concerns and information about the process were actively promoted during the year via posters in all bases, screen savers on all computers, articles in The Update, social media posts and Staff Zone as well as face-to-face promotion at team meetings across the Trust.

This campaign aimed to actively encourage and welcome staff to speak up and feel confident in raising concerns openly and without fear of detriment.

The Trust continued to recognise the important role played by Freedom to Speak Up Champions with over 50 supporting the FTSU Guardian to promote the FTSU agenda.

The senior FTSU team continued to meet weekly to ensure oversight of all concerns raised and the actions being taken to address these, ensuring feedback was provided and reporters were supported and thanked for highlighting concerns.

In 2021-22 there was significant collaborative working with the Head of Inclusion & Inequalities to ensure representation of FTSU Champions in all staff network groups and the promotion of speaking up being for everyone. An electronic questionnaire was developed to monitor satisfaction with the FTSU process.

The National FTSU Index was published in May 2021. The index is based on the responses from staff in the annual National NHS Staff Survey and whether staff feel knowledgeable, encouraged and supported to raise concerns, and if they agree they would be treated fairly if involved in an error, near miss or incident.

The Trust scored in the top 6% of NHS Trusts included in the Index demonstrating the level of confidence staff have in local FTSU arrangements, and represent a key measure in terms of openness, speaking up culture and the psychological safety of our staff.

Supporting our staff

The Trust continued to prioritise the support and care for staff throughout the second year of the pandemic, and this focus has continued in 2021-22, the third year of Covid.

The Board of Directors is passionate about the support offered to staff, and the Board sought to provide the best assistance possible. This included:

- support and guidance from our award-winning Infection Prevention and Control team,

- the supply of personal protective equipment (PPE),
- staff wellbeing initiatives,
- IT equipment to support agile working, which included a shift to home-working for many staff in line with government guidance, and;
- Appraisal process had a focus on health and wellbeing.

Further information is included in the Staff Report on page 75.

Developing our new values - Shaping Our Future

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

All staff were invited to contribute to the refresh of the values by completing an online survey and participating in focus groups to contribute to the discussions and define a common purpose statement.

The new Trust values were launched in July 2021 and are:

Recognising and celebrating our staff

For the last nine years the Trust has held an annual Staff Awards ceremony that recognises the fantastic achievements and commitment of colleagues and teams across the Trust. Unfortunately, due to the ongoing COVID-19 pandemic the awards could not go ahead for 2021-22.

However, over the last two years, we have introduced alternative ways to celebrate and thank staff including daily 'Shout Outs' which share messages of thanks and recognition from staff to each other. So far, we have shared over one thousand 'Shout Outs' in The Update, each demonstrating our values of compassion, open and trust.

In March 2022 the Trust launched a new and refreshed Staff Recognition scheme along with the official launch of Team WCHC Staff Awards for 2022.

The Monthly Stand-Out was introduced to replace the previous Employee of the Month programme. This allows staff to expand on the Shout Outs and tell a more detailed story of how someone has stood out and demonstrated the Trust values in their role. All members of staff across the Trust also have the opportunity to vote for the winner of the Monthly Stand Out.

An award-winning Trust

In 2021, two projects were shortlisted at the Health Service Journal Patient Safety Awards, recognising their outstanding contribution to healthcare.

- The Integrated Therapy Review - shortlisted for '*Improving Care for Children and*
- *Young People Initiative of the Year'*
- The IPC Care Home Project - shortlisted for the '*Covid-19 Infection Prevention and Control Award'*

National recognition - Social Value Quality Mark, Level 1

The Trust was proud to be the first NHS organisation in the country to achieve the Social Value Quality Mark, Level 1, recognising us as a values-led organisation that benefits people, communities, and the planet. It is one of the most rigorously-tested standards of its kind in the UK.

Retaining the Sustainability Award

The Trust successfully retained the prestigious Sustainability Award (ISO 14001:2015) for the 4th year running and included another two buildings which meant that all Trust-owned properties were now covered.

In order to achieve the award, the Trust must continually improve environmental performance to ensure sustainability and reduce environmental impact of activities, products and services. It helps improve environmental performance through more efficient use of resources and reduction of waste.

Governance arrangements during the COVID pandemic

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

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

In April 2021 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.

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, and
- the requirements of the NHS reforms including a new System Oversight Framework.

The new governance arrangements were 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.

Following the further Level 4 incident declared by NHS England/Improvement 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.

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.

Strategic and operational risk and opportunities

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

During 2021-22 the need for robust systems and processes to support continuous programmes of risk management has remained essential, enabling staff to integrate risk management into their activities and support informed decision-making through an understanding of risks, their likely impact, and their mitigation.

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

In addition to revisions to the Risk Policy the Trust has continued to support and encourage staff at all levels to identify, report and manage risks. The use of Datix to record risks at service, divisional and organisational level has continued, providing clear oversight of the organisational risk register.

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

Throughout 2021-22, the sub-committees of the Board also considered the potential impact of high-level organisational risks on the strategic risks managed through the Board Assurance Framework (BAF).

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

Major risk themes related to:

- Delivery of safe services and inclusive restoration of services
- Regulatory, statutory and professional compliance
- Equity of access, experience and outcomes
- Impact of funding regimes
- Maintaining effective cyber defences
- Establishing the right partnerships to support the development of the Integrated Care System and Integrated Care Partnership
- Ensuring optimum workforce levels
- Promoting and supporting staff wellbeing
- The workforce not being representative of its communities and people are not able to thrive as employees of our Trust

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 for any gaps identified. The mitigating actions were intrinsic in the reset and recovery plans for the Trust.

Of the nine 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.

The on-going assessment of in-year and future risks was essential during 2021-22 with the changing demands on services and subsequent Level 4 incident being declared.

Furthermore, in-year, a risk associated with place-based partnership governance arrangements was suspended due to the delays in legislation and in order to accurately determine the scope of the risk for the Trust. This was recorded in the paper to the Board of Directors in October 2021. Whilst this risk was suspended for detailed scrutiny in-year, the Trust has remained integral to the developments of wider partnership working and engagement as part of the Cheshire & Merseyside Health and Care Partnership and at the Wirral Place level.

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

Full details of the governance arrangements including the management of operational and strategic risks can be found in the Annual Governance Statement on page 101 and the section on compliance with the NHS Code of Governance on page 86.

Quality Plan

During 2021-22 the Quality Plan detailed below was implemented with great success, and further details including quality priorities and performance indicators are available in the Annual Quality Account published on the Trust's website, and on page 63 below.

QUALITY PLAN 2021-22

Supporting our populations to thrive through a preventative, personalised, holistic and integrated approach with the person at the heart of every conversation and decision working with system partners to optimise wellbeing and independence

Engaged populations	Effective and innovative	Safe care & support every time
We will involve people as active partners in their wellbeing and safety, promoting independence and choice by ... • Embedding a more inclusive approach which promotes the rights, strengths and wellbeing of people, families and communities **We will support this by ...** • Working with Healthwatch and other partners to actively seek insights into the needs of people, recognising the expertise people and communities have • Building engagement skills across all services • Positioning 'what matters to me' and co-production as a core feature of personalised care & support planning and continuous quality improvement	**We will nurture an improvement culture focused on consistently delivering effective, efficient care and support by ...** • Trusting, liberating and empowering staff to innovate and test new ideas **We will support this by ...** • Adopting a clear QI methodology which is easy to understand, implement and measure • Establishing a QI faculty to coordinate training and development of staff in line with agreed competencies framework • Building a system to track QI projects across the organisation • Hosting celebration and sharing events throughout the year	**We will nurture a positive safety culture, promoting psychological safety and supporting reflection by ...** • Focusing on identified safety priorities (falls prevention and safe discharge) and launching our Just and Learning Culture campaign **We will support this by ....** • Implementing Team Time and Schwarz Rounds • Building the skills of identified safety specialists • Strengthening our system of disseminating learning across the organisation • Further embedding CRMG, SAFE and Datix as key systems for assuring safety across health and social care

POPULATION HEALTH FOCUS

Building back fairer – working with communities and system partners to optimise inclusion and tackle inequalities
Appropriate access to care and support – expanding the benefits of digital inclusion
Coalition of safety and improvement across system – leading the way in keeping people safe and well

The Quality Account also includes information on the Trust's response to guidance issued by the National Institute for Health and Care Excellence (NICE), participation in national clinical audits and local audits, quality improvement initiatives and the development of the new Quality Strategy 2022-27, which is also available on the Trust's website.

Sustainable Development Management Plan 2021-22 "The Green Plan"

Our services are local and community-based, provided from around 26 sites including care homes and specialist schools across Wirral, including our main clinical bases, St Catherine's Health Centre in Birkenhead and Victoria Central Health Centre in Wallasey. We are also commissioned to deliver podiatry services outside of Wirral by West Cheshire Clinical Commissioning Group and Liverpool Clinical Commissioning Group.

We also provide integrated 0-19 years services in Cheshire East, 0-25 services in Knowsley and 0-19+ services in St. Helens comprising health visiting, school nursing, family nurse partnership and breastfeeding support services from 23 bases including medical centres and children's centres.

Our Sustainable Development Management Plan (SDMP) that has been in place since the establishment of the Trust in April 2011 and updated in 2018, was replaced by the Green Plan during 2021-22 as part of the NHS England requirement that every trust must have a Green Plan and submit it to their ICS by 14 January 2022. As part of this plan Sustainability is overseen at Board level, with the Chief Financial Officer/ Deputy Chief Executive being the Board-level lead responsible for net zero commitments and the Green Plan.

The Green Plan helps the Trust to:

- Meet the national target to deliver net zero health and care delivery by 2040 (with an 80% reduction by 2028-2032) at the latest,
- Save money through increased efficiency and resilience,
- Ensure the health and wellbeing of the local population is protected and enhanced,
- Improve the environment in which care or the functions of the organisation are delivered for service users and staff,
- Have robust governance arrangements in place to monitor progress,
- Demonstrate a reputation for sustainability; and
- Align sustainable development requirements with the strategic objectives of the organisation.

Environmental Management System

The Trust has developed an Environmental Management System (EMS) which resulted in the achievement of the ISO 14001-2015 Environmental Award in December 2017 for St Catherine's Health Centre. The award is an internationally-accepted standard that outlines how to put an effective environmental management system in place. It is designed to help businesses remain commercially successful without overlooking environmental responsibilities. Our certification was renewed in 2020 and now covers all of our freehold estate (10 properties in total).

As part of the Green Plan we have set out plans to maintain and improve processes for the effective management of the Trust's environmental impacts, while increasing engagement with employees. We intend to do this by:

- Setting up a "Sustainability Champions" working group to influence environmental decisions made within the Trust, with representation from all relevant departments,
- Highlighting sustainability learning opportunities throughout the workforce; and
- Maintaining our ISO 14001 accreditation

Waste Management & Recycling

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

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

Water Usage

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

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

Revolving Door at St. Catherine's Health Centre

An upgrade to the front entrance of St. Catherine's Health Centre has taken place, with the new revolving front door being more efficient from a heat management perspective and being used to address difficulties associated with the old sliding doors, as the atrium is no longer open to the elements. As the old hot air blowers have been removed this has reduced carbon emissions associated with heating the entrance area.

Bio Boiler

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

Electric Car Charging Points

The benefits of electric vehicles to the environment are clear and with this in mind the Trust upgraded the existing 7.5Kw to six new 22Kw charging points at St. Catherine's Health Centre, and a business case has been put forward to install further capacity at Victoria Central Health Centre (VCHC) alongside a 150kW fast-charger at St. Catherine's Health Centre.

LED lighting

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

- Less Heat = Less Energy Consumed. LED lights give off less heat than halogen bulbs,
- LED lighting is flicker free which means it cannot produce headaches generally associated with fluorescent lighting,

- They do not contain toxic materials such as mercury and other metals dangerous to the environment,
- They are 100% recyclable, which helps to reduce carbon dioxide emissions, and;
- LED bulbs are brighter and produce better light quality than traditional lighting applications.

Procurement without Carbon

As part of our Green Plan we will continue to work with suppliers, employees and service users to reduce greenhouse gas emissions throughout, and beyond, the Trust's direct value chain. This involves maintaining and improving the procurement policy we have in place and using this to better integrate environmental concerns into our procurement activity.

The Procurement Team continues to be engaged in collaborative initiatives with suppliers to identify and address known carbon 'hotspots' to deliver measurable environmental performance improvements.

Through sustainable procurement, the Trust and its collaborative partners across the region use their buying power to give a signal to the market in favour of sustainability, and to base its choices of goods and services on:

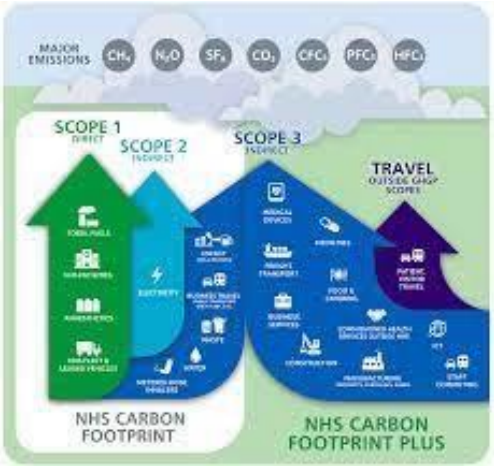
- Economic consideration: best value for money, price, quality, availability, functionality,
- Environmental aspects i.e. green procurement, the impact on the environment that the product and/or service has over its whole life cycle, and;
- Social aspects: effects of purchasing decisions on issues such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

To assist with low carbon transport initiatives the Trust will continue to expand procurement of either ultra-low or zero emissions vehicles, as well as investing in the required infrastructure.
The Trust is committed to meeting the requirements of Delivering a Net Zero NHS and will continue to only procure low emissions vehicles when upgrading the fleet.

Other Initiatives

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

Our commitment to Net Zero



The Trust has established an effective approach to managing its environmental impacts across operations. While the Trust is proud of its achievements to date, it recognises there is still more to be done particularly in light of Greener NHS' commitments to be net zero in its own operations by 2040, and throughout the value chain by 2045 (NHS carbon footprint plus), and the renewed focus on reducing greenhouse gas emissions.

The Trust looked to build on past successes and took into account the interventions which are most likely to benefit the local community while meeting the requirements of national commitments; to inform the Trust objectives and targets on its sustainability journey over the next 3 years (2022-23 to 2024-25).

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

The Trust has invested heavily in local energy generation at selected sites, having installed a 4kWp solar PV system at Fender Way Health Centre as early as 2011, and 100kWp solar array at St Catherine's Health Centre, which has significantly reduced the amount of electricity supplied to the site by the National Grid.

We have a Sustainable Transport Plan in place for the Trust which considers the burden NHS organisations place on the local transport infrastructure, whether through patient, clinical or other business activity. As part of the Trust's commitment to Sustainable Models of Care we aim to embed net zero principles across all clinical services and consider carbon reduction opportunities in the way care is delivered. Examples may include the provision of care closer to home; default preferences for lower-carbon interventions where they are clinically equivalent; and reducing unwarranted variations in care delivery and outcomes that result in unnecessary increases in carbon emissions

We have used Digital Transformation to address challenges raised by the Covid-19 pandemic, which forced the Trust to consider their approach to meeting stakeholder demands both internally and externally.

The Trust has embedded sustainability into the construction of a new site to be added to the Estate, with work continuing on the construction of the Marine Lake Health and Wellbeing Centre, a new state of the art healthcare development in West Kirby. The building has been designed to meet a minimum of BREEAM 'Very Good' demonstrating sustainability

credentials in new build. The development is also committed to enhancing green space and biodiversity within the local area through the provision of community-owned wellbeing gardens, providing additional social benefits to the wider Wirral community.

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

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

Key achievements

- There has been a reduction in total electricity consumption, down by 34% from 864,800
- Kwh in 2018-19 to 571,642Kwh in 2020-21,
- There has been a reduction in gas consumption and costs as well, down by 57% from
- 4,886,735 Kwh down to 2,106,011Kwh in 2020-21 saving £67,127,
- There has been a subsequent drop in all energy costs from £271,007 to £144,338 across the last 3 years, and;
- The Trust has seen a major saving in water and sewage costs resulting in a saving of £37,614 over the last 3 years, by reducing water consumption by over 7,700 m^3.

Reducing Carbon Emissions

The Trust has already exceeded the target of the Climate Change Act set in 2008 that required a 34% reduction in carbon emissions by 2020. This has since been superseded by the NHS England plans to deliver net zero health and care delivery by 2040 (with an 80% reduction by 2028-2032) at the latest.

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

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

The Trust is part of the Cheshire & Merseyside Integrated Care System which developed its own Green Plan in line with the NHS England Net Zero targets. Everything within the Trust's Green Plan supports the aims and objectives of the ICS and NHS England. Being part of the ICS enables the pooling of ideas and assisting each other to implement individual Green Plans that will drive ideas and actions forward for the next three years. This will enable the ICS to then report into Regional Board and ultimately to NHS England to ensure that all regions are approaching Net Zero in a similar and most effective way.

Looking forward

The coming year will bring great challenges as well as opportunities to work differently across the health and care system in Cheshire and Merseyside.

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

Recovery from Covid-19 will take time and effort. We will work with partners across the Cheshire & Merseyside ICS to do this effectively and safely. Alongside this, and building on the delivery of our previous strategy, we want to build and influence a health and care system that provides strong and sustainable community health and care services, more equitable access and outcomes, and a better future for our populations.

Over the next five years, we expect a growing focus on holistic and proactive care, delivering the benefits of Place-based working and Integrated Care Systems. We recognise the crucial role we play in ensuring health inequalities are addressed both through service delivery and how we support local employment and create opportunities for people from more deprived communities.

This means we can work with partners to improve all levels of population health through better understanding of our places and communities, and we will be developing our Locality Teams to work more closer with communities and partner organisations.

Over the next five years, we will be focused on reaching from the individual to the whole community and wider economy, whilst being a great employer and building our digital capacity and innovation.

Achieving this depends on the significant programmes of work and the approaches described in a range of our enabling strategies:

- **Quality Strategy** - with three quality ambitions: safe care and support every time, people and communities leading care and ground-breaking innovation and research,
- **Inclusion Strategy** - focusing on removing barriers to access, experiences of care and population health impact,
- **Digital Strategy** - electronic health records, innovation, virtual ways of working and care models, using data to drive decision making and investing in staff in the new digital world; and
- **The People Strategy -** with four key ambitions which are aligned to the core aims of the NHS People Promise and make the Trust an organisation where people are proud and excited to work, are free to be themselves and where the development and care of our people is as important as the care of our populations.

