

Annual Declarations of Interest - Board of Directors 2023/24			
Meeting	Board of Directors		
Date	21/06/2023	Agenda Item	16
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Karen Lees, Head of Corporate Governance		
Action required (please select the appropriate box)			
To Approve <input type="checkbox"/>		To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>
Purpose			
To provide the Board of Directors with assurance on the annual declarations of interests for members of the Board made in line with the Trust's Policy for Managing Conflicts of Interest.			
Executive Summary			
<p>In accordance with Standing Order 8 'Declaration of Interests and Register of Interests' in the Trust's Corporate Governance Manual (<i>updated in March 2018</i>) and General Policy 7 'Managing Conflicts of Interest' (<i>approved at the Board of Directors meeting - April 2022</i>) all members of the Board of Directors must declare interests which are relevant and material on an annual basis.</p> <p>Following the guidance from NHS England in June 2017, this principal has also been extended to all senior and decision-making staff in the organisation.</p> <p>Further, as an authorised Foundation Trust and in accordance with the Trust's constitution, paragraph 35.5 requires that "the trust shall have a register of interests of the directors". Furthermore, paragraph 36 states that "the trust shall make the registers available for inspection by members of the public.... The trust shall not make any part of it registers available for inspection by members of the public which shows details of any member of the trust, if the member so requests".</p> <p>A 'conflict of interest' is:</p> <p>"A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold."</p>			

During the year work has been on-going to promote the Managing Conflicts of Interest Policy and to identify further staff that are required to make a declaration.

In the Trust's self-assessment against the Government Functional Standard 013 for Counter Fraud, a green rating (supported by the Audit Committee and Anti-Fraud Specialist) was agreed confirming that the policy and register are in place and reference the requirements of the Bribery Act 2010 which are communicate to all staff.

The register for 2023-24 for members of the Board of Directors is included at appendix 1.

All declarations included have been approved for publication on the Trust's public website. These interests will also be reported in the Trust's Annual Report 2022-23. In addition, at each meeting of the Board of Directors, and its committees, members are asked to declare any further interests since the date of the last declaration and to notify of any conflicts of interest in relation to the agenda items for discussion (for which they may need to abstain). Any such declaration is recorded in the minutes.

Risks and opportunities:

The potential risks associated with any declared interests are considered by line managers with advice, when required from the Head of Corporate Governance or the Director of Corporate Affairs. The appropriate mitigation is put in place, and this is recorded on the declaration of interests register.

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

Not applicable.

Financial/resource implications:

None.

The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:

- Populations – We will support our populations to thrive by optimising wellbeing and independence
- People – We will support our people to create a place they are proud and excited to work
- Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places

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

Populations - Safe care and support every time	Place - Make most efficient use of resources to ensure value for money	Place - Improve the health of our population and actively contribute to tackle health inequalities
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The Trust Social Value Intentions

Does this report align with the Trust social value intentions? Not applicable

If Yes, please select all of the social value themes that apply:

Community engagement and support

Purchasing and investing locally for social benefit

Representative workforce and access to quality work

Increasing wellbeing and health equity

Reducing environmental impact

Board of Directors is asked to consider the following action

To receive this report and be assured of the processes in place to ensure compliance with Trust Policy and the subsequent register of interests for members of the Board of Directors 2023-24.

Report history (Please include history of where the paper has been presented prior to reaching this meeting, including the title of the meeting, the date, and a summary of the outcome)

Submitted to	Date	Brief summary of outcome
No previous reporting history.		



Declarations of interest April 2023 - March 2024

First Name initial	Surname	Job Title	Board/Staff	Type of Interest	Description of Interest	Date Interest Relates from	Date Interest Relates to
A	Bennett	Chief Strategy Officer	Board	Non-Financial	Family member is Communications Manager for Knowsley Council.	03/02/2020	Ongoing
C	Bentley	Non-Executive Director	Board	Financial	Professor Chris Bentley Consulting Ltd	01/02/2019	Ongoing
C	Bentley	Non-Executive Director	Board	Non-Financial Personal Interest	Orbis Programme and Medical Advisory Committee (the programme involves several countries and reviews and approves promising cancer treatments)	2018	Ongoing
C	Bentley	Non-Executive Director	Board	Financial and Professional	visiting lecturer teaching on public health modules - Liverpool University	2013	Ongoing
C	Bentley	Non-Executive Director	Board	Non-Financial and Professional	Visiting lecturer teaching on public health modules - Sheffield Hallam University	2010	Ongoing
C	Bentley	Non-Executive Director	Board	Non- Financial and Professional	Visiting lecturer teaching on public health modules - Sheffield University	2009	Ongoing