As an Anchor Institution, we will add social value through our approach to employment, procurement, and sustainability to support stronger, healthier communities.

We will build on our implementation of the '3 Conversations' model of adult social care to take this person-centred approach to understanding people's lives and needs across our teams. We will support more joined-up adult social care, domiciliary and care home provision.

Our five-year Organisational Strategy is fully aligned with the aspirations of the NHS Long Term Plan and strategy for community health services, as well as local plans. We will ensure financial sustainability and value for money so that we can continue to invest in high quality care.

These developments, and more, are described in our Five-year Organisational Strategy that can be found on our website.

Accountability Report

The Directors' Report

The Board of Directors

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

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

The Trust's Establishment Order reflects its composition;

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

There are a further 4 non-voting Directors.

The board structure for 2021-22 comprised of;

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

There are two advisors to the Board;

- Associate Director of Adult Social Care (until December 2021)
- Deputy Director of Adult Social Care (from March 2022)
- Chief Information Officer

These advisors attend meetings of the Board to provide specialist advice as required.

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

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

Non-Executive Directors

Professor Michael Brown, CBE DL
Chair

Professor Brown joined the Trust as Chair in September 2017.

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

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

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

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

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

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

Brian left the Trust in April 2022 following the end of his term of office.

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

Beverley joined the Trust as a Non-Executive Director in September 2017 and was reappointed in September 2020.

Former Vice President and Head of Operations, Global Medicines Development, Astra Zeneca.

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

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

Beverley is the Deputy Chair, the Chair of the Finance & Performance Committee and the Security Management NED Champion.

Professor Chris Bentley
Non-Executive Director

Chris joined the Trust as a Non-Executive Director and Chair of the Quality & Safety Committee in February 2019 and was reappointed in January 2022.

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

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

Chris is also the Doctors disciplinary NED champion / independent member for the Trust.

Gerald Meehan
Non-Executive Director

Gerald joined the Trust as a Non-Executive Director and Chair of the Education & Workforce Committee in February 2019 and was reappointed in January 2022.

Gerald has over 35 years' experience in Local Government as the former Chief Executive of Cheshire West and Chester Council (CWAC) and the sub-regional lead for Cheshire & Warrington. Gerald is a specialist in Child Protection and Children's services.

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

Gerald is a Registered Social Worker, and specialist in Child Protection and Children's services.

Gerald is also the Trust's Senior Independent Director and the Wellbeing Guardian.

Non-Executive Director Terms of Office and re-appointments

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

During 2021-22 the Council of Governors led the process to reappoint Professor Chris Bentley and Gerald Meehan. Both were reappointed for a further term of 3 years as below.

Non-Executive Director	Term	Term expiry
Michael Brown	3 years	September 2023
Brian Simmons	2 years	May 2022
Beverley Jordan	3 years	September 2023
Chris Bentley	3 years	February 2025
Gerald Meehan	3 years	February 2025

A new Non-Executive Director/Chair of the Audit Committee was appointed to the Trust in June 2022 following the end of Brian Simmons' term of office.

Executive Directors

The Executive Team is led by the Chief Executive and collectively meets weekly as the Executive Leadership Team (ELT) which reports key decisions and recommendations to the Board of Directors.

Karen Howell
Chief Executive
Voting member of the Board of Directors

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

Prior to joining Wirral Community Health & Care NHS Foundation Trust, her previous roles included: Managing Director for Specialised and Tertiary Commissioning for NHS Wales, Interim Chief Executive at Hywel Dda University Health Board, NHS Wales Mental Health Lead, Northwest Regional Clinical Director for Prison Health, Department of Health National Director High Secure Services, Department of Health National Policy Lead Medium Secure Services, Director of Forensic Services at Merseycare NHS Trust and Director of Nursing/Deputy CEO at Halton & St Helens Primary Care Trust.

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

Mark Greatrex
Chief Finance Officer and Deputy Chief Executive
Voting member of the Board of Directors

Mark has over 28 years NHS experience and prior to joining Wirral Community Health & Care NHS Foundation Trust has worked as Deputy Director of Finance at Liverpool Heart & Chest NHS Foundation Trust, the Walton Centre NHS Foundation Trust and Mersey Regional Ambulance Service. Previous to this Mark spent 12 years at St.Helens & Knowsley Hospitals NHS Trust in various financial and non-financial roles.

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

Mark leads the Finance portfolio Estates & Facilities and Procurement.

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

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

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

Nick, a qualified GP, continues to keep abreast of the day-to-day challenges and opportunities facing general practice whilst also keeping abreast of new and exciting clinical developments.

Nick has a strong desire to ensure that general practice and community service thrive and is keen to share his experience and leadership to achieve this aim.

Paula Simpson
Chief Nurse
Voting member of the Board of Directors

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

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

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

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

Jo Shepherd
Director of Human Resources & Organisational Development
Non-voting member of the Board of Directors

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

Jo leads the organisation's workforce and Organisational Development agenda ensuring the effective planning, development and management of the Trust's workforce, and leads on Equality and Human Rights.

Jo was out of the workplace from October 2021 due to ill health.

Tracy Hill
Interim Director of Human Resources & Organisational Development
(January 2022- April 2022)

Tracy has over 29 years' experience working with organisations in a variety of workforce roles. With over 9 years as Executive Director of People and OD, Tracy has significant experience in leading organisational cultural transformation, change programmes, developing organisational models, organisational turnaround, development of strategy and underpinning strategic engagement and communications strategies.

Tracy is an experienced coach and mentor to a broad range of stakeholders from board level to grassroots staff, Tracy's approach is refreshing, vibrant and forward thinking. An accomplished Chair who has worked nationally, regionally, and locally to effect system wide change.

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

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

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

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

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

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

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

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

Alison is also responsible for the Communications & Marketing strategies for the Trust. Alison has worked closely with our Board of Directors for a number of years and played a key role in leading the Trust to achieve Foundation Trust status in May 2016. As such, Alison provides advice and regulatory guidance to our Trust Council of Governors. Alison previously worked in the pharmaceutical industry and brings a sound understanding and almost 10 years' experience working in the commercial healthcare sector.

Alison is the Senior Information Risk Officer (SIRO) for the organisation.

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

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

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

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

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

Post	Governance roles	Responsible for
Chief Nurse	Director of Infection Prevention & Control (DIPC)	Infection Prevention & Control Service and related policies. Publishing an annual IPC report.
	Safeguarding Lead Officer	Ensuring best practice principles are followed, appropriate recruitment processes followed, and job-specific training provided. Attends partnership boards. Publishing an annual safeguarding report.
	Executive Nurse	Helps the board make strategic decisions in view of their effect on the quality and safety of patient care.
	Nominated Individual (CQC)	Overseeing compliance with the CQC regulatory framework
Medical Director	Caldicott Guardian	Protecting the confidentiality of service-user information, enabling and applying the highest standards for appropriate information sharing.
	Accountable Officer for Controlled Drugs	Ensures all incidents involving controlled drugs are reported correctly, communication with Local Intelligence Network.
	Responsible Officer (RO) for Medical Registrations & Revalidation	Provides local leadership in developing systems of appraisal and clinical governance; lead for End of Life Care.
Chief Finance Officer & Deputy Chief Executive	Security Management Director	Overseeing and providing strategic management and support for all security management work within the organisation
	Accountable Emergency Officer	Ensuring that the NHS England core standards for Emergency Planning Resilience and Response are met
Director of HR & OD	Executive Lead for Freedom To Speak Up	Supporting the board reflection, and leading the organisation's approach to FTSU
Director of Corporate Affairs	Senior Information Risk Owner	Managing information risks to the organisation; oversight of information security incident reporting and response.
Associate Director of Adult Social Care *(to December 2021)*	Freedom To Speak Up Guardian	Ensuring that colleagues can speak up about anything that might affect the quality of staff experience or patient care

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

Declaration of Interests of the Board of Directors

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

The Register of Interests is available to the public via the Trust Website.

Statutory statements required within the Directors report

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

The Trust aims to pay all undisputed invoices efficiently and within 30 days of receipt of goods or a valid invoice during normal operations. During 2021-22, where possible, the Trust paid suppliers within seven days. The table below summarises our performance for 2021-22 against the Better Payment Practice Code.

Better Payment Practice Code - Compliance 2021/22		
Payables	**Number**	**£'000**
Non-NHS		
Total invoices paid in the year	9,275	23,303
Total paid within the 30 day target	8,278	21,264
Percentage paid within the target	89.3%	91.3%
NHS		
Total invoices paid in the year	613	7,899
Total paid within the 30-day target	534	6,939
Percentage paid within the target	87.1%	87.8%

During 2021-22 the Trust paid £2,660 in late payment charges due to late payment of 40 invoices. The fees and charges/income disclosures are unchanged from last year.

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

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

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

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

Disclosures relating to NHS Improvement's well-led framework

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

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

The Trust was due to be re-inspected by the CQC in 2020, however this was paused by the CQC due to the COVID-19 pandemic. The Trust has maintained regular communication with the inspection team during 2021-22.

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

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

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.

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.

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.

The Standards Assurance Framework for Excellence (SAFE) system continued to be applied across the Trust by both clinical, professional and non-clinical services. The system provides teams with a single on-line tool to store, access and present information about their service, relating to the Key Lines of Enquiry, including Well-Led, used by CQC and NHS Improvement in their reviews.

- The Board of Directors continued to meet, virtually, during 2021-22 both formally and informally
- The governance arrangements described above ensured **a robust control framework remained in place** throughout the year and during the on-going response to COVID-19.
- The **management of risks** continued to be tracked across the organisation and through the governance structure in accordance with the Risk Policy with a monthly health score monitored to assess the on-going management of risk. The live risk module in the **Trust Information Gateway (TIG)** allowed further scrutiny of risks by risk score, age of reporting and type continued to be utilised by all sub-committees of the Board.
- The Trust's **Risk Management Policy** was reviewed and updated during 2021-22 to ensure it continued to reflect the arrangements for risk monitoring and escalation under emergency governance arrangements.
- The **Board Assurance Framework** was reviewed and updated at **every Board meeting** during 2021-22 and relevant strategic risks discussed at **every committee meeting**. The **Audit Committee maintained oversight** of the principal risks and supported the implementation of a new, more outcome-focused structure to the BAF.
- All **procedural documents** were monitored through the Trust's governance structure with some, particularly HR policies, having extended review deadlines agreed in line with national guidance.
- All **internal communication channels** were maximised, with new channels added during 2021-22 to ensure regular, effective and supportive communication to the entire workforce. The impact of internal communications has been positive and **daily Shout Outs** to staff have been very successful to recognise the achievements and support staff have shown to each other.
- The **monthly Get Together** was opened up to all staff providing an opportunity for a

monthly check-in on-line and sharing of key messages from the Executive Team and an opportunity for questions to be asked in advance or at the meeting.

- The Trust's intranet, **Staff Zone,** has remained a vital resource for staff and has been updated as frequently as daily with the latest guidance and advice for staff. All procedural documents are available for staff to access.
- The staff network groups have grown in membership and involvement during the financial year. The groups include; LGBTQ+, BAME, Carers and Ability. These network groups further support the Trust's Inclusion strategy and objectives.
- All arrangements to support staff in raising concerns through **Freedom To Speak Up, have remained in place**. The FTSU Annual Report was presented to the Board of Directors for assurance in June 2022 and a new FTSU Guardian was appointed in April 2022.
- The **Informal Board Programme for 2021-22** was delivered based on the forward programme developed and agreed with members of the Board.
- A structured **Board Development Programme** was commenced in 2020-21 with external support from Gatenby Sanderson. The programme was suspended during 2021-22 due to the on-going pressures and challenges presented by the COVID-19 pandemic. The Board of Directors invested in an **externally facilitated well-led review** of arrangements across the Trust (see below).

In-depth, regular and externally facilitated developmental reviews of leadership and governance are good practice across all industries. Rather than assessing current performance, these reviews identify the areas of leadership and governance of organisations that would benefit from further targeted development work to secure and sustain future performance.

During 2021-22 the Trust procured an externally facilitated developmental review contributing to the continuous improvement of Trust governance arrangements and supporting continuous improvement by identifying areas for development.

The developmental review was not undertaken at the request of either regulator (NHS Improvement or the CQC), nor was the output solely for their intelligence gathering. The review was primarily for the Trust to inform our journey of continuous improvement.

Mersey Internal Audit Agency (MiAA) completed the review starting in October 2021. At the end of the financial year the review was still on-going due to some delays in response to the Level 4 incident declared in January 2022.

The external review team drew on a range of evidence in assessing well-led at the Trust including gathering information and evidence for each of the KLOEs and the prompts that underpin them. The review also considered the Trust's response to COVID-19 pandemic, although the main focus was on current arrangements, including leadership, culture and governance arrangements.

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

Quality governance

The Board of Directors recognises that quality and safety are an integral part of its business strategy and to be most effective, quality should be the driving force of the organisation's culture.

The Quality & Safety Committee has responsibility for ensuring the effective implementation

and monitoring of robust quality governance arrangements across the organisation. The committee met on a bi-monthly basis during 2021-22. The committee has a Non-Executive Chairman, and the Chief Nurse is the Executive Lead.

The quality governance structures and processes in place across the organisation aim to ensure that arrangements are fit for purpose and the highest standards of quality and safety are maintained. These are described in more detail in the Annual Governance Statement. In line with national guidance from NHS Improvement, the Trust prepared its annual Quality Report which was submitted on 30 June 2022. The Trust has included a summary of the quality achievements in the Performance Analysis section and is expanded in greater detail in the Quality Report when published.

During 2021-22 the role of the SAFE Assurance Group (formerly SAFE steering group) within the governance structure remained crucial in monitoring compliance and delivery against regulatory, statutory and professional standards. The Standards Assurance Framework for Excellence (SAFE) was utilised across all services.

Patient care

The Annual Quality Account 2021-22 was submitted to NHS Improvement by the national submission date of 30 June 2022 and describes quality improvements and quality governance in more detail including patient care.

Stakeholder relations

The Performance Report describes the stakeholder relationships developed and progressed during 2021-22 to facilitate the delivery of improved healthcare, including the partnership and system-wide working at local, regional and national level. During 2021-22 stakeholder engagement also included the development of the Trust's five-year strategy. The Trust invited partners and stakeholders across the local and regional system to help shape the future of the Trust by providing insight and contribution on the proposed strategic intent.

Karen Howell OBE

Chief Executive

23 January 2023

Remuneration Report

Annual statement from the Chair of the Remuneration Committee

I am pleased to present the Directors' Remuneration Report for the financial year 2021-22 on behalf of Wirral Community Health & Care NHS Foundation Trust's two Remuneration Committees. The Remuneration & Terms of Service Committee is established by the Board of Directors with primary regard to Executive Directors, and the Remuneration & Nomination sub-group is established by the Council of Governors with regard to Non-Executive Directors.

In accordance with the requirements of the Financial Reporting Manual (FReM) and NHSE/I we have divided this report into the following parts;

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

Major decisions on remuneration

The Remuneration Committee agreed to award Executive Directors an annual uplift of 3% from 1st April 2021. This was in line with the award given to all NHS staff employed on Agenda for Change terms and conditions.

Professor Michael Brown, CBE, DL
Chairman

23 January 2023

Senior managers' remuneration policy

Remuneration for senior managers is shown on page 70.

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

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

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

The Trust does not operate a performance-related pay or bonus scheme.

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

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

Service contract obligations

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

Statement of consideration of employment conditions elsewhere in the Foundation Trust

The majority of staff are employed on national NHS terms and conditions, and these are taken into account when setting the remuneration policy for Senior Managers.

Annual report on remuneration

The Remuneration Committees

The Board of Directors Remuneration & Terms of Service Committee

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

During 2021-22, the members of the Committee were;
Michael Brown, Chairman (Chair of the Remuneration Committee)
Brian Simmons, Non-Executive Director (Chair of the Audit Committee)
Beverley Jordan, Non-Executive Director
Chris Bentley, Non-Executive Director
Gerald Meehan, Non-Executive Director

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

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

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

The Council of Governors Remuneration & Nomination sub-group

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

The group comprises four governors with one nominated as the Chair of the group. All governors were invited to express an interest to join the group and one of the public governors is the chairman of the group.

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

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

During 2021-22, the Council of Governors through the Remuneration & Nomination sub-group ensured appropriate oversight and decision relating to the re-appointment of the Chair of the Education and Workforce Committee and the Chair of the Quality and Safety Committee, the revision to remuneration level for the Chairman and began the process for the appointment of the Chair of the Audit Committee, that was completed in April 2022.

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

Chairman of the Board of Directors (present for the discussion on the reappointment of the Non-Executive Directors of the Education & workforce Committee, and the Chair of Quality & Safety Committee).

Lynn Collins (Public Governor, Wirral West) - Chair of the Group

George Taylor (Staff Governor)

Eve Collins (Appointed Governor, The University of Chester)

Ronnie Morris (Public Governor, Wirral West)

Alison Hughes, Director of Corporate Affairs.

Disclosures required by the Health and Social Care Act

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

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

Fair pay multiple *(subject to audit)*

NHS Foundation Trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2021-22 was £140k-145k (2020-21, £135k-140k). This reflects the salary column in the Remuneration for Senior Managers table below and this is a change between years of 3.6%. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2021-22 was from £14k to £140k-145k (2020-21 £13k to £135k-140k). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 3%.

0 employees received remuneration in excess of the highest-paid director in 2021-22.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2021/22	25th Percentile	Median	75th Percentile
Salary component of pay	£22,549	£31,534	£39,027
Total pay and benefits excluding pensions	£22,549	£31,534	£39,027
Pay and benefits excluding pension: pay ratio for highest paid director	6.32	4.52	3.65

Payments to past senior managers

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

Payments for loss of office

Payments for loss of office are disclosed in note 7.1 in the financial statements. No payments were made to Directors for loss of office in the period.

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

		1 April 2021- 31 March 2022				1 April 2020 – 31 March 2021			
Name	**Position**	**Salary**	**Taxable Benefits**	**All Pension Related Benefits**	**Total**	**Salary**	**Taxable Benefits**	**All Pension Related Benefits**	**Total**
Non-Executive Directors		**£000 (Bands of £5,000)**	**£ (Nearest £100)**	**£000 (Bands of £2,500)**	**£000 (Bands of £5,000)**	**£000 (Bands of £5,000)**	**£ (Nearest £100)**	**£000 (Bands of £2,500)**	**£000 (Bands of £5,000)**
Michael Brown	Chairman	35 - 40	0	N/A – N/A	35 – 40	40 – 45	0	N/A – N/A	40 – 45
Chris Bentley	Non-Executive Director	10 - 15	0	N/A – N/A	10 – 15	10 – 15	0	N/A – N/A	10 – 15
Beverley Jordan	Non-Executive Director	10 - 15	0	N/A – N/A	10 – 15	10 – 15	0	N/A – N/A	10 – 15
Gerald Meehan	Non-Executive Director	10 - 15	0	N/A – N/A	10 – 15	10 – 15	0	N/A – N/A	10 – 15
Brian Simmons	Non-Executive Director	10 - 15	0	N/A – N/A	10 – 15	10 – 15	0	N/A – N/A	10 – 15
Executive Directors									
Karen Howell*	Chief Executive (except for 01/10/20 to 01/03/21)	140 - 145	7,400	12.5 – 15.0	160 – 165	80 – 85	7,400	5.0 – 7.5	95 – 100
Mark Greatrex*	Chief Finance Officer/Deputy Chief Executive	125 - 130	0	15.0 – 17.5	140 – 145	65 – 70	0	15.0 – 17.5	80 – 85
	Interim Chief Executive (from 01/10/20 to 01/03/21)	N/A - N/A	N/A	N/A – N/A	N/A – N/A	70 – 75	0	15.0 – 17.5	85 – 90
Nick Cross	Medical Director	140 – 145	5,496	0.0 – 2.5	145 – 150	135 – 140	5,500	0.0 – 2.5	140 – 145
Tony Bennett	Chief Strategy Officer (from 03/02/20)	95 – 100	0	17.5 – 20.0	115 – 120	95 – 100	0	57.5 – 60.0	155 – 160
Jennie Birch^	Interim Chief Finance Officer (from 01/10/20 to 30/04/21)	5 – 10	0	0.0 – 2.5	5 – 10	70 – 75	0	0.0 – 0.0	70 – 75
Barbara Bridle-Jones+§	Acting Director of Human Resources and Organisational Development (from 18/10/21 to 21/01/22)	20 – 25	0	35.0 – 37.5	55 – 60	N/A – N/A	N/A	N/A – N/A	N/A – N/A
Joanne Chwalko§	Acting Chief Operating Officer (from 01/04/21)	80 – 85	0	460.0 – 462.5	540 – 545	N/A – N/A	N/A	N/A – N/A	N/A – N/A
Tracy Hill**	Interim Director of Human Resources and Organisational Development (from 24/01/22)	35 – 40	0	0.0 – 2.5	35 – 40	N/A – N/A	N/A	N/A – N/A	N/A – N/A
Alison Hughes	Director of Corporate Affairs	90 – 95	4,605	20.00 – 22.5	120 – 125	85 – 90	4,600	22.5 – 25.0	115 – 120
Val McGee	Chief Operating Officer	70 – 75	7,620	0.0 – 2.5	80 – 85	110 – 115	7,600	22.5 – 25.0	140 – 145
Jo Shepherd	Director of Human Resources and Organisational Development	95 – 100	6,896	0.0 – 2.5	105 – 110	100 – 105	6,900	35.0 – 37.5	140 – 145
Paula Simpson#	Director of Nursing	100 – 105	0	0.0 – 2.5	100 – 105	100 – 105	0	155.0 – 160.0	260 - 265

Pension Benefits *(subject to audit)*

Name	Position	Real Increase in Pension at Pension Age (Bands of £2.500)	Real Increase in Pension Limp Sum at Pension Age (Bands of £2,500)	Total Accrued Pension at Pension Age at 31 March 2022 (Bands of £5,000)	Lump Sum at Pension Age Related to Accrued Pension at 31 March 2022 (Bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2021 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value 31 March 2022 £000	Employer's Contribution to Stakeholder Pension £000
Mark Greatrex	Chief Finance Officer/Deputy Chief Executive	0.0 – 2.5	0.0 – 2.5	45.0 – 50.0	90.0 – 95.0	762	37	802	0
Tony Bennett	Chief Strategy Officer	0.0 – 2.5	0.0 – 2.5	30.0 – 35.0	60.0 – 65.0	461	27	490	0
Barbara Bridle-Jones+§	Acting Director of Human Resources and Organisational Development	0.0 – 2.5	0.0 – 2.5	5.0 – 10.0	0.0 – 5.0	0	30	113	0
Joanne Chwalko§	Acting Chief Operating Officer	20.0 – 22.5	40.0 – 42.5	20.0 – 25.0	40.0 – 45.0	0	378	378	0
Alison Hughes	Director of Corporate Affairs	0.0 – 2.5	0.0 – 2.5	15.0 – 20.0	0.0 – 5.0	159	23	183	0
Jo Shepherd	Director of Human Resources and Organisational Development	0.0 – 2.5	0.0 – 2.5	25.0 – 30.0	40.0 – 45.0	451	13	465	0
Paula Simpson	Director of Nursing	0.0 – 2.5	0.0 – 2.5	30.0 – 35.0	65.0 – 70.0	645	0	593	0

Name	Position	**Real Increase in Pension at Pension Age (Bands of £2,500)**	**Real Increase in Pension Lump Sum at Pension Age (Bands of £2,500)**	**Total Accrued Pension at Pension Age at 31 March 2021 (Bands of £5,000)**	**Lump Sum at Pension Age Related to Accrued Pension at 31 March 2021 (Bands of £5,000)**	**Cash Equivalent Transfer Value at 31 March 2020 £000**	**Real Increase in Cash Equivalent Transfer Value £000**	**Cash Equivalent Transfer Value at 31 March 2021 £000**	**Employer's Contribution to Stakeholder Pension £000**
Mark Greatrex	Chief Finance Officer/Deputy Chief Executive	2.5 – 5.0	0.0 – 2.5	40.0 – 45.0	90.0 – 95.0	707	55	762	0
Tony Bennett	Chief Strategy Officer	2.5 – 5.0	2.5 – 5.0	30.0 – 35.0	60.0 – 65.0	400	54	461	0
Alison Hughes	Director of Corporate Affairs	0.0 – 2.5	0.0 – 2.5	10.0 – 15.0	0.0 – 5.0	133	24	159	0
Val McGee~	Chief Operating Officer	0.0 – 2.5	5.0 – 7.5	50.0 – 55.0	160.0 – 165.0	1,269	0	0	0
Jo Shepherd	Director of Human Resources and Organisational Development	0.0 - 2.5	0.0 – 2.5	25.0 – 30.0	45.0 – 50.0	409	41	451	0
Paula Simpson#	Director of Nursing	7.5 – 10.0	12.5 – 15.0	30.0 – 35.0	75.0 – 80.0	480	157	645	0

Notes to the remuneration and pension tables

In the Remuneration for Senior Managers table, the value of 'all pension related benefits' accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide.

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

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

+The real increases in pension values have been adjusted for directors not in post throughout the period to reflect only the increases attributable to their role as director.

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

§Joanne Chwalko and Barbara Bridle-Jones were not directors in the previous year and the NHS Pension Scheme was not able to provide pension benefit figures to cover this period. As a result, increases in pension or pension lump sums for these individuals only reflect the amounts payable at the end of 2021-22. The increases are therefore significantly higher than would normally be the case.

**Tracy Hill was employed as Interim Director of Human Resources and Organisational Development from January 2022. The salary included in the remuneration table above reflects payments made to Nicky Ingham and Associates Limited for her services.

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

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

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

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

Non-executive directors do not receive a pensionable remuneration.

Karen Howell OBE
Chief Executive

23 January 2023

Staff Report for 2021-22

As at 31 March 2022, Wirral Community Health and Care NHS Foundation Trust employed 1,957 people.

The average number of employees during 2021-22 was 1848. Details of our workforce are provided below:

Staff Costs

The following staff costs have been incurred during the period:

	Permanent £000	Other £000	2021/22 Total £000
Salaries and wages	52,937	2,888	55,825
Social security costs	4,693	218	4,911
Apprenticeship levy	261	0	261
Employer's contributions to NHS pension scheme	6,216	0	6,216
Employer contributions to NHS Pension Scheme paid by NHSE	2,695	0	2,695
Pension cost - other	2,068	0	2,068
Other post employment benefits		0	0
Other employment benefits		0	0
Termination benefits		0	0
Temporary staff		3,027	3,027
Total gross staff costs	**68,870**	**6,133**	**75,003**
Costs capitalised as part of assets		548	689
Total staff costs	**68,729**	**5,585**	**74,314**

Staff numbers

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

	Total Number	2021-22 Permanent Number	Other Number
Medical and dental	16.8	10.4	6.4
Administrative and estates	152.8	146.3	6.5
Healthcare assistants and other support staff	508.7	490.2	18.5
Nursing and health visiting staff	633.6	608.1	25.5
Scientific, therapeutic and technical staff	263.2	246.1	17.1
Healthcare sciences staff	6.6	6.6	0
Total whole time equivalent staff numbers	**1,581.7**	**1,507.7**	**74**

Staff composition - employee gender distribution

The figures reflecting the breakdown of gender distribution of employees within the Trust as at 31 March 2022 are included in the table below:

	2020-2021	Headcount
Directors male *(including Non-Executives)*	58%	7
Directors female *(including Non-Executives)*	42%	5
All Employees male	11.6%	228
All Employees female	88.4%	1729

Sickness Absence Data

The Trust's sickness absence data is outlined below.

Figures Converted by DH to Best Estimates of Required Data Items		Statistics Produced by NHS Digital from ESR Data Warehouse		
Average FTE 2021	Adjusted FTE days lost to Cabinet Office Definitions	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
1,459	20,856	532,570	33,833	14.3

Data items: ESR does not hold details of the planned working/non-working days for employees so days lost and days available are reported based upon a 365-day year

The data is available through the published data provided by NHS Digital.

Information from the Electronic Staff Record (ESR) system reports the annual sickness rate for the year 2021-22 as 6.98%. This figure was higher than the Trust's target figure of 5.0%. The level fluctuated throughout the year linked to the high levels of COVID-19 related absences. Appropriate guidance and wellbeing advice was put in place to support staff at this time, and sickness absence was supportively and effectively managed.
Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse. Period covered: January to December 2021

Staff Turnover Data

The Trust's staff turnover data for 2021/22 is available through the published data provided by NHS Digital.

Information from the Electronic Staff Record (ESR) system reports the annual turnover rate figure for 2021-22 was 14.0%; a slight increase from the figure for 2020-21 which was 13.5%.

When removing staff that have transferred in and out of the organisation via TUPE, and excluding those posts made redundant and leaving involuntarily, the turnover figure for 2021-22 was 11.8%.

Equality disclosures

The policy in relation to disabled employees

The Trust is a 'Disability Confident' employer and is therefore entitled to display the Jobcentre Plus 'Disability Confident Employer' symbol for advertising, corporate material and publications. The Trust has a set of equality and inclusion objectives which include equal opportunities training for all staff to eliminate discrimination against disabled employees.

All relevant policies are assessed for their impact on disabled staff, and adjustments are made to support disabled employees to gain and continue employment with the Trust, including appropriate training, career development and promotion As part of meeting our duties under the Equality Act 2010 the Trust has recently revised its approach to Equality and Diversity, and has established an "Inclusion Team" which is leading on our strategy to bring about an innovative and service led improvement approach to Equality & Diversity. The Ability, LGBTQ+ and BAME Staff Forums have been relaunched and aim to foster good relations and support staff to share concerns and issues with the Trust to improve their working lives. The recruitment, redeployment and managing attendance policies are up to date, and include provisions to support applicants with disabilities in recruitment and existing staff with reasonable adjustments.

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

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

With the support of the LGBTQ+ staff network we have embarked on an assessment and accreditation process across the Trust for the Rainbow Pin Badge programme to ensure the Trust is welcoming and inclusive of LGBTQ+ identities and challenges the health inequalities faced by this community.

The policy on equal opportunities

Wirral Community Health and Care NHS Foundation Trust aims to be a leading organisation for promoting Equality and Diversity in Wirral and for the staff and 0-19 services in Cheshire East, and St Helens and Knowsley. We believe that any modern organisation has to reflect all the communities and people it serves in both service delivery and employment, and tackle all forms of discrimination. We need to remove inequality and ensure there are no barriers to health and wellbeing.

We aim to implement this by:

- becoming a leading organisation for the promotion of Human Rights Equality and Diversity, for challenging discrimination, and for promoting equalities in service delivery and employment;
- creating an organisation which recognises the contribution of all staff, and which is supportive, fair and free from discrimination; and
- ensuring that the Trust is regarded as an exemplary employer.

In 2021 we have been working to refresh our strategic approach and in April 2022 we have launched our Inclusion & Health Inequality Strategy (2022-27) and described our commitments as;

Removing Barriers to access
We will strive to remove or overcome barriers to access by ensuring our approach meets the needs of individuals, ensuring equitable access to care and employment for all.
Focusing on experience of care
We will ensure that everyone's experience of the Trust and its services is positive, inclusive and reflects our values of 'Compassion, Open and Trust'.
Improving Outcomes for everyone
We will focus our efforts on improving outcomes for individuals and reducing inequalities in outcomes for people with protected characteristics and those who live in our most disadvantaged areas.

The Trust produces an annual Inclusion Report along with annual reports of the Workforce Race Equality Standard and Workforce Disability Equality Standard, and these are available on the Trust website. These NHS national requirements involved reviewing staff data relating to the protected characteristics from the Electronic Staff Record system and staff experience information from the annual NHS Staff Survey. The resulting action plans were co-produced with the relevant staff networks of the BAME staff network for the WRES action plan and Ability staff networks for the WDES action plan which are monitored through the Education and Workforce Committee. For 2022 these plans will be reviewed with the full involvement of the staff networks and will be based on the latest workforce equality data.

Actions Taken to Inform or Consult with Staff and Employee Representatives

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

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

Staff Side representatives are part of the Strategic Workforce Development Group as well as being represented on key strategic workstreams and this ensures they are directly involved in key decisions about the workforce.

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

Information on Health and Safety Performance and Occupational Health

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

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

Ongoing awareness raising sessions were held by PAM Assist (Employee Assistance Programme) to promote the support available to staff which is accessible 24/7 and 365 days of the year.

We also promoted the Cheshire and Merseyside Resilience Hub and they did site visits across the services.

The Trust is committed to providing, maintaining and continuously improving a working environment which supports the health, safety and wellbeing of those who could be affected by its activities. This work includes developing and improving the information and signposting pages on the Trust's intranet site, StaffZone.

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

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

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

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

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

Approach to Staff Experience and Engagement

During 2021-22 the Trust continued to pause the review of the People Strategy (2017-2020) as it was intended that this would align with the national NHS People Plan and to coincide with the development of Trust strategies.

Staff engagement focused on a number of key areas;

- Regular communication to all staff through an emailed bulletin which included the latest news and guidance.
- Managers briefing bulletin for key messages to advise and support for them to share with their staff and teams.
- Focus on supporting staff in relation to their health and wellbeing which included a toolkit, regular updates in the bulletin, awareness raising in the form of manager sessions to support the completion of individual COVID-19 risk assessments, and promoting resources at a local and national level for health and wellbeing.
- The appraisal process took place during July to September, and had a continued focus on health and wellbeing, setting work priorities and support.
- Senior messages from the executives - there was an increased focus on direct messages by the Chief Executive's vlog and blog feature which were sent twice weekly by email to all staff. and
- A new monthly Get Together was launched which invited all staff to a 45 minute virtual briefing by the Chief Executive and executive board where key performance indicators were presented. This session incorporated monthly pulse scores feedback and used an interactive Sli:do app to ask questions on the key themes from the feedback. This was then used as part of the feedback on key issues and incorporated into the strategy development processes.

Between October and December 2021 we took part in the annual staff survey and the results of this were published in March 2022. Further details on the Staff Survey are provided below.

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

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

We continued to use the update bulletin to celebrate "shout outs" where staff can say thank you to others and over 584 were made during the year. This has helped to maintain a regular focus on the contribution our staff make to their work, their team and to our service users.

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

Staff networks we have are BAME, LGBTQ+, Ability and Working Carers (4 groups) continued to meet and during 2021 each was aligned to an Executive Director so that they could established an ally at board level. These meetings continued over MS teams during the pandemic and helped strengthen the group by continuing to meet and support staff diversity. The networks are open to all staff from protected groups but have been established to be inclusive for any students, agency and bank workers. More information is included in the Inclusion section of the report.

NHS Staff survey - Summary of performance

The NHS staff survey is conducted annually. From 2021/22 the survey questions align to the seven elements of the NHS 'People Promise', and retains the two previous themes of engagement and morale. These replace the ten indicator themes used in previous years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2021/22 survey among Trust staff was 54% (2020/21: 52%).

2021/22

Scores for each indicator together with that of the survey benchmarking group (community Trusts) are presented below:

Indicators People Promise elements and themes	2021/22	
	Trust score	Benchmarking
People Promise:		
We are compassionate and inclusive	7.5	7.6
We are recognised	6.1	6.4
We each have a voice that counts	7.0	7.2
We are safe and healthy	6.0	6.2
We are always learning	5.5	5.8
We work flexibly	6.3	6.6
We are a team	6.9	7.0
Staff engagement	6.9	7.2
Morale	5.6	6.1

The Trust scores when compared to the comparison group were below average for all of the seven People Promise elements and the two themes and Staff Engagement and Morale.

The approach last year was to share team results at a local level and develop a team intention to work towards to improve staff experience at a local level. This was received positively by having a team goal to work towards but a review in Q4 showed these were not fully implemented due to the ongoing response to the pandemic and significant service demands. However, this approach led to the most improved scores from including responses to the questions relating to Immediate manager gives clear feedback / encourages me at work and Team members often meet to discuss team's effectiveness.

During 2021/22 monthly pulse surveys were undertaken and the results were feedback at the monthly Get Together where regularly over 90 staff attended remotely. During the sessions participants were asked specific questions on the keys themes found from the monthly results

by using Sli:do interactive feedback. This then enabled findings to be shared with programme leads across the Trust supporting key strategic work such as FTSU and Digital development.