C	Bentley	Non-Executive Director	Board	Non-Financial personal interest	Chairman of Trustees - Sheffield Health International Partnerships - small charity providing links between Sheffield NHS/social care and the developing world, particularly Uganda at present	2012	Ongoing
C	Bentley	Non-Executive Director	Board	Financial and Professional	Research advisory role - co-applicant - NIHR (National Institute for Health Research) funded research study into unmet need in health & social care. Funded programme including Liverpool, Manchester and York Universities	2020	Ongoing
C	Bentley	Non-Executive Director	Board	Non-Financial professional	Member of the National Advisory Committee on Resource Allocation, the chair of the Technical Advisory Group. DHSC/NHS England/NHS Improvement	2008	Ongoing
C	Bentley	Non-Executive Director	Board	Financial and Professional	Kings Fund Associate Professional	Sep-22	Ongoing
*C	Bentley	Non-Executive Director	Board	Financial and Professional	West Yorkshire and Harrogate IBS	Sep-22	Mar-23

M	Brown	Chairman	Board	Financial	Chairman of Procure Plus Holdings Ltd (commercial company providing procurement services to social housing providers)	May-14	Ongoing
M	Brown	Chairman	Board	Financial	Trustee and Director Re:Vision North Ltd (a charity bringing people into employment) which is part of Procure Plus Holdings Ltd. Part of financial arrangements for the Chairman of Procure Plus Holdings.	2016	Ongoing
M	Brown	Chairman	Board	Financial	Chairman of Reallies which is now part of Procure Plus Holdings Ltd). Part of financial arrangements for the Chairman of Procure Plus Holdings.	2019	Ongoing
M	Brown	Chairman	Board	Financial	Director of OSCO Developments 1 Ltd (an SPV company building housing using off-site construction techniques) which is part of Procure Plus Holdings Ltd. Part of financial arrangements for the Chairman of Procure Plus Holdings.	2017	Ongoing

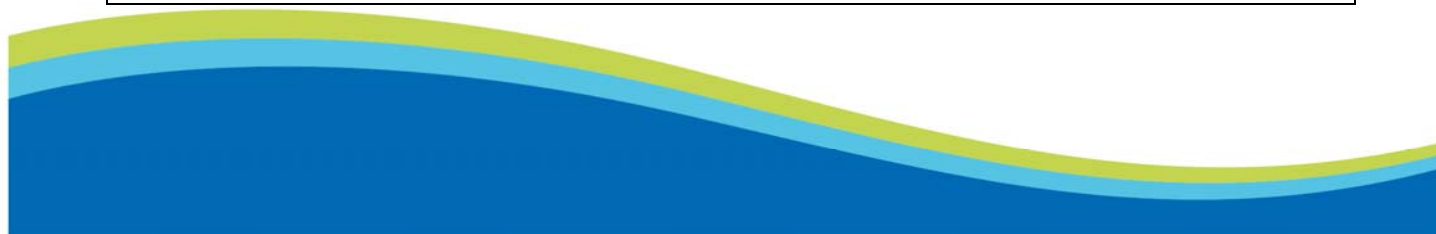
M	Brown	Chairman	Board	Financial	Executive Chairman, Switch2Support Ltd (a start-up company designed to support charities by getting their supporters to switch their utilities, broadband, mobile phones, etc. through a dedicated comparator site)	Sep-21	Ongoing
J	Chwalko	Chief Operating Officer	Board	Financial	Visiting lecturer at The University of Chester	01/08/2020	Ongoing
S	Connor	Non-Executive Director	Board	Indirect Interest	Family member is the Deputy Director of HR at The Clatterbridge Cancer Centre NHS Foundation Trust.	Jun-22	Ongoing
S	Connor	Non-Executive Director	Board	Non-financial personal interest	Former Managing Director of MIAA who are the Trusts appointed Internal auditors.	Jun-22	Ongoing
S	Connor	Non-Executive Director	Board	Indirect Interest	Trustee & Finance Chair St Helens Citizen Advice	Jun-22	Ongoing
S	Connor	Non-Executive Director	Board	Non-Financial Professional	Member of the Audit & Governance Committee of the Healthcare Financial Management Association (HFMA)	Jun-05	Ongoing
N	Cross	Medical Director	Board	Non-Financial Professional	Honorary Contract with Humber Teaching NHS Foundation Trust	Nov-20	Ongoing