2019/20 and 2020/21 scores

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

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

Future priorities and targets

In response to the 2021 staff survey results there will be a number of actions including:

- Identifying areas of improved performance since 2020
- Identifying areas of good practice across the Trust
- Identifying areas of decreased performance over the last 3 years
- Staff engagement in relation to the People Strategy

At an organisational level the areas for improvement have been identified as:

- Staff feeling safe and healthy at work
- Understanding why staff want to leave the organisation
- Morale - Having the time, resources and staff to do the job.

Monitoring of the Team Intentions will be undertaken through the newly established locality and system structures.

The Quarterly Pulse Survey results will be shared through local groups including management meetings, JUSS (Staff Side) and Staff Council.

Assurance of progress of actions identified will be through the Operational Oversight Group/ SAFE and reporting into the Education and Workforce Committee.

Trade Union Facility Time

In accordance with the Trade Union (Facility Time Publication Requirements) Regulations 2017, this is the report produced for the financial year 2021-22 based on the returns submitted to date from trade union representatives.

Table 1 – Relevant Union Officials

What was the total number of your employees who were relevant union officials during the relevant period?	Number of employees who were relevant union officials during the relevant period.
8	6.53

Table 2 – Percentage of spent time on facility time

	Number of Employees
0%	0
1-50%	6
51-99%	0
100%	2

Table 3 - Percentage of pay bill spent on facility time

	Figures
Provide the total cost of facility time	£53,565.76
Provide the total pay bill	£75,003,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x100	0.07%

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

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	6.40

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

Expenditure on consultancy

During the year, the Trust paid £600k to external consultants. This is reflected in note 4: "Operating Expenses" in the financial statements included below.

Off-payroll engagements

Where possible the Trust employs staff directly on permanent or short-term contracts. However, for some specialist clinical and information technology roles, which are more difficult to recruit, the Trust may make use of workers engaged through off-payroll arrangements. The highest paid longer-term sessional staff, principally locum GPs, are included on the Trust's payroll and appropriate tax and national insurance is deducted at source in compliance with IR35 rules. All other agency staff are recruited through nationally approved framework contracts.

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

Table 1 - Highly-paid off-payroll worker engagements as at 31 March 2022 earning £245 per day or greater:

	Number
Number of existing engagements as at 31 March 2022	54
Of which, the number that have existed:	
for less than one year at the time of reporting	29
for between one and two years at the time of reporting	13
for between two and three years at the time of reporting	6
for between three and four years at the time of reporting	3
for more than four years at the time of reporting	3

Table 2 - All highly-paid off-payroll workers engaged at any point during the year ended 31 March 2022 earning £245 per day or greater:

	Number
Number of off-payroll workers engaged during the year ended 31 March 2022	89
Of which:	
Not subject to off-payroll legislation* Subject to off-payroll legislation and determined as in-scope of IR35* Subject to off-payroll legislation and determined as out-of-scope of IR35*	86 3 0
Number of engagements reassessed for compliance or assurance purposes during the year Number of engagements that saw a change to IR35 status following the review	0 0

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

Exit packages (subject to audit)

During the year no exit package was agreed.

Gender Pay Gap

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

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

The Trust's results for 2020-21 reported during 2021-22 can be viewed here.

Compliance with NHS Foundation Trust Code of Governance

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

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

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

- The constitution of the NHS Foundation Trust
- Standing orders for the Board of Directors and Council of Governors setting out the roles and responsibilities of each
- Code of Conduct for the Board of Directors and Council of Governors
- Schemes of delegation and matters reserved to the Board
- Standing Financial Instruction
- Appointed Senior Independent Director
- Terms of Reference for the Board of Directors and its sub-committees and the Council of Governors and its sub-groups
- Board of Directors Register of Interests
- Fit and Proper Persons declarations by Executive, Non-Executive Directors and Advisors to the Board
- Performance appraisal process for all Executive and Non-Executive Directors (including onward reporting to NHSE for the Chair)
- Freedom to Speak Up Policy and identified Freedom To Speak Up Guardian
- Robust Audit Committee arrangements in place
- Governor-led appointments process for external auditor
- Non-Executive Director meetings established pre-Board of Directors
- Anti-Fraud work plan and policy
- High quality reports to the Board of Directors and Council of Governors appropriate to their respective functions and relevant to the decisions being made
- Regular attendance by Directors at Council of Governor meetings
- Attendance records for Directors and Governors at key meetings
- Annual NHS Provider License self-certification
- Annual Informal Board Programme including lunch & learn sessions with staff
- Bi-monthly Board of Directors Informal Board Sessions

Where applicable the Trust complies with all provisions of the Code of Governance issued by Monitor in July 2014. The Trust also recognises that systems and processes continue to embed, and work is continually on-going with the Council of Governors and Board of Directors to review this.

Governance arrangements

The basic governance structure of all NHS Foundation Trusts includes;

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

Membership and constituencies

The Trust's governance structure including membership constituencies is set out in Wirral Community Health & Care NHS Trust Foundation Trust Constitution published at www.wchc.nhs.uk and in the NHS Foundation Trust directory.

The Trust has two constituencies;

- Staff constituency and,
- Public constituency

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

constituencies include;

- Wallasey
- Birkenhead
- Wirral West
- Wirral South & Neston
- The Rest of England *(acknowledging that the Trust provides services beyond its Wirral constituency boundaries, most notably in Cheshire East and recently St Helens and Knowsley)*

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

At the end of 2021-22, the Trust had 7,728 members split as follows across the two constituencies;

- 6,011 public members
- 1,717 staff members

An analysis of the Trust's membership population demonstrates that it is broadly representative of the communities we serve.

During 2021-22, the 'Your Voice' group continued to meet with the expanded membership that included governors and more members. The Your Voice Group met bi-monthly and provided a voice to help drive and improve the experiences of people and their families who access Trust services. Members shared an understanding of common issues affecting local people in relation to services provided by the Trust.

The Your Voice Group reflects the communities the Trust serves. It is made up of:

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

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

- To improve the experience of patients and service users receiving care from the Trust
- To share patient, service user and public feedback intelligence with the group including compliments, concerns and learning from complaints and the Trust's position in relation to the national Friends and Family (FFT) score
- To co-design service information and service changes
- To contribute and share views on service redesign and key projects

During 2021-22 the members of the Your Voice group supported the Trust with the development and review of key patient information leaflets including the Specialist Palliative Care Team and Community Nursing, contributed to improvements in Accessible Information Standards and supported a wider recruitment campaign for new Your Voice members.

The Council of Governors

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

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

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

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

The Council of Governors has not exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006 during 2021-22.

In October 2021 the Trust held governor elections following the end of terms of office and vacant seats of 5 public governors and 1 staff governor. The elections were run independently by UK Engage and in accordance with the Model Election Rules as included in the FT Constitution.

Constituency and class	Number of seats
Public - Birkenhead	2
Public - Wirral South & Neston	1
Public - Wallasey	2
Staff	1

The election results were as follows;

Constituency	Candidates	Opposed or Unopposed	Elected?
Public Governors			
* Birkenhead	Geoff Dormand	Unopposed	Yes
** South Wirral & Neston	Frieda Rimmer	Opposed	Yes
*** Wallasey	x 2 vacant seats		
Staff Governors			
**** Trust Staff	Lauren Francom	Unopposed	Yes

**For Birkenhead Constituency Geoff Dormand was unopposed and therefore duly elected.*

***For Wirral South & Neston the number of eligible voters was 1,154. The votes cast were 75. The vote was for one candidate. The turnout was 6.5% and of the total number 75 valid votes counted, Frieda Rimmer had the highest number (37) and was duly elected.*

****For Wallasey Constituency no nominations were received.*

*****For staff governor Lauren Francom was unopposed and therefore duly elected.*

The composition of the Council of Governors

The Council of Governors comprises 17 governors;

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

The following table provides the detail of the public and staff governors during 2021-22.

Name	Constituency/ Organisation	Term of Office (End Date)	2021 Election
Public Elected Governors			
Vacant Seat	*Wallasey*		
Vacant Seat	*Wallasey*		
Geoff Dormand	Birkenhead	3 years (2024)	Newly elected
Fahim Syed	Birkenhead	3 years (2022)	
Vacant Seat	*Birkenhead*		
Ronnie Morris	Wirral West	3 years (2022)	
Lynn Collins	Wirral West	3 years (2023)	
Veronica Cuthbert	Wirral South and Neston	3 years (2022)	
Frieda Rimmer	Wirral South and Neston	3 years (2024)	Newly elected
Vacant Seat	*Wirral South and Neston*		
Jan Gidman	Rest of England	3 years (2022)	
Staff Elected Governors			
George Taylor	Staff Governor	3 years (2022)	
Jan Hegarty	Staff Governor	3 years (2023)	
Lauren Francom	Staff Governor	3 years (2024)	Newly elected
Appointed Governors			
Eve Collins	Appointed Governor, University of Chester		
Karen Prior	Appointed Governor, HealthWatch Wirral		
Julie Webster	Appointed Governor, Wirral Borough Council		
Vacancy	Appointed Governor		
Vacancy	Appointed Governor		
Vacancy	Appointed Governor		

Council of Governors Meetings

During 2021-22, the Council of Governors met formally on 3 occasions.

- 14 June 2021
- 30 September 2021
- 18 January 2022 (virtual)

Three informal development days were also held as follows;

- 26 July 2021
- 16 November 2021
- 15 March 2021

The Trust's Annual Members Meeting took place on 10 November 2021.

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

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

*Term of office ended November 2021.
**Newly elected November 2021.

Council of Governors' Register of Interests

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

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

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

Council of Governors Subgroups

The Council of Governors has established a Remuneration & Nomination sub-group that meets to discuss the formal aspects of the Non-Executive Directors role including remuneration, terms of office and annual performance evaluation. The membership of the group and the meetings held during 2021-21 are described above in the Remuneration Report.

During 2021-22 the Council of Governors also established an External Audit sub-group to lead the appointment of new external auditors for the Trust. This work continues with a contract award expected in early 2022-23.

The governor Quality Forum was established pre-pandemic and whilst during the response to COVID-19 the Chair of the Quality & Safety Committee kept in touch with the Chair of the Forum, formal meetings have not yet been re-established. This will be addressed in 2022-23.

Training and development for governors

All governors are invited to attend development days during the year, to provide an opportunity to reflect on achievements and look ahead to future priorities and revisit the key duties of the governor role.

Following the public and staff elections new governors are invited to an induction session prior to attending their first formal Council of Governors meeting.

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

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

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

The following table summarises Board of Directors attendance at formal Council of Governors' meetings during 2021-22. Many of the Directors also attend development days to provide updates and discuss important topics with governors.

		Possible Meetings	Meetings Attended
Michael Brown	Chairman	3	3
Karen Howell	CEO	3	2
Briann Simmons	NED	3	2
Beverley Jordan	NED	3	3
Chris Bentley	NED	3	3
Gerald Meehan	NED	3	2
Anthony Bennett	Chief Strategy Officer	3	3
Mark Greatrex	Chief Finance Officer/Interim CEO	3	3
*Val McGee	Chief Operating Officer	3	3
*Jo Chwalko	Chief Operating Officer	3	3
Jo Shepherd	Director of HR & OD	2	2
**Barbara Bridle-Jones	Acting Director of HR & OD	1	1
Dr Nick Cross	Medical Director	3	3
Alison Hughes	Director of Corporate Affairs	3	3
Paula Simpson	Chief Nurse	3	3

*Job share
**Acting Director of HR & OD from January 2022

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

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

The Board of Directors and Council of Governors continue to develop a clear policy detailing how disagreements between the two bodies will be resolved, aligned to the scheme of reservation and delegation of powers and the Code of Conduct for both bodies.

The Board of Directors

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

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

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

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

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

In 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. This is described in more detail in the Annual Governance Statement.

The Board of Directors met in formal session on 6 occasions during 2021-22.

According to the standing orders of the Trust, the chairman may call a meeting of the board at any time and one-third or more members of the board may request a meeting in writing to the chairman. This provision was not enacted during 2021-22.

The Terms of Reference of the committees of the Board state that meetings will be quorate if two Non- Executive Directors and one Executive Director are present.

In the absence of a Non-Executive Director member of the committee another Non-Executive Director shall be nominated to formally attend and therefore count towards quoracy. Any Non-Executive Director formally attending shall enjoy the same rights and privileges as standing Non-Executive members including the right to propose resolutions. Their attendance is formally recorded in the minutes.

Explanatory notes:

The table below shows the attendance record for each board member compared to the maximum number of meetings during 2021-22 as per the requirement in the Terms of Reference to attend three quarters of available meetings.

The Quality & Safety, Finance & Performance and the Education & Workforce Committee meet on a bi-monthly schedule.

April 2021 - March 2022	Board	Rem Com	Audit	Quality & Safety	Finance & Performance	Education & Workforce
Number of Meetings	**6**	**2**	**4**	**6**	**6**	**6**
Chair/Non-Executive						
Michael Brown (Chairman)	**5**	**1**	**1**	**NA***	**NA***	**NA***
Chris Bentley	**6**	**2**	**2**	**5**	**6**	**6**
Gerald Meehan	**6**	**2**	**3**	**5**	**6**	**6**
Brian Simmons	**6**	**2**	**4**	**6**	**4**	**4**
Beverley Jordan	**6**	**2**	**4**	**6**	**6**	**5**
Executive Directors & Directors						
Karen Howell	**5**					
Paula Simpson	**6**			**6**	**5**	**6**
Alison Hughes	**5**		**3**	**5**	**6**	**6**
Mark Greatrex	**6**		**3**	**6**	**5**	
*Jo Shepherd	**1**			**1**		**3**
*Barbara Bridle-Jones	**1**			**1**		**1**
*Tracy Hill	**1**			**1**		**1**
**Val McGee	**6**			**4**	**4**	**3**
**Jo Chwalko	**6**			**2**	**2**	**3**
Anthony Bennett	**6**				**6**	
Dr Nick Cross	**6**			**5**		**6**

*Jo Shepherd, Director of HR & OD was absent from the Trust from Oct 2021. Barbara Bridle-Jones was therefore Acting Director of HR & OD - October 2021-December 2021
*Tracy Hill - Interim Director of HR & OD - January 2022-March 2022
**Val McGee - Job share - Chief Operating Officer
**Jo Chwalko - Job share - Chief Operating Officer
NA* Michael Brown is not a Committee member

The Board is of sufficient size and the balance of skills and experience is appropriate for the requirements of the business and the future direction of the Trust; arrangements are in place to ensure appropriate review of the Board's balance, completeness and appropriateness to the requirements of the Trust.

The names and voting status of members of the Board are described in the Directors Report. All Executive and Non-Executive Directors undergo annual performance evaluation and appraisal with the Chief Executive and Chairman respectively. The Chairman also meets with all voting members of the Board to discuss their progress, contribution and objectives.

In 2021-22 the Trust commissioned an externally facilitated well-led developmental review led by Mersey Internal Audit Agency. The review aimed to contribute to the continuous improvement of Trust governance arrangements, supporting continuous improvement by identifying areas for development.

The methodology for the review is aligned to the NHS Improvement well led framework and includes:

- **Desk top document reviews** in relation to the Key Lines Of Enquiry (KLOE), with a focus on how well the key documents provide evidence for the KLOE
- **Interviews** to gain views and opinions of the Board's effectiveness from members of the
- Board, senior leaders and representatives of the Council of Governors
- **External partner organisations** contribution through non-attributable interviews
- **Focus groups** with key staff to gain a broader perspective on the Board's effectiveness and the governance arrangements in place
- **Observation of key meetings** to gather information on the effectiveness of the challenge and debate, and interactions between Executive and Non-Executive Directors

The review commenced in October 2021 but was paused in December 2021 following the national Level 4 incident. Whilst this has delayed the conclusion of the work, it was agreed by the Board of Directors in March 2022 that work would resume; the report from the review is expected during Q1, 2022-23.

Committees of the Board

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

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

During 2021-22 and through the return to extant governance arrangements, the Trust established the Integrated Performance Board which monitors 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 table below provides detail on committee chairs and members as per the Terms of Reference:

Committees of the Board - Chairs and members

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

NHS System Oversight Framework

The NHS System Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. The framework looks at five national themes:

- Quality of care, access and outcomes
- Preventing ill health and reducing inequalities
- Finance and use of resources
- People
- Leadership and capability

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

Segmentation

The latest available information for the Trust confirms a segment 2 rating as at 31 March 2022.

Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHS Improvement website.

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

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

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

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- see whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Foundations Trust's performance, business model and strategy and prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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

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

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

Karen Howell OBE
Chief Executive

23 January 2023

Annual Governance Statement 2021-22

Name of Organisation: Wirral Community Health & Care NHS Foundation Trust

Organisation Code: RY7

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively.

I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

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

The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Wirral Community Health & Care NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Wirral Community Health & Care NHS Foundation Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

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

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

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

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

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

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.

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.

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.

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

Risk management training is a key part of the organisation's corporate and local induction and regular informal guidance is provided to managers and staff at all levels of the Trust by the Risk Manager on risk identification, management and learning from good practice.

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

The risk and control framework

The COVID-19 pandemic has had a significant impact on the risk landscape for NHS organisations, and provided a difficult challenge for organisations to balance managing pre-existing strategic risks and new risks emerging or changing as a result of the pandemic.

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

The policy, updated 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.

During 2021-22 the need for robust systems and processes to support continuous programmes of risk management has remained essential, enabling staff to integrate risk management into their activities and support informed decision-making through an understanding of risks, their likely impact and their mitigation.

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

In addition to the revisions to the Risk Policy the Trust has continued to support and encourage staff at all levels to identify, report and manage risks. The use of Datix to record risks at service, divisional and organisational level has continued, providing clear oversight of the organisational risk register.

A monthly health risk score assessing the management of risks against five key criteria, has 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?

During 2021-22 the average monthly risk health score for all organisational risks recorded on Datix, assessed as above, was 98%.

The Team Leader checklist remained in place to ensure discussion on risks and the management of risks included on the agenda for all team meetings.

The live risk module in the Trust Information Gateway (TIG) enabling scrutiny of risks by risk score, age of reporting and type continued to be utilised through the governance structure including the Integrated Performance Board (established following emergency governance arrangements) and all sub-committees of the Board to provide a full overview of all organisational risks and themes.

Throughout 2021-22, the sub-committees of the Board also considered the potential impact of high-level organisational risks on the strategic risks managed through the Board Assurance Framework.

The Board of Directors received reports from the Chairs of the sub-committees on their areas of focus including any high-level risks for escalation.

Incident reporting is actively encouraged across the organisation with a specific focus on safety, openness and learning and is monitored through the quality governance framework. During 2021-22, this included weekly Clinical Risk Management Group, monthly Standards Assurance Framework for Excellence (SAFE) Assurance Group and the bi-monthly Quality & Safety Committee meetings to identify any areas of focus and developing trends. All Divisions have access to Datix for electronic visibility of incidents to give real time information regarding incident numbers, levels of harm and emerging trends to support continuous learning.

Any risks identified from serious incidents that impact upon public stakeholders are managed by involving the relevant parties and ensuring they are satisfied that all lessons have been learned.

The opportunity for staff to raise concerns through Freedom To Speak Up (FTSU) processes remained in place during 2021-22.

The Trust has a Board Assurance Framework (BAF) in place which the Board of Directors receives at every meeting; the BAF records the principal risks that could impact on the Trust achieving its strategic objectives and provides a framework for reporting key information to the Board of Directors.

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

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).

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

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

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

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

Of the 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.

The structure of the Board Assurance Framework (BAF) was outcome focused providing clarity on the actions to be taken and the outcomes to be achieved to mitigate the risks.

Risk ID	Structure	Process	Current Target Outcomes	Externa/Independent Assurance
	What systems are in place? *(i.e. assurance meetings, action plans, roles etc.)*	How are these systems tested? *(i.e. tracking systems, minutes from meetings etc.)*	How will we know? *(i.e. action plans completed, risk analysis etc.)*	What assurance or validation from outside of the organisation is there? *(i.e. audit opinions, NHSI SOF ratings etc.)*

The BAF was highly visible throughout the financial year providing a focus for sub-committee and Board discussions to ensure a safe and effective response to COVID-19, clarity on priority areas for recovery and staff wellbeing and workforce levels.

Each of the committees of the Board had the BAF as a standing agenda item on their bi-monthly agendas, and this work was focused on monitoring the following;

- Risk mitigations (based on processes and structures in place across the Trust)
- Outcomes and trajectories to determine risk reduction
- Target risk ratings
- Gaps in mitigations
- Cumulative impact of organisational risks as reported through Risk Reports
- Any new or emerging strategic risks to escalate to the Board of Directors

The Audit Committee also considered the BAF at each of its meetings in April, September, December 2021 and April 2022.

The on-going assessment of in-year and future risks was essential during 2021-22 with the changing demands on services and subsequent Level 4 incident declared.

Major risk themes related to;

- Delivery of safe services and inclusive restoration of services
- Regulatory, statutory and professional compliance
- Equity of access, experience and outcomes
- Impact of funding regimes
- Maintaining effective cyber defences
- Establishing the right partnerships to support the development of the ICS and ICP
- Ensuring optimum workforce levels
- Promoting and supporting staff wellbeing
- The workforce not being representative of its communities and people are not able to thrive as employees of our Trust

Following a recommendation by the Education & Workforce Committee, the Board of Directors reviewed the strategic workforce risks in February 2022 and approved changes based on the changing environment and increasing workforce pressures right across the NHS. This is described in detail in the papers to the Board of Directors in December 2021 and February 2022 and included the suspension of one risk and a revised risk description of one risk.
Furthermore, in-year, a risk associated with place-based partnership governance arrangements was suspended due to the delays in legislation and in order to accurately determine the scope

of the risk for the Trust. This was recorded in the paper to the Board of Directors in October 2021. Whilst this risk was suspended for detailed scrutiny in-year, the Trust has remained integral to the developments of wider partnership working and engagement as part of the Cheshire & Merseyside Health and Care Partnership and at the Wirral Place level. This has involved both Executive and Non-Executive Directors with representation on working groups, forums and collaboratives at regional and Place level. This was reflected in the oversight of strategic risk ID04 ensuring that the Trust has built the right partnerships for future collaborative working.

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 ***"it was structured according to the NHS requirements"***, **"*it was clearly visible and used by the organisation"*** and it was noted that **"*the BAF clearly reflected the risks discussed by the Board"*** and risks were reviewed and changed in year to reflect the position and support the effective management of risks.

The strategic risks noted against each strategic theme in the table below, detail the risks recorded in the BAF during 2021-22. Full details on the year-end position can be found in the Board Assurance Framework paper presented to the Board of Directors in April 2022.

Principal Risk Description	Committee oversight	Consequence	Link to Work Plan 2021-22	Current risk rating (LxC)	Target risk rating (LxC)	Risk Appetite
ID01 Failure to restore and evolve community services safely and responsively to reflect the needs of the population as we move out of the pandemic and understand its impact better	Quality & Safety Committee	• Poor experience of care resulting in deterioration and poor health and care outcomes	Safe Care & Support every time	3 x 3 (9)	1 x 3 (3)	Averse
ID02 Inability to restore NHS services inclusively with the aim of protecting the most vulnerable people in our communities	Quality & Safety Committee	• Inequity of access and experience and outcomes for all groups in our community resulting in exacerbation of health inequalities	Engaged Populations Safe Care & Support every time	3 x 4 (12)	2 x 4 (8)	Averse
ID03 Non-compliance with statutory, regulatory and professional standards	Quality & Safety Committee	• Harm to people • Reputational damage and lack of public confidence	Engaged Populations Effective & Innovative Safe Care & Support every time	3 x 4 (12)	1 x 4 (4)	Averse
ID04 The right partnerships are not developed and maintained to support the success of Provider Collaboratives within the place where the Trust operates i.e., Wirral and other (e.g., St Helens, Mid-Cheshire)	Finance & Performance Committee	• Poor service user access, experience and outcomes • Non-compliance with Duty to Collaborate • Negative reputational impact across ICPs and in wider ICS	Align the Trust's structure with current national policy	2 x 2 (4)	1 x 2 (2)	Cautious

Principal Risk Description	Committee oversight	Consequence	Link to Work Plan 2021-22	Current risk rating (LxC)	Target risk rating (LxC)	Risk Appetite
		• Poor contract performance - financial implications (Trust and system)				
ID05 Future system funding regime negatively impacts on system and Trust financial position and sustainability	Finance & Performance Committee	• Financial sustainability impact • Negative reputational impact	Align the Trust's structure with current national policy	3 x 3 (9)	2 x 3 (6)	Cautious
ID06 IM&T infrastructure fails to maintain effective cyber defences affecting Trust security and reputation	Finance & Performance Committee	• Cyber attack • Negative reputational impact • IG breaches - loss of data • Regulatory action • Financial	Ensure core infrastructure is performant, resilient and complies with relevant cyber standards	3 x 3 (9)	1 x 3 (3)	Averse
ID07 Our people's health, wellbeing and morale are significantly affected by the long-term impact of the pandemic.	Education & Workforce Committee	• Increase in sickness absence levels, lack of availability of staff, reduced staff engagement • reputation impact leading to poor health and care outcomes • Poor staff survey results	Wellbeing & Recovery	3 x 4 (12)	2 x 4 (8)	Cautious
Risk suspended following EWC on 2.2.22 and a review of strategic workforce risks. Focus of ID08 identified as a gap to ID10. ID08 Lack of collaboration across the ICP *(health & social care providers)* to implement an effective and complimentary workforce plan resulting in modern, agile,	Education & Workforce Committee	• Increase in sickness absence levels, lack of availability of staff, reduced staff engagement, reputation impact leading to poor health and care outcomes • Poor staff survey results	Transformation of the organisation	3 x 4 (12)	1 x 4 (4)	Cautious

Principal Risk Description	Committee oversight	Consequence	Link to Work Plan 2021-22	Current risk rating (LxC)	Target risk rating (LxC)	Risk Appetite
integrated working practices not being established		• Poor staff retention • Inability to attract new workforce				
ID09 The Trust's Inclusion intentions are not delivered; the workforce is not representative of its communities and people are not able to thrive as employees of our Trust	Education & Workforce Committee	• Poor outcomes for the people working in the Trust • Poor working environment for staff • Failure to meet the requirements of the Equality Act 2010	Culture	3 x 3 (9)	1 x 3 (3)	Averse
ID10 The optimum workforce level is not achieved resulting in gaps in service provision	Education & Workforce Committee	• Poor staff retention • Inability to attract and recruit appropriately skilled staff • Low staff morale	Develop Capability and Talent	4 x 3 (12)-	2 x 3 (6)	Averse
Risk suspended as Place-Based Partnership governance arrangements are confirmed to determine the specific scope of the risk for the Trust. ID11 The Trust's corporate governance does not remain effective in providing a framework for the Trust's business, within the developing governance framework of the system	Board of Directors	• Poor quality or slow decisions are made • Poor reputation and losing appropriate influence in the system	All	(2x4) 8		Open

Quality Governance

The Board of Directors recognises that quality and safety are an integral part of its business strategy and to be most effective, quality should be the driving force of the organisation's culture.

The Quality & Safety Committee has responsibility for ensuring the effective implementation and monitoring of robust quality governance arrangements across the organisation. The committee met on a bi-monthly basis during 2021-22. The committee has a Non-Executive Chairman, and the Chief Nurse is the Executive Lead.

During 2021-22 the role of the SAFE Assurance Group (formerly SAFE steering group) within the governance structure remained crucial in monitoring compliance and delivery against regulatory, statutory and professional standards. The Standards Assurance Framework for Excellence (SAFE) was utilised across all services.

The Trust fully supports the duty of openness, transparency and candour (Francis Report 2013) and has adopted 10 principles underpinning 'Being Open' as supported by the National Patient Safety Agency (NPSA). A Speaking Up Policy (GP51), is in place and the Board of Directors is committed to the policy as part of its approach to openness and honesty. The policy identifies a Freedom to Speak-Up Guardian supported by a team of Freedom to Speak-Up Champions.

The Trust is registered with the Care Quality Commission and systems exist to ensure compliance with the registration requirements; the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. The Board of Directors is responsible for ensuring compliance with these regulations at all times and the work of the SAFE Assurance Group reporting to the newly established Integrated Performance Board and to the Quality & Safety Committee, monitors compliance against the standards highlighting any risks of non-compliance.

The Trust was inspected by the CQC in 2018. In March 2020 the CQC issued the Routine Provider Information Request (RPIR) to the Trust, but this process was unfortunately stopped due to the COVID-19 pandemic. The Trust has maintained regular engagement with the CQC inspection team during 2021-22 providing evidence and assurance on the delivery of safe and effective services. This included a change to the Trust's statement of purpose to reflect the Trust delivering the 0-19 Healthy Child Programme in St Helens from 1 September 2021 and the Knowsley 0-25 Health Child Programme from 1 February 2022.

Wirral Community Health & Care NHS Foundation Trust is compliant with the registration requirements of the Care Quality Commission and continues to work closely with the CQC to ensure on-going compliance and to provide any requested assurances through regular engagement meetings.

The Trust is producing a full Quality Account as required which includes further information on quality governance systems, processes and performance during 2021-22.

The Board of Directors has assessed compliance with the NHS Foundation Trust Condition 4 (FT governance) and believes that effective systems and processes are in place to maintain and monitor the following conditions;

- The effectiveness of governance structures
- The responsibilities of Directors and sub-committees
- Reporting lines and accountabilities between the Board, its sub-committees and the executive team and the local command structure

- The submission of timely and accurate information to assess risks to compliance with Wirral Community's provider licence
- The degree and rigour of oversight the Board has over the Trust's performance

These conditions are detailed within the Corporate Governance Statement, the validity of which is assured via the Board of Directors through a process of self-certification, review of evidence and identification of any risks.

This review also considers the on-going delivery of services within the requirements of the NHS Provider Licence and the System Oversight Framework and the UK Corporate Governance Code, notwithstanding the impact of on-going COVID-19 response. The Trust responded as required to all national guidance issued for community services during 2021-22 and worked across the health and care system to ensure effective collaboration and partnership working to meet required targets and standards.

The Trust's strategic workforce plan for 2021-22 set out the key people priorities according to four themes - Wellbeing & Recovery, Culture, Developing Capability and Talent and Transformation of the Organisation.

The workforce plan in particular identifies how the Trust complies with the 21 recommendations in NHSI's Developing Workforce Safeguards, which also reference the National Quality Board expectations and the CQC's fundamental standards.

The Trust has introduced the nationally recognised six step workforce planning process, which identifies existing and future demand based on a wide range of professional knowledge and data and how any gaps can be filled. It takes account of nationally recognised tools and strategies and is developed with input from all divisions and professional groups through the Strategic Workforce Development Group, to ensure that services have the right staff with the right skills at the right time. The 5-year workforce plan was approved by the Education & Workforce Committee in February 2020.

Integrated performance data including quality, workforce, operational and finance is scrutinised through the governance structure at all levels of the organisation. This governance structure was reviewed following the return to extant arrangements and provided an opportunity to strengthen governance at local and trust-wide level with the introduction of the local SAFE meetings to monitor quality performance, local Operational Performance Groups (OPG) to monitor contractual, financial and workforce performance and ultimately reporting to the trust-wide Integrated Performance Board chaired by the Chief Executive.

Risks related to safe staffing are monitored at the SAFE Assurance Group, the Integrated Performance Board (by exception) and the Education & Workforce Committee. All divisions complete matrices each month where they review set criteria - incidents /complaints, service delivery trends, staff absence levels, additional staffing requirements and assessment of staff skills and competence. This is reviewed quarterly by Service Directors and is stored in the SAFE system.

All service developments involving skill mix or workforce changes require a Quality and Equality Impact Assessment which is reviewed at divisional level and a board level panel including the Medical Director, Chief Nurse and HR & OD before approval is given.

Where available, staffing levels reflect national recommendations and all service reviews include detailed assessments of staffing establishments based on available modelling tools and a range of considerations such as demand profiling, recruitment data, turnover, staff feedback and education and training requirements. During 2021-22 the Trust continued the implementation of the E-Roster system to deliver safer care at the highest standards, whilst balancing the demands

of cost and productivity improvements. An internal audit review of Safe Staffing systems and processes completed in Q4, 2021-22 provided Limited Assurance with a robust action plan in place which is being monitored through the Education & Workforce Committee.

In 2021-22 the Trust commissioned an externally facilitated well-led developmental review led by Mersey Internal Audit Agency. The review aimed to contribute to the continuous improvement of Trust governance arrangements, supporting continuous improvement by identifying areas for development.

The methodology for the review is aligned to the NHS Improvement well led framework and includes:

- **Desk top document reviews** in relation to the KLOEs, with a focus on how well the key documents provide evidence for the KLOE

- **Interviews** to gain views and opinions of the Board's effectiveness from members of the Board, senior leaders and representatives of the Council of Governors

- **External partner organisations** contribution through non-attributable interviews

- **Focus groups** with key staff to gain a broader perspective on the Board's effectiveness and the governance arrangements in place

- **Observation of key meetings** to gather information on the effectiveness of the challenge and debate, and interactions between Executive and Non-Executive Directors

The review commenced in October 2021 but was paused in December 2021 following the national Level 4 incident. Whilst this has delayed the conclusion of the work, it was agreed by the Board of Directors in March 2022 that work would resume; the report from the review is expected during Q1, 2022-23.

The Foundation Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS guidance.

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

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

The Foundation Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

The Trust continued to operate under an emergency financial regime for the financial year 2021-22. Following on from the previous year the Trust again set an emergency COVID budget in line with national guidance that initially set the regime for the first 6 months of the financial year (known as H1) and then latterly for the remaining 6 months (known as H2). Financial governance arrangements remained for the capture of COVID-19 related expenditure in line with the previous year's substantially assured processes.

Financial arrangements for H1 and H2 included:

- System funding envelopes allocated to trusts on a block basis using a default trust plan
- Additional system and Covid top ups to support financial positions and Covid expenditure on the assurance that trusts would break even.
- Signed contracts between commissioners and providers were not required.
- An efficiency requirement (CIP target)
- Capital resource limits reintroduced

To deliver the arrangements for 2021-22 the Trust set robust budgets signed off in line with the SFIs of the organisation. These budgets included an efficiency CIP of over 2% that was tracked monthly to ensure delivery. Covid spend continued to be tracked and reported to both the ICS and NHSI/E via the monthly provider financial returns (PFRs). Finance & Performance Committee met to receive assurance on the ongoing financial position. Despite no requirement for signed contracts, draft financial schedules were agreed with the Trust's main commissioner - Wirral CCG.

Whilst the Trust remained accountable to NHSI/E in the governance structure the formation of shadow Integrated Care System teams added an additional layer of scrutiny and assurance for the system. The Trust reported in H2 to the Cheshire and Merseyside ICS who monitored the delivery of the financial arrangements as a system.

Further assurance of the effective use of resources was received via the internal audit plan for 2021-22. A review of "Key Financial Controls" as part of the plan was undertaken and substantial assurance was given highlighting that the Trust had good systems in place and that they were operating effectively across the general ledger, budgetary control, accounts payable / receivables and treasury management processes.

Information governance

The Trust evidences its adherence to the National Data Guardian's 10 data security standards via the Data Security and Protection Toolkit. The formal submission of the toolkit has been delayed to June 2022 by NHS Digital and internal audit completed a readiness review in February 2021 with subsequent follow up in May 2022.

The Trust's Information Governance and Data Security Assurance Framework is underpinned by robust policies and procedures.

The Information Governance Policy was updated in October 2021 and establishes the Trust's information governance framework, setting out the high-level information governance principles required to ensure compliance with legislation, effective management and protection of organisational and personal information, and responsibilities for all staff.

The five strands of the policy are:

- Transparency
- Legal and Regulatory Compliance

- Information and Cyber Security
- Information Quality Assurance and Management
- National Data Security Standards

The policy outlines how the Trust and staff will meet each strand to ensure high standards of Information Governance practice.

All staff sign up to the Confidentiality Code of Conduct on commencement with the Trust and complete Data Security Awareness e-learning annually. The Trust met the 2021-22 mandatory 95% DSA training compliance requirement included in Assertion 3 of the Toolkit. Bespoke training packages are developed in areas where knowledge gaps are identified.

The Information Governance and Data Security Group meets monthly and supports the information governance agenda, ensuring effective management of information risk and providing the Quality & Safety Committee and the Finance & Performance Committee as required, with assurance that best practice mechanisms in line with national standards and local contract requirements are in place for information governance and data security. Membership of the group includes the Senior Information Risk Owner (SIRO), Caldicott Guardian, Chief Nursing Information Officer (CNIO), Chief Information Officer (CIO) Information Asset Owners (IAOs) and the Data Protection Officer (DPO).

The Trust proactively reacts to cyber notifications from NHS Digital's CAREcert service, ensuring patching is completed and reported within necessary timeframes. The Trust is in the process of working towards Cyber Essentials+.

The Trust has appointed IAOs for specific information assets. IAOs ensure that information is handled and managed appropriately. They have a responsibility for managing their assets and any identified risks associated to their asset on the Trust's Information Asset Register. Data flows in and out are captured on the Information Asset Register. IAOs report to the SIRO, who in turn reports to the Chief Executive Officer.

All IG risks are reported on the Datix system ensuring prompt review and response. The organisation uses reported incidents to support learning and further develop the Information Governance and Data Security strategy.

Data Protection Impact Assessment (DPIA) documentation is available to all staff and completion is required when processing is likely to result in a high risk to individuals or for new projects that require the processing of personal data. This is supported by the Data Protection Impact Assessment (DPIA) Policy.

The Trust conducts user, system and confidentiality audits to ensure access levels are proportionate, access is authorised and legal and to establish both the physical and electronic security of personal data.

The Trust is registered as a Data Controller with the ICO, registration number - **Z2567487**.
In 2021-22, the Trust notified the Information Commissioner's Officer of 2 incidents.
This incident was initially reported on Datix, the Trust's reporting system.

All information governance incidents reported on Datix are reviewed by the IG team and reported to the ICO/DHSC via the Data Security and Protection Tool when deemed likely to have a severe negative impact on individual (s). The tool scoring system determines the severity of the risks to the rights and freedoms of the individuals affected by the breach and whether to report further to the ICO.

The ICO was satisfied with the internal investigations and both cases were closed with no further action.

The following action and learning was taken by the Trust;

- Data subject notified of data breach
- Communication message reiterating that use of paper diaries is not prohibited and digital solutions available shared both directly with accountable service and organisationally through an IG Awareness campaign

Data quality and governance

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare quality accounts for each financial year. NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual quality reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

The Annual Reporting Manual (ARM) from NHSE/I published in February 2022 removed the requirement for NHS Foundation Trusts to produce a Quality Report and only requires the production of a quality account (by 30 June 2022) and without it needing to be included in the Annual Report or be subject to local auditor assurance.

The Trust is developing a Quality Account in accordance with the latest published guidance which will present a balanced view of quality performance during 2021-22.

The Chief Nurse provides executive leadership to the quality and safety agenda.

The Quality Account is not required to be reviewed by external auditors Ernst & Young.

Elective waiting time data does not apply to the Trust.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the sub-committees of the Board. I also acknowledge any plans to address weaknesses and ensure continuous improvement of the system is in place.

In accordance with Public Sector Internal Audit Standards, the Director of Internal Audit has provided an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e., the organisation's system of internal control) during 2021-22. This is achieved through a risk-based plan of work, developed with the Executive Leadership Team and approved by the Audit Committee.

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

The basis for forming the opinion during 2021-22 was as follows;

- An assessment of the design and operation of the underpinning Assurance Framework and supporting processes
- An assessment of the range of individual assurances arising from our risk-based internal audit assignments that have been reported throughout the period. This assessment has taken account of the relative materiality of systems reviewed and management's progress in respect of addressing control weaknesses identified
- An assessment of the organisation's response to Internal Audit recommendations, and the extent to which they have been implemented

The opinion is provided in the context that, the Trust like other organisations across the NHS, has continued to face unprecedented challenges due to COVID-19.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Assurance Framework.

The review coverage of the internal audit plan for 2021-22 was focused on;

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

Review Title	**Assurance Level**
Key Financial Controls	Substantial
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 (phI and phII)	Not applicable for assurance opinion

The overall opinion for 2021-22 provides **Substantial Assurance**.

It confirms that *"there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently".*
In relation to all audit reviews, the Trust provided a managerial response with action plans in place to deliver on the recommendations made. The Audit Committee 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.

The Trust has a robust programme of clinical audit in place and during 2021-22, 34 clinical and professional audits were completed including patient safety audits such as pressure ulcer management, prevention and management of falls and Trust wide audits – record keeping and quality of supervision.

All progress against clinical and professional audits is tracked on the Trust's SAFE system ensuring there is visibility and an active repository of evidence accessible to all staff. Health and care audits are a way to support services and identify what's going well, to celebrate best practice and highlight opportunities for improvements. Clinical and professional audit is embedded into the Trust's governance structure to ensure that results are shared.

The key quality outcomes from the audits will be reported in the annual Quality Account.

The Council of Governors plays an important part in the governance structure within Wirral Community Health & Care NHS Foundation Trust, ensuring through their interaction with the Board of Directors the interests of members and the public is heard and at the fore when reviewing the Trust's performance and future ambitions. The Council of Governors continued to meet with the Trust during 2021-22 via virtual platforms to ensure key updates were reported and significant business transacted.

A new Lead Governor was appointed in 2021-22 who has remained in close contact with both the Chairman and the Director of Corporate Affairs. The governors have led some important business for the Trust, in accordance with their statutory duties, during 2021-22 including;

- Reappointment of two Non-Executive Directors
- Recruitment of a new Non-Executive Director/Audit Chair
- Procurement of external auditors (on-going)

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

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

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

Conclusion

As Accounting Officer, I confirm that there were no significant issues to report in 2021-22 and internal control systems are fit for purpose and being further developed to ensure sustainability.

Chief Executive **Date: 20 June 2022**

Amended at point of Annual Report & Accounts approval in January 2023.

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF WIRRAL COMMUNITY HEALTH & CARE NHS FOUNDATION TRUST

Opinion

We have audited the financial statements of Wirral Community Health & Care NHS Foundation Trust for the year ended 31 March 2022 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and the related notes 1 to 21, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards as interpreted and adapted by the 2021/22 HM Treasury's Financial Reporting Manual (the 2021/22 FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts.

In our opinion the financial statements:

- give a true and fair view of the financial position of Wirral Community Health & Care NHS Foundation Trust as at 31 March 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2021 to 2022; and
- have been properly prepared in accordance with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Foundation Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Foundation Trust's ability to continue as a going concern for a period of 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Foundation Trust's ability to continue as a going concern.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

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

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the information given in the performance report and accountability report for the financial year for which the financial statements are prepared is consistent with the financial statements; and

- the parts of the Remuneration and Staff report identified as subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2021/22.

Matters on which we are required to report by exception

The Code of Audit Practice requires us to report to you if:

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Foundation Trust, or a director or officer of the Foundation Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- We are not satisfied that the Foundation Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources;
- We have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2021/22 and is not misleading or inconsistent with other information forthcoming from the audit; or
- We have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

Responsibilities of the Accounting Officer

As explained more fully in the Statement of the chief executive's responsibilities set out on page 99 the Chief Executive is the Accounting Officer of Wirral Community Health & Care NHS Foundation Trust. The Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In preparing the financial statements, the Accounting Officer is responsible for assessing the Foundation Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council of Governors intend to cease operations, or have no realistic alternative but to do so.

As explained in the statement of the Statement of the Chief Executive responsibilities, as the Accounting Officer of the Wirral Community Health & Care NHS Foundation Trust, the Accounting Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Foundation Trust's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Foundation Trust and determined that the most significant are the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), as well as relevant employment laws of the United Kingdom. In addition, the Foundation Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.

- We understood how Wirral Community Health & Care NHS Foundation Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Foundation Trust's board minutes and through enquiry of employees to verify Foundation Trust policies. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.

- We assessed the susceptibility of the Foundation Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance (through improper recognition of revenue), inappropriate capitalisation of revenue expenditure and management override of controls to be our fraud risks.

  o Tested manually accrued receivables relating to non-NHS income to a lower testing threshold. We agreed our sample to supporting documentation to ensure the income was recognized in line with the Trust's recognition policies;
  o Tested manually accrued payables relating to non-NHS operating costs (excluding payroll and finance expenditure) to a lower testing threshold and agreed our sample back to supporting documentation;
  o Tested the completeness of expenditure by completing cut-off procedures post year end, and by testing for unrecorded liabilities at the balance sheet date; and,
  o Compared the outturn position for income and expenditure back to budgets and obtain an understanding of any material variances.
- • To address our fraud risk of inappropriate capitalisation of revenue expenditure we:
- o Tested Property, Plant & Equipment (PPE) additions using lower testing thresholds to ensure they were appropriately supported by documentary evidence and that the expenditure incurred and capitalised was capital in nature; and
- o Challenged the classification of additions under each PPE class, including their inclusion as assets under construction.
- • To address our fraud risk of management override of controls we:
- o implemented a journal entry testing strategy, assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions. This included testing specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

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

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in December 2021, as to whether the Foundation Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Foundation Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under schedule 10(1)(d) of the National Health Service Act 2006 to be satisfied that the Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Under the Code of Audit Practice, we are required to report to you if the Foundation Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Foundation Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Certificate

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have issued our Auditor's Annual Report for the year ended 31 March 2022. We have completed our work on the value for money arrangements and will report the outcome of our work in our commentary on those arrangements within the Auditor's Annual Report.

Until we have completed these procedures, we are unable to certify that we have completed the audit of the accounts in accordance with the requirements of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General.

Use of our report

This report is made solely to the Council of Governors of Wirral Community Health & Care NHS Foundation Trust in accordance with Schedule 10 of the National Health Service Act 2006 and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Hassan Rohimun
for and on behalf of Ernst & Young LLP
Manchester 17 February 2023

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF WIRRAL COMMUNITY HEALTH & CARE NHS FOUNDATION TRUST

Issue of audit opinion on the financial statements

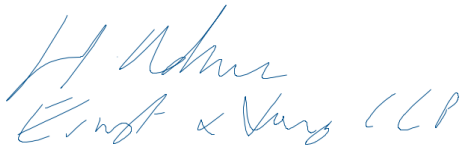
In our audit report for the year ended 31 March 2022 issued on 17 February 2023 we reported that, in our opinion, the financial statements:

- gave a true and fair view of the financial position of Wirral Community Health & Care NHS Foundation Trust as at 31 March 2022 and of its income and expenditure for the year then ended;
- had been prepared properly in accordance with the Department of Health and Social Care's Group Accounting Manual 2021 to 2022; and
- had been properly prepared in accordance with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).

Certificate

In our report dated 17 February 2023, we explained that we could not formally conclude the audit on that date until we had issued our Auditor's Annual Report for the year ended 31 March 2022. We have now completed our procedures and no matters have come to our attention that would have resulted in a different opinion on the financial statements or additional exception reporting on significant weaknesses in the Foundation Trust's value for money arrangements.

We certify that we have completed the audit of the accounts of Wirral Community Health & Care NHS Foundation Trustin accordance with the requirements of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General.



Hassan Rohimun
For and on behalf of Ernst & Young LLP
Manchester
10 March 2023

Wirral Community Health and Care NHS Foundation Trust

WIRRAL COMMUNITY HEALTH AND CARE NHS FOUNDATION TRUST

FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2022

FOREWORD TO THE ACCOUNTS

Wirral Community Health and Care NHS Foundation Trust

Accounts for the year ended 31 March 2022

The following presents the accounts for Wirral Community Health and Care NHS Foundation Trust for the year ended 31 March 2022.

These accounts have been prepared by Wirral Community Health and Care NHS Foundation Trust in accordance with the requirements set out in paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 (the 2006 Act) in the form which NHS Improvement, the independent regulator of NHS Foundation Trusts has, with approval of the Treasury, directed.

Karen Howell OBE, Chief Executive

23 January 2023

Statement of Comprehensive Income (SoCI)

	Note	2021/22 £000	2020/21 £000
Operating income from patient care activities	4	91,403	85,581
Other operating income		5,624	6,935
Total operating income		**97,027**	**92,516**
Operating expenses of continuing operations	5	(98,102)	(92,997)
Impairments net of (reversals)	8	972	(112)
Operating surplus/(deficit)		**(103)**	**(593)**
Finance costs			
Finance income		13	5
PDC dividend expense		(51)	0
Net finance costs		(38)	5
Gains/(losses) on disposal of assets		0	8
Surplus/(deficit) for the year		**(141)**	**(580)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	0	(934)
Revaluations		145	32
Remeasurement of net defined benefit pension scheme assets/(liabilities)		3,261	(2,777)
Total comprehensive income/(expense) for the period		**3,265**	**(4,259)**

The notes on pages 7 to 40 form part of these accounts.

Statement of Financial Position (SoFP)

	Note	31 March 2022 £000	31 March 2021 £000
Non-current assets			
Intangible assets	9	453	497
Property, plant and equipment	10	30,221	25,841
Receivables	13	73	74
Total non-current assets		**30,747**	**26,412**
Current assets			
Inventories	12	543	560
Receivables	13	5,846	4,929
Cash and cash equivalents	14	23,830	26,189
Total current assets		**30,219**	**31,678**
Total Assets		**60,966**	**58,090**
Current liabilities			
Trade and other payables	15	(19,306)	(19,074)
Provisions	16	(115)	(192)
Other liabilities	15	(1,359)	(655)
Total current liabilities		**(20,780)**	**(19,921)**
Total assets less current liabilities		**40,186**	**38,169**
Non-current liabilities			
Other liabilities	7.3	(11,588)	(13,762)
Total non-current liabilities		**(11,588)**	**(13,762)**
Total assets employed		**28,598**	**24,407**
Financed by taxpayers' equity			
Public dividend capital		3,150	2,224
Revaluation reserve		2,086	1,941
Income and expenditure reserve		23,362	20,242
Total taxpayers' and others' equity		**28,598**	**24,407**

The financial statements and notes on pages 3 to 40 were approved by the Audit Committee, on behalf of the Board, on 18 January 2023. They are signed on its behalf by:

Karen Howell OBE, Chief Executive

23 January 2023

Statement of Changes in Taxpayers' Equity (SoCITE)

	Total Taxpayers' Equity	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**24,407**	**2,224**	**1,941**	**20,242**
Surplus/(deficit) for the year	**(141)**	0	0	(141)
Revaluations - property, plant and equipment	**145**	0	145	0
Remeasurements of defined net benefit pension scheme liability/asset	**3,261**	0	0	3,261
Public dividend capital received	**926**	926	0	0
Taxpayers' and others' equity at 31 March 2022	**28,598**	**3,150**	**2,086**	**23,362**
Taxpayers' and others' equity at 1 April 2020	**27,140**	**698**	**2,843**	**23,599**
Surplus/(deficit) for the year	**(580)**	0	0	(580)
Net impairments	**(934)**	0	(934)	0
Revaluations - property, plant and equipment	**32**	0	32	0
Remeasurements of defined net benefit pension scheme liability/asset	**(2,777)**	0	0	(2,777)
Public dividend capital received	**1,526**	1,526	0	0
Taxpayers' and others' equity at 31 March 2021	**24,407**	**2,224**	**1,941**	**20,242**

Statement of Cash Flows (SoCF)

	Note	2021/22 £000	2020/21 £000
Cash flows from operating activities			
Operating surplus/(deficit)		(103)	(593)
Non-cash or non-operating income and expense:			
Depreciation and amortisation	5	2,381	2,405
Impairments and reversals	5	(972)	112
Income recognised in respect of capital donations (cash)		(42)	0
On SoFP pension liability - employer contributions paid less net charge to the SOCI	7.3	1,087	750
(Increase)/decrease in receivables		(1,145)	1,701
(Increase)/decrease in inventories		17	(73)
Increase/(decrease) in trade and other payables		2,304	4,492
Increase/(decrease) in other liabilities		704	543
Increase/(decrease) in provisions		(77)	170
Net cash generated from/(used in) operations		**4,154**	**9,507**
Cash flows from investing activities			
Interest received		13	5
Purchase of intangible assets		(172)	(273)
Purchase of property, plant and equipment		(7,551)	(2,682)
Proceeds from sales of property, plant and equipment		0	8
Receipt of cash donations to purchase capital assets		42	0
Net cash generated from/(used in) investing activities		**(7,668)**	**(2,942)**
Cash flows from financing activities			
Public dividend capital received		926	1,526
PDC dividend (paid)/refunded		229	(189)
Net cash generated from/(used in) financing activities		**1,155**	**1,337**
Increase/(decrease) in cash and cash equivalents		**(2,359)**	**7,902**
Cash and cash equivalents at 1 April - brought forward		**26,189**	**18,287**
Cash and cash equivalents at 31 March		**23,830**	**26,189**

Notes to the Accounts

1. Accounting policies and other information

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

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

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1.3. Going concern
These accounts have been prepared on a going concern basis, in accordance with the definition as set out in section 4 of the DHSC GAM which outlines the interpretation of IAS1 'Presentation of Financial Statements' as "the anticipated continuation of the provision of a service in the future, as evidenced by the inclusion of financial provision for that service in published documents." The Directors have a reasonable expectation that this will continue to be the case.

The Directors of the Trust have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust is a member of the Cheshire and Merseyside Health and Care Partnership (an integrated care system (ICS) with effect from 1 July 2022). The Trust continues to provide community services that are part of the ICS forward looking plans. No circumstances were identified causing the Directors to doubt the continued provision of NHS services.

In 2021/22, the Trust reported a small operating deficit of £141k and recorded an accounting surplus of £3.3m, primarily due to recognition of pension scheme remeasurements. As disclosed in note 3, when excluding the impact of net impairments, non-cash elements of the Local Government Pension Scheme costs and the net impact of centrally procured DHSC inventory, the Trust achieved an underlying trading surplus of £97k which is slightly above the forecast position agreed within the ICS.

Income from Commissioners was largely based on the simplified block payments system introduced in response to the COVID-19 pandemic, which maintained liquidity and cash flow during the year. This enabled the Trust to maintain a strong liquid cash position to support the sustainability of the Trust.

Key assumptions include:

- the overarching framework for H2
- national support provided to ICS to be allocated on a similar basis in H2

- achievement of cost improvement savings.

Prior to the pandemic, the Trust had a strong business plan in place to secure sustainability and these plans are in the process of being re-based, incorporating the new funding mechanisms so as to ensure the long-term sustainability of the Trust is maintained.

The Trust has produced its financial plans based on these assumptions which have been approved by the Trust Board. The control target for the first half of the 2021/22 year was agreed with commissioners/ICS as a breakeven position. This included a savings/operational efficiency target of £854k for the first half of 2021/22. The level of savings was higher in H2, with an overall savings programme of £2.345m for the whole of the 2021/22 financial year. This compares to efficiency targets of a similar value in the years pre-COVID. The Trust has a proven track record of consistently meeting the performance and control totals set by the regulator and over the last 5 years has delivered surpluses to support the sustainability of the Trust. Therefore, the Trust is reasonably assured of the achievability future targets.

Our going concern assessment is made up to 30 September 2023. This includes an assessment of the first half of the 2023/24 financial year. NHS operating and financial guidance is not yet issued for that year, and so the Trust has assumed that;

- service requirements will remain broadly unchanged over the period
- the Trust expenditure to meet these requirements will remain stable
- the income received from commissioners and the ICS will match the block funding received in 2022/23
- savings will be on similar levels
- capital development plans and capital expenditure cash requirements will progress in line with the current timetable.

The Trust has maintained strong liquidity throughout 2021/22. At the end of March 2022, the available cash in the Trust's bank exceeded £23m. Taking into account the capital plans of the Trust, cash levels will remain robust to support the needs of the Trust. The Trust has prepared a cash forecast modelled on the above expectations for funding during the going concern period to 30 September 2023. The cash forecast shows sufficient liquidity for the Trust to continue to operate during that period.

Interim support can be accessed if it were required, but there is currently no such identified requirement.

These factors, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts.

1.4. Critical accounting judgments and key sources of estimation uncertainty

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

1.5. Critical judgments in applying accounting policies

In the process of applying the Trust's accounting policies, management has not been required to make any judgements, apart from those involving estimations, which have had a significant effect on the amounts recognised in the financial statements.

1.6. Key sources of estimation uncertainty

The outbreak of the Novel Coronavirus (COVID-19), declared by the World Health Organisation as a global pandemic on 11 March 2020, impacted global financial markets with travel, movement and operational restrictions implemented by many countries. Market activity has been affected in many sectors. While this reduced in recent months, the volatility has increased again with the situation in Ukraine and this may have consequences for asset values.

Under these conditions, the following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in estimation uncertainty in the carrying amounts of assets and liabilities within the next financial year:

- Valuation and impairment of non-financial assets – the Trust assesses whether there are any indicators of impairment for all non-financial assets at each reporting date. The key area of uncertainty relates to the Trust's valuation of its land and buildings. Further details are provided in Note 10. The land and buildings were revalued by Cushman and Wakefield (DTZ Debenham Tie Leung Ltd) as at 31 March 2022. The valuation provided was not reported on the basis of 'material valuation uncertainty.'
- Asset lives – the Trust estimates the asset lives of intangible and tangible assets. For buildings, the Trust uses the estimate of remaining useful economic life provided by the Trust's valuer. For medical equipment and IT intangible and tangible assets these are reviewed within the Trust by the Deputy Director of IM&T and relevant departments.
- Pension liabilities – the Trust estimates the potential pension scheme liability arising from membership of the Merseyside Pension Fund. This is based on estimated life expectancy of members and current and future performance of investments and is therefore subject to significant uncertainty. The Pension Fund has reported that there are various factors that affect the complexity of valuation and the realisable value of assets. The Trust has considered the stated valuation range provided by the Pension Fund and consider that the assets are reported on the best available information and that the impact of maximum increases and decreases within the range would not have a material impact on the Trust share of Pension Fund assets.

1.7. Revenue

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

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

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The main source of income for the Trust is contracts with commissioners

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

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

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

For 2021/22 and 2020/21

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard the Trust does not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less;
- The DHSC GAM does not require the Trust to disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date;
- The DHSC GAM has mandated the exercise of the practical expedient offered in C7A of the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

NHS Injury Cost Recovery Scheme

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

Grants and doantions

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

1.8. Employee Benefits

1.8.1. Short-term employee benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.8.2. Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pensions Scheme (the scheme). Both schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it were a defined contribution scheme and the cost to the NHS body of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period. Employer's pension cost contributions are charged to operating expenses as and when they become due.

For early retirements other than those due to ill-health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

The scheme is subject to a full actuarial valuation every four years and an accounting valuation every year.

Local Government Pension Scheme

Some Adult Social Care employees are members of the Local Government Pension Scheme (LGPS), which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. Re-measurements of the defined benefit plan are recognised in the Income and Expenditure reserve and reported as an item of other comprehensive income.

1.9. Expenditure on other goods and services

Expenditure on other goods and services is recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable. Expenditure is recognised in the Statement of Comprehensive Income except where it results in the creation of a non-current asset such as property, plant and equipment.

1.10. Property, plant and equipment

1.10.1. Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes

- It is probable that future economic benefits will flow to, or service potential will be supplied to the Trust
- It is expected to be used for more than one financial year
- The cost of the item can be measured reliably, and either
    - the item has cost of at least £5,000; or
    - collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
    - items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their individual useful economic lives.

1.10.2. Valuation

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

1.10.3. Revaluation

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

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

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

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

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

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short

useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there.

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

1.10.4. Subsequent expenditure

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

1.10.5 Donated and grant funded assets

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

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

1.11. Intangible assets

1.11.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights.

They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably; and where the cost is at least £5,000.

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

Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use
- The intention to complete the intangible asset and use it

- The ability to sell or use the intangible asset
- How the intangible asset will generate probable future economic benefits or service potential
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.11.2. Measurement

Intangible assets acquired separately are initially recognised at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost (MEA basis) and value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

Revaluations and impairments are treated in the same manner as for property, plant and equipment.

1.12. Depreciation, amortisation and impairments

Freehold land, assets under construction or development and assets held for sale are not depreciated/amortised.

Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible assets, less any residual value, on a straight-line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end. Any assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life, unless the Trust expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets.

At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

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

1.13. Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.13.1. The Trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in the Statement of Comprehensive Income.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.13.2. The Trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

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

1.14. Inventories

Inventories are valued at the lower of cost and net realisable value, using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

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

1.15. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months

or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

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

1.16. Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

1.17. Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed in note 17 but is not recognised in the Trust's accounts.

1.18. Non-clinical risk pooling

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

1.19. Contingent liabilities and contingent assets

A contingent liability is a possible obligation that arises from a past event and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from a past event and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.20. Financial assets

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired

or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by the Office of National Statistics.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories:

- Financial assets at amortised cost
- Financial assets at fair value through other comprehensive income and
- Financial assets at fair value through income and expenditure.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.20.1. Financial assets at amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable and other simple debt instruments. This is the only category of financial assets relevant to the Trust.

The Trust's financial assets at amortised cost comprise:

- Cash and cash equivalents
- NHS receivables
- Other receivables and
- Accrued income.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.20.2. Impairment

For all financial assets measured at amortised cost, lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For any other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by

primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

Additionally, the DHSC provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not normally recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

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

1.21. Financial liabilities

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been extinguished, that is, the obligation has been discharged or cancelled or has expired.

1.21.1. Other financial liabilities

All of the Trust's financial liabilities are classified as other financial liabilities.

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability.

1.22. Value Added Tax

Most of the activities of the Trust are outside the scope of value added tax (VAT). Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.23. Public Dividend Capital (PDC) and PDC dividend

PDC is a type of public sector equity finance, which represents the DHSC's investment in the Trust. HM Treasury has determined that, being issued under statutory authority rather than under contract, PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable to the DHSC as PDC dividend. The charge is calculated at the real rate set by the Secretary of State with the consent of HM Treasury (currently 3.5%) on the average relevant net assets of the Trust. Relevant net assets are calculated as the value of all assets less all liabilities, except for:

- Donated and grant funded assets
- Assets under construction for nationally directed schemes
- Average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility
- Approved expenditure on COVID-19 capital assets and
- Any PDC dividend balance receivable or payable.

The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

The PDC dividend policy issued by the DHSC can be found by following the link https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the DHSC, the dividend for the year is calculated on the actual average relevant net assets as set out in the pre-audit version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.24. Losses and special payments

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

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note (note 20) is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.25. Early adoption of standards, amendments and interpretations

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

1.26. Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

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

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

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be

measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for any existing finance leases.

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

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

Estimated impact on 1 April 2022 statement of financial position	**£000**
Additional right of use assets recognised for existing operating leases	37,675
Additional lease obligations recognised for existing operating leases	(37,355)
Net impact on net assets on 1 April 2022	**320**
Estimated in-year impact in 2022/23	**£000**
Additional depreciation on right of use assets	(2,909)
Additional finance costs on lease liabilities	(345)
Lease rentals no longer charged to operating expenditure	3,080
Estimated impact on surplus/deficit in 2022/23	**(174)**
Estimated increase in capital additions for new leases commencing in 2022/23	**0**

2. Operating Segments

The services provided by the Trust are interdependent and therefore the Board considers that the Trust has only one operating segment, that of the provision of health and social care.

3. Reconciliation from the Statement of Comprehensive Income to the recognised system financial position

	2021/22 £000	2020/21 £000
Surplus/(deficit) for the period	(141)	(580)
Normalising adjustments:		
Add back all I&E impairments/(reversals)	(972)	112
Remove capital donations I&E impact	(34)	0
Remove non-cash element of on-SoFP pension costs	1,087	750
Remove net impact of DHSC centrally procured inventories	157	(194)
Trading (deficit)/surplus for the period	**97**	**88**

4. Operating income

4.1. Operating income (by source)

	2021/22 £000	2020/21 £000
Income from patient care activities received from:		
NHS England	6,384	7,573
Clinical commissioning groups	53,257	49,888
NHS Foundation Trusts	3,600	3,511
NHS Trusts	12	18
Local authorities	28,023	24,428
Injury cost recovery scheme	101	151
Non-NHS: other	26	12
Total income from patient care activities (by source)	**91,403**	**85,581**
Other operating income		
Education and training	3,121	2,744
Non-patient care services to other bodies	667	901
Other (recognised in accordance with IFRS 15)	2	0
Reimbursement and top up funding	0	121
Cash donations for the purchase of capital assets - received from NHS charities	42	0
Charitable and other income	168	382
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	115	1,341
Rental revenue from operating leases	1,509	1,446
Total other operating income	**5,624**	**6,935**
Total operating income	**97,027**	**92,516**

4.2. Operating income (by nature)

	2021/22 £000	2020/21 £000
Community services		
Block contract / system envelope income	56,946	53,910
Income from other sources (e.g. local authorities)	31,635	27,957
All services		
Additional pension contribution central funding*	2,695	2,348
Other clinical income**	127	1,366
Total income from patient care activities (by nature)	**91,403**	**85,581**
Total other operating income	5,624	6,935
Total operating income	**97,027**	**92,516**

*The revaluation of public sector pensions schemes resulted in a 6.3% increase (14.38% to 20.68% including admin levy) in the employer contribution rate for the NHS Pensions Scheme. A transitional approach was agreed whereby an employer rate of 20.68% would apply from 1 April 2019, however in 2021/22 (as in 2020/21) the NHS Business Service Authority would only collect 14.38% from employers. Central payments have been made by NHS England and the DHSC for their respective proportions of the outstanding 6.3% on local employers' behalf. The full cost and related funding have been recognised in these accounts.

**Other clinical income in 2020/21 included additional funding received for the annual leave accrual and Flowers corrective payment funding.

4.3. Income from activities arising from commissioner requested services

Under the terms of its provider license, the Trust is required to analyse the level of income from activities that has arisen from Commissioner requested and non-Commissioner requested services. However, unlike Acute Trusts, as a Community Trust, no Commissioner requested services are defined in the provider license. The table below reflects the core contracts to Local Authorities, CCGs and NHS England.

	2021/22 £000	2020/21 £000
Core contracts		
CCGs	50,307	47,399
Local authorities	27,903	24,032
NHS England	5,789	5,120
Total core contracts	**83,999**	**76,551**
Other services	13,028	15,965
Total operating income	**97,027**	**92,516**

5. Operating expenses

	2021/22 £000	2020/21 £000
Purchase of healthcare from NHS and DHSC bodies	1,197	1,080
Purchase of healthcare from non-NHS and non-DHSC bodies	619	593
Staff and executive directors' costs	74,314	67,620
Non-executive directors	99	95
Supplies and services – clinical (excluding drugs costs)	4,725	4,768
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	271	1,037
Supplies and services – general	1,253	947
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	589	339
Inventories written down (including consumables donated from DHSC group bodies for COVID response)	57	233
Consultancy	600	613
Establishment	2,296	2,230
Premises – business rates collected by local authorities	295	352
Premises – other	2,615	2,803
Transport (business travel only)	141	121
Depreciation	2,165	1,979
Amortisation	216	426
Movement in credit loss allowance: contract receivables/assets and other receivables	86	212
Provisions arising/released in year	(18)	170
Audit fees payable to the external auditor:		
– Audit services – statutory audit	87	76
Internal audit – non-staff	62	71
Clinical negligence – amounts payable to NHS Resolution (premium)	211	207
Legal fees	102	59
Insurance	92	89
Education and training – non-staff	2,311	2,569
Operating lease expenditure (net)	2,988	3,722
Car parking and security	422	317
Hospitality	0	3
Other losses and special payments – non-staff	4	3
Other services (e.g. external payroll)	303	263
Operating expenditure	**98,102**	**92,997**
Impairments net of (reversals)	(972)	112
Total operating expenditure	**97,130**	**93,109**

The external auditors' liability is limited to £2,000,000.

6. Operating leases

6.1. Trust as lessee

The majority of the Trust's operating leases are in respect of properties which are owned by NHS Property Services.

	2021/22 Total £000	2021/22 Buildings £000	2021/22 Other £000
Operating lease expense			
Minimum lease payments	2,794	2,764	30
Service charges	194	194	0
Total	**2,988**	**2,958**	**30**
Future minimum lease payments due:			
- not later than one year	3,153	3,088	65
- later than one year and not later than five years	10,812	10,742	70
- later than five years	26,959	26,959	0
Total	**40,924**	**40,789**	**135**

	2020/21 Total £000	2020/21 Buildings £000	2020/21 Other £000
Operating lease expense			
Minimum lease payments	2,745	2,651	94
Service charges	977	977	0
Total	**3,722**	**3,628**	**94**
Future minimum lease payments due:			
- not later than one year	2,689	2,631	58
- later than one year and not later than five years	10,016	9,896	120
- later than five years	28,104	28,104	0
Total	**40,809**	**40,631**	**178**

6.2. Trust as lessor

The majority of rental agreements are in respect of Trust-owned properties occupied by other NHS organisations. Several contracts are now negotiated on a rolling basis with up to one years' notice and therefore there is no contractual obligation after one year.

	2021/22 £000	2020/21 £000
Operating lease revenue		
Minimum lease payments	1,509	1,446
Total	**1,509**	**1,446**
Future minimum lease receipts due:		
- not later than one year	1,124	1,067
- later than one year and not later than five years	816	822
- later than five years	631	806
Total	**2,571**	**2,695**

7. Employee benefits

	2021/22 £000	2020/21 £000
Salaries and wages	55,825	51,239
Social security costs	4,911	4,278
Apprenticeship levy	261	228
Pension cost - employer contributions to NHS pension scheme	6,216	5,404
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	2,695	2,348
Pension cost - other	2,068	2,014
Termination benefits	0	43
Temporary staff - agency/contract staff	3,027	2,625
Total staff costs	**75,003**	**68,179**
Included within:		
Costs capitalised as part of assets	689	559
Total employee benefits excl. capitalised costs	**74,314**	**67,620**

7.1. Exit packages

During 2021/22 no voluntary redundancies were agreed (2020/21: none, £nil). There were also no compulsory redundancies agreed during the year (2020/21: 1, £43,371).

7.2. Pension costs – NHS Pension Scheme

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

a) Accounting valuation

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

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

b) Full actuarial (funding) valuation

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

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

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

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

7.3. Pension costs – Local Government Pension Scheme

On 1 June 2017 Wirral Metropolitan Borough Council transferred its Adult and Social Care services to the Trust. As part of this agreement 206 staff were transferred under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). Of these employees 153 are active members of the Merseyside Pension Fund. Therefore, with effect from 1 June 2017 the Trust became an admitted member of the pension scheme.

The Merseyside Pension Fund is a multi-employer scheme operated under the regulatory framework for the Local Government Pension Scheme (LGPS). The governance of the scheme is the responsibility of the Fund Pensions Committee, which comprises representatives from participating employers. Policy is determined in accordance with the Public Service Pensions Act 2013. Unlike the NHS Pension Scheme this is a funded defined benefit final salary scheme where the scheme assets and liabilities of each scheme member can be separately identified. The Trust and employees pay contributions into a fund, calculated at a level intended to balance the pension's liabilities with investment assets. This is subject to actuarial review by the fund's actuaries, Mercer.

Wirral Metropolitan Borough Council has provided guarantees to the Trust, indemnifying them against pension liabilities over the period of the contract (except for early retirements where the Trust will bear any additional costs arising from these specific arrangements). Therefore, the Trust recognises a contingent asset, disclosed in note 16, for the total liabilities arising from the latest actuarial review.

The Pension Fund have reported that there are various factors that affect the complexity of valuation and the realisable value of assets. The Trust considered the stated valuation range provided by the Pension Fund and concluded that the assets were reported on the best available information and that the impact of maximum increases and decreases within the range would not have a material impact on the Trust share of Pension Fund assets.

7.3.1 Changes in the defined benefit obligation and fair value of plan assets during the year

	2021/22 £000	2020/21 £000
Present value of the defined benefit obligation at 1 April	**(39,143)**	**(30,964)**
Current service cost	(1,739)	(1,486)
Interest cost	(822)	(744)
Contribution by plan participants	(304)	(319)
Remeasurement of the net defined benefit (liability)/asset:		
- Actuarial (gains)/losses	1,054	(5,953)
Benefits paid	204	323
Present value of the defined benefit obligation at 31 March	**(40,750)**	**(39,143)**
Plan assets at fair value at 1 April	**25,381**	**20,729**
Interest income	546	510
Remeasurement of the net defined benefit (liability)/asset:		
- Actuarial gains/(losses)	2,207	3,176
Administration expenses	(25)	(25)
Contributions by the employer	953	995
Contributions by the plan participants	304	319
Benefits paid	(204)	(323)
Plan assets at fair value at 31 March	**29,162**	**25,381**
Plan surplus/(deficit) at 31 March	**(11,588)**	**(13,762)**

7.3.2 Reconciliation of the present value of the defined benefit obligation and the plan assets to the assets and liabilities recognised in the SoFP

	31 March 2022 £000	31 March 2021 £000
Present value of the defined benefit obligation	(40,750)	(39,143)
Plan assets at fair value	29,162	25,381
Net defined benefit (obligation)/asset recognised in the SoFP at 31 March	**(11,588)**	**(13,762)**
Total net (liability)/asset after the impact of reimbursement rights as at 31 March	**(11,588)**	**(13,762)**

7.3.3 Amounts recognised in the SoCI

	2021/22 £000	2020/21 £000
Current service cost	(1,739)	(1,486)
Interest expense/income	(301)	(259)
Total net (charge)/gain recognised in SoCI	**(2,040)**	**(1,745)**
Comprising:		
Contributions made by the Trust recognised in SoCI	(953)	(995)
Liability arising from actuarial adjustments guaranteed by Wirral MBC	(1,087)	(750)
	(2,040)	**(1,745)**

7.3.4 Actuarial assumptions

	2021/22		2020/21	
	Start of period	End of period	Start of period	End of period
Financial assumptions				
Inflation	2.7%	3.3%	2.1%	2.7%
Rate of salary increase	4.2%	4.8%	3.6%	4.2%
Rate of pensions increase	2.8%	3.4%	2.2%	2.8%
Discount rate	2.1%	2.8%	2.4%	2.1%
Post retirement mortality assumptions (normal health)				
Non-retired members				
Female	26.0 years	25.9 years	25.9 years	26.0 years
Male	22.6 years	22.4 years	22.5 years	22.6 years
Retired members				
Female	24.1 years	24.0 years	24.0 years	24.1 years
Male	21.0 years	20.9 years	20.9 years	21.0 years

7.4. Retirements due to ill-health

During 2021/22 there were no early retirements from the Trust on the grounds of ill-health (2020/21: one, £23,701). The cost of early retirements is borne by the Trust, but where this is due to ill-health these costs are met by the NHS Pension Scheme. There was one early retirement from the Local Government Pension Scheme (2020/21: nil).

8. Impairment of assets

During 2021/22 the Trust reviewed its non-current assets and, following the advice of the Trust's valuers, made the following impairment adjustments to the Trust's land and buildings. No impairments were identified in any other class of tangible or intangible assets.

	2021/22		
	Net impairments £000	Impairments £000	Reversals £000
Impairments and (reversals) charged to operating surplus/deficit			
Changes in market price	(972)	0	(972)
Total impairments and (reversals) charged to operating surplus/deficit	**(972)**	**0**	**(972)**
Total impairments and (reversals)	**(972)**	**0**	**(972)**

	2020/21		
	Net impairments £000	Impairments £000	Reversals £000
Impairments and (reversals) charged to operating surplus/deficit			
Changes in market price	112	223	(111)
Total impairments and (reversals) charged to operating surplus/deficit	**112**	**223**	**(111)**
Total net impairments charged to revaluation reserve	934	934	0
Total impairments and (reversals)	**1,046**	**1,157**	**(111)**

9. Intangible assets

	Total (Software licences) £000
2021/22	
Valuation/gross cost at 1 April 2021 - brought forward	**2,867**
Additions - purchased	172
Valuation/gross cost at 31 March 2022	**3,039**
Accumulated amortisation at 1 April 2021 - brought forward	**2,370**
Provided during the year	216
Accumulated amortisation at 31 March 2022	**2,586**
Net book value at 31 March 2022	**453**

	Total (Software licences) £000
2020/21	
Valuation/gross cost at 1 April 2020 - brought forward	**2,594**
Additions - purchased	273
Valuation/gross cost at 31 March 2021	**2,867**
Accumulated amortisation at 1 April 2020 - brought forward	**1,944**
Provided during the year	426
Accumulated amortisation at 31 March 2021	**2,370**
Net book value at 31 March 2021	**497**

9.1. Economic life of intangible assets

The economic life of intangible assets is based on assessment of the individual asset within three to five years.

10. Property, plant and equipment – 2021/22

2021/22	Total £000	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000
Valuation/gross cost at 1 April 2021 - brought forward	**32,099**	**1,256**	**18,597**	**1,517**	**1,857**	**0**	**8,422**	**450**
Additions - purchased	**5,386**	0	395	1,808	1,042	0	2,141	0
Additions - assets purchased from cash donations/grants	**42**	0	0	0	0	0	42	0
Reversal of impairments credited to operating expenses	**551**	62	489	0	0	0	0	0
Revaluations	**95**	29	66	0	0	0	0	0
Valuation/gross cost at 31 March 2022	**38,173**	**1,347**	**19,547**	**3,325**	**2,899**	**0**	**10,605**	**450**
Accumulated depreciation at 1 April 2021 - brought forward	**6,258**	**0**	**39**	**0**	**1,203**	**0**	**4,580**	**436**
Provided during the year	**2,165**	0	471	0	180	0	1,512	2
Reversal of impairments credited to operating expenses	**(421)**	0	(421)	0	0	0	0	0
Revaluations	**(50)**	0	(50)	0	0	0	0	0
Accumulated depreciation at 31 March 2022	**7,952**	**0**	**39**	**0**	**1,383**	**0**	**6,092**	**438**

10.1. Property, plant and equipment financing – 2021/22

2021/22	Total £000	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000
Net book value (NBV) at 31 March 2022								
Owned - purchased	**30,187**	1,347	19,508	3,325	1,516	0	4,479	12
Owned - donated / granted	**34**	0	0	0	0	0	34	0
NBV total at 31 March 2022	**30,221**	**1,347**	**19,508**	**3,325**	**1,516**	**0**	**4,513**	**12**

10.2. Property, plant and equipment – 2020/21

2020/21	Total £000	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000
Valuation/gross cost at 1 April 2020 - brought forward	**28,895**	**1,127**	**19,139**	**97**	**1,823**	**13**	**6,246**	**450**
Additions - purchased	**4,709**	0	1,079	1,420	34	0	2,176	0
Impairments charged to operating expenses	**(304)**	0	(304)	0	0	0	0	0
Impairments charged to the revaluation reserve	**(1,317)**	0	(1,317)	0	0	0	0	0
Reversal of impairments credited to operating expenses	**97**	97	0	0	0	0	0	0
Revaluations	**32**	32	0	0	0	0	0	0
Disposals	**(13)**	0	0	0	0	(13)	0	0
Valuation/gross cost at 31 March 2021	**32,099**	**1,256**	**18,597**	**1,517**	**1,857**	**0**	**8,422**	**450**
Accumulated depreciation at 1 April 2020 - brought forward	**4,770**	**0**	**30**	**0**	**1,045**	**13**	**3,262**	**420**
Provided during the year	**1,979**	0	487	0	158	0	1,318	16
Impairments charged to operating expenses	**(81)**	0	(81)	0	0	0	0	0
Impairments charged to the revaluation reserve	**(383)**	0	(383)	0	0	0	0	0
Reversal of impairments credited to operating expenses	**(14)**	0	(14)	0	0	0	0	0
Disposals	**(13)**	0	0	0	0	(13)	0	0
Accumulated depreciation at 31 March 2021	**6,258**	**0**	**39**	**0**	**1,203**	**0**	**4,580**	**436**

10.3. Property, plant and equipment financing – 2020/21

2020/21	Total £000	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000
Net book value (NBV) at 31 March 2021								
Owned - purchased	**25,841**	1,256	18,558	1,517	654	0	3,842	14
NBV total at 31 March 2021	**25,841**	**1,256**	**18,558**	**1,517**	**654**	**0**	**3,842**	**14**

10.4. Valuation of land and buildings

The Trust's land and buildings comprise several health centres and clinics across the Wirral. As disclosed in note 1, the estate was revalued by Cushman and Wakefield (DTZ Debenham Tie Leung Ltd) as at 31 March 2022. The valuation has been based on existing use value using the depreciated replacement cost approach as certain properties are specialised in nature. The valuers have assumed that the replacement would be with a modern equivalent asset, which may in some cases be a smaller property.

The property valuations provided on a depreciated replacement cost basis, with the exception of any land components, were based on comparable build cost information published by the RICS Building Cost Information Service (BCIS) up to and including the valuation date of 31 March 2022. The valuer has continued to exercise professional judgement in providing their valuations and this remains the best information available to the Trust.

The COVID-19 pandemic and measures to tackle it continue to affect economies and real estate markets globally. Nevertheless, as at the valuation date, property markets are mostly functioning, with transaction volumes and other relevant evidence at levels where enough market evidence exists upon which to base opinions of value. Accordingly, and for the avoidance of doubt, the current valuation provided by Cushman and Wakefield (DTZ Debenham Tie Leung Ltd) is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

The aftermath of the Grenfell Fire on 14 June 2017 also resulted in a wholesale review of the regime relating to building safety. Market participants continue to be affected by details of construction, health and safety, and particularly fire prevention, mitigation and means of escape from buildings where people sleep. The Government's proposed legislation is far reaching and will provide a new regime for building regulations compliance. In the light of these circumstances, the valuation was undertaken in the context of a changing regulatory environment and this must be kept under regular review.

This explanatory note has been included to ensure transparency and to provide further insight as to the market context under which the valuation opinion was prepared. In recognition of the potential for market conditions to move rapidly in response to changes in the control or future spread of COVID-19 the importance of the valuation date is highlighted.

10.5. Economic life of property, plant and equipment

The economic life of property, plant and equipment, is based on assessment of the individual asset or, in the case of buildings, the advice of the Trust's valuers.

	Min life Years	Max life Years
Buildings	5	43
Plant & machinery	5	25
Information technology	3	10
Furniture & fittings	5	24

11. Capital commitments

At 31 March 2022 the Trust had £7,262,092 capital commitments (31 March 2021: £8,410,582).

12. Inventories

	2021/22 Consumables £000	2020/21 Consumables £000
Carrying value at 1 April - brought forward	**560**	**487**
Additions	3,429	3,448
Additions (donated) - from DHSC	115	1,341
Inventories consumed (recognised in expenses)	(3,504)	(4,483)
Write-down of inventories recognised as an expense	(57)	(233)
Carrying value at 31 March	**543**	**560**

13. Trade and other receivables

	31 March 2022 £000	31 March 2021 £000
Current		
Contract receivables (IFRS 15): invoiced	4,695	2,574
Contract receivables (IFRS 15): not yet invoiced/non-invoiced	694	1,591
Allowance for impaired contract receivables/assets and other receivables	(913)	(833)
Prepayments (revenue)	1,106	1,244
PDC dividend receivable	0	229
VAT receivable	264	124
Total current receivables	**5,846**	**4,929**
Non-current		
Contract receivables (IFRS 15): not yet invoiced/non-invoiced	115	113
Allowance for impaired contract receivables/assets and other receivables	(42)	(39)
Total non-current receivables	**73**	**74**
Of which receivable from NHS and DHSC group bodies:		
Current	598	2,229
Non-current	0	0

13.1. Provision for impairment of receivables

	Total £000
Allowance for credit losses at 1 April 2021 - brought forward	872
New allowances arising	701
Reversals of allowances (where receivable is collected in-year)	(615)
Utilisation of allowances (where receivable is written off)	(3)
Total allowance for credit losses at 31 March 2022	**955**
Allowance for credit losses at 1 April 2020 - brought forward	701
New allowances arising	655
Reversals of allowances (where receivable is collected in-year)	(443)
Utilisation of allowances (where receivable is written off)	(41)
Total allowance for credit losses at 31 March 2021	**872**

14. Cash and cash equivalents

	2021/22 £000	2020/21 £000
At 1 April	26,189	18,287
Net change in year	(2,359)	7,902
At 31 March	**23,830**	**26,189**
Broken down into:		
Cash at commercial banks and in hand	1	1
Cash with the Government Banking Service	23,829	26,188
Total cash and cash equivalents as in SoFP	**23,830**	**26,189**
Total cash and cash equivalents as in SoCF	**23,830**	**26,189**

15. Trade and other payables

	31 March 2022 £000	31 March 2021 £000
Current		
Trade payables	3,803	2,128
Capital payables (including capital accruals)	0	2,123
Accruals (revenue costs only)	12,138	11,907
Annual leave accrual	995	887
Social security costs	856	737
Other taxes payable	577	502
PDC dividend payable	51	0
Other payables	886	790
Total current trade and other payables	**19,306**	**19,074**
Of which payable to NHS and DHSC group bodies:	**1,915**	**1,372**

	31 March 2022 £000	31 March 2021 £000
Other current liabilities		
Deferred income: contract liability (IFRS 15)	1,359	655
Total other current liabilities	**1,359**	**655**
Other non-current liabilities		
Net defined benefit pension scheme liability	11,588	13,762
Total other non-current liabilities	**11,588**	**13,762**
Total other liabilities	**12,947**	**14,417**

16. Provisions for liabilities and charges

	31 March 2022 £000	31 March 2021 £000
Legal claims	115	192
Total	**115**	**192**

Legal claims include individual cases relating to compensation claims, employment disputes and potential tax liabilities.

£486,937 is included in the provisions of NHS Resolution at 31 March 2022 in respect of clinical negligence liabilities (31 March 2021: £246,978).

16.1. Provisions for liabilities and charges - analysis

	2021/22 Total (Legal Claims) £000
At 1 April 2021 - brought forward	**192**
Arising during the year	**40**
Utilised during the year - cash	**(59)**
Reversed unused	**(58)**
At 31 March 2022	**115**
Expected timing of cash flows:	
- not later than one year	**115**
Total	**115**

17. Contingencies

17.1. Contingent liabilities

The Trust has £11,750 contingent liabilities relating to NHS Resolution cases as at 31 March 2022 (31 March 2021: £3,425). There have been no other contingent liabilities recognised at 31 March 2022 (31 March 2021: nil).

17.2. Contingent assets
In 2021/22 the Trust identified a contingent asset of £11,588,000. This represents a contractual guarantee by Wirral Metropolitan Borough Council to underwrite losses to the Trust arising from actuarial valuation of the Merseyside Pension Fund relating to members of the scheme who transferred to the Trust on 1 June 2017. This asset is equal to the liability on the pension scheme disclosed in note 7.3.

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

The Trust's treasury management operations are carried out by the Finance Department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

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

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

18.3. Liquidity risk
The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament and other public sector bodies. The Trust funds its capital expenditure from funds available from generated surpluses for the provision of public sector services. The Trust is not, therefore, exposed to significant liquidity risks.

18.4. Carrying value of financial assets and liabilities
IFRS 9 Financial Instruments as interpreted and adapted by the DHSC GAM was applied retrospectively from 1 April 2018 without restatement of comparatives. IFRS 9 replaced IAS 39 and introduced a revised approach to classification and measurement of financial assets and financial liabilities and a new forward-looking expected loss impairment model.

	Financial assets at amortised cost	
	31 March 2022	31 March 2021
	£000	£000
Financial assets per the SoFP:		
Receivables (excluding non-financial assets) - with DHSC group bodies	598	2,000
Receivables (excluding non-financial assets) - with other bodies	3,951	1,406
Cash and cash equivalents	23,830	26,189
Total as at 31 March	**28,379**	**29,595**

	Financial liabilities at amortised cost	
	31 March 2022	31 March 2021
	£000	£000
Financial liabilities per the SoFP:		
Trade and other payables (excluding non-financial liabilities) - with DHSC group bodies	1,864	1,372
Trade and other payables (excluding non-financial liabilities) - with other bodies	15,067	14,744
Total as at 31 March	**16,931**	**16,116**

19. Related party transactions

Wirral Community Health and Care NHS Foundation Trust is a public interest body authorised by NHS Improvement, the regulator of Foundation Trusts.

The Department of Health and Social Care is a related party as the parent department of the Trust. The Trust has material transactions related NHS clinical commissioning groups, NHS Foundation Trusts and other NHS organisations in the normal course of business.

The table below includes material transactions with these bodies in the financial year:

Organisation	Income £000	Expenditure £000	Receivables Outstanding £000	Payables Outstanding £000
2021/22				
Wirral University Teaching Hospital NHS Foundation Trust	4,000	1,388	149	311
NHS Cheshire CCG	1,534	0	0	0
NHS Liverpool CCG	1,647	0	0	0
NHS Wirral CCG	50,743	0	0	313
NHS England	3,688	24	15	495
Bridgewater Community Healthcare NHS Foundation Trust	0	946	0	157
Cheshire & Wirral Partnership NHS Foundation Trust	156	1,547	37	983
NHS Property Services	0	1,404	0	36
Health Education England	2,935	0	363	0
Department of Health and Social Care	15	0	2	0
Total	**64,718**	**5,309**	**566**	**2,295**
2020/21				
Wirral University Teaching Hospital NHS Foundation Trust	3,876	1,088	155	125
NHS Cheshire CCG	1,506	8	1	0
NHS Liverpool CCG	2,486	0	0	0
NHS Wirral CCG	46,791	0	7	28
NHS England	5,345	19	1,233	292
Bridgewater Community Healthcare NHS Foundation Trust	0	932	0	78
Cheshire & Wirral Partnership NHS Foundation Trust	161	901	77	628
NHS Property Services	0	1,626	0	54
Health Education England	2,802	0	518	0
Department of Health and Social Care	0	0	0	0
Total	**62,967**	**4,574**	**1,991**	**1,205**

Additionally, the Trust has material transactions with local government bodies – principally Wirral Metropolitan Borough Council and Cheshire East Council, the NHS Pension Scheme and HMRC.

Gerald Meehan became a non-Executive Director on 1 February 2019. He also undertakes work as an adviser for the Cheshire and Merseyside Health and Care Partnership. This is the Integrated Care System (ICS) for Cheshire. The Advisory role is in relation to the involvement of Local Government within the ICS.

Chris Bentley became a non-Executive Director in February 2019. With effect from 1 September 2019, he has undertaken work as an advisor to the Equity and Health Inequalities Teams of NHS England/Improvement and Public Health England, separately and together. Both are related parties to the Trust.

Declarations of interest are given at the start of each meeting by staff members. No other related parties have been identified.

The Trust's Council of Governors are drawn from a range of local stakeholders including patient groups, the local councils, CCGs and other Trusts. Therefore many, by nature of their appointment, have interest in organisations with whom the Trust contracts. A register of interests is maintained and declarations of interest are given at each Governor meeting.

20. Losses and special payments

During the period the Trust made 41 special payments with a total value of £12,260 (2020/21: 25 at a value of £3,553). Of these, one related to a case handled by NHS Resolution (2020/21: nil). The Trust wrote off 29 receivable balances in the period with a total value of £3,276 (2020/21: 64 with a total value of £40,994) and there were no cases involving a loss of cash (2020/21: nil).

In 2020/21, the Trust also accrued the costs of the nationally agreed corrective payments (Flowers judgement) and associated income based on the nationally generated estimates (570 cases at a value of £316,000).

21. Event after the Statement of Financial Position date

No adjustments have been made to the financial statements as a result of events occurring after the reporting date.