N	Cross	Medical Director	Board	Financial	Bank GPOOH Doctor for the Trust	2021	Ongoing
M	Greatrex	Chief Financial Officer/Deputy Chief Executive	Board	Indirect	Family member is a Director at MerseyCare NHS FT	Apr-22	Ongoing
K	Howell	Chief Executive	Board	Non-Financial	Governor of University of Chester	01/02/2018	Ongoing
K	Howell	Chief Executive	Board	Non-Financial	Health & Social Care Partner Representative on Innovation Agency Board	01/01/2017	Ongoing
K	Howell	Chief Executive	Board	Non-Financial	SRO for Community Services Operational Standardisation & Reduced Variation workstream, as part of the Mental Health, Learning Disability & Community Services Provider Collaborative, of Cheshire & Merseyside ICB	01/04/2022	Ongoing
A	Hughes	Director of Corporate Affairs	Board	NIL	NIL		
B	Jordan	Non-Executive Director	Board	Non-financial - personal	Fund raiser, St Ann's Hospice, Greater Manchester area	2015	Ongoing
B	Jordan	Non-Executive Director	Board	Non-financial - personal	Campaign support for new legislation - guide dogs	2015	Ongoing
*B	Jordan	Non-Executive Director	Board	Non-financial professional	Hon Treasurer and Trustee at Citizens Advice for Wigan Borough	Oct-16	26/10/2022

B	Jordan	Non-Executive Director	Board	Non-financial professional	Chair and Trustee at Citizens Advice for Wigan Borough	27/10/2022	Ongoing
B	Jordan	Non-Executive Director	Board	Financial	Advisory Board Member for Quantum Base Limited	Sep-15	Ongoing
C	Madsen	Chief People Officer	Board	Non-Financial	Family member is a clinical homecare nurse for a private company in the North West.	April 2023	Ongoing
G	Meehan	Non-Executive Director	Board	NIL	NIL		
D	Murphy	Chief Information Officer	Board	NIL	NIL		
P	Simpson	Chief Nurse	Board	Non-financial / personal	A family member works as an auditor at MIAA.	01/04/2018	Ongoing

* Interest has ended, and will remain on the register for 6 months in line with the Policy GP07 Managing Conflicts of interest

NHS Provider Licence Self-Certification 2022-23			
Meeting	Board of Directors		
Date	21/06/2023	Agenda Item	17
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Alison Hughes, Director of Corporate Affairs		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>	
Purpose			
To provide evidence of compliance against the Provider Licence to support a decision by the Board of Directors.			
Executive Summary			
NHSE oversees an NHS Foundation Trust's compliance with its licence conditions.			
NHS Providers are required to self-certify the following after the financial year-end.			
Condition G6(3)	The provider has taken all precautions necessary to comply with the licence, NHS Acts and NHS constitution		
Condition G6(4)	Publication of condition G6(3) self-certification.		
Condition CoS7(3)	If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver the designated services		
Condition FT4(8)	The provider has complied with required governance arrangements (this includes the training of governors)		
<p>The process for 2022-23 does not require Trust's to return completed provider licence self-certifications. Instead, the process of audit allows NHSE to conduct a select number of audits.</p> <p>There is not set process for assurance on how conditions are met, Boards need to understand the reported position and sign off on compliance.</p>			



Self-certification deadlines

1. **Condition G6(3) - Systems for compliance with licence**
 - The G6 self-certification must be published (on the Trust’s website) by 30 June 2023 as per G6(4).
2. **Condition FT4 - Corporate Governance Statement and Training of governors**

Deadline for Board sign off 30 June 2023

Proposed position

3. The Director of Corporate Affairs has reviewed the statements and considered the evidence against each and is recommending that the Board of Directors self-certifies ‘Confirmed’ for all elements.

The evidence to support the proposed position is outlined in **appendix 1** for further Board discussion.

Risks and opportunities:

This is a requirement of the NHS FT Provider Licence.

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

Not applicable. The evidence includes reference to QEIA processes to ensure quality of care.

Financial/resource implications:

None identified.

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Place - Make most efficient use of resources to ensure value for money	Populations - Safe care and support every time	Place - Improve the health of our population and actively contribute to tackle health inequalities
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The Trust Social Value Intentions

Does this report align with the Trust social value intentions? Not applicable

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Reducing environmental impact

Board of Directors is asked to consider the following action

Consider the responses and evidence aligned to each element of the provider licence conditions in **appendix 1**, which the Board is required to self-certify against, and confirm/approve the proposed response.

Note that the agreed return in relation to G6 will be published no later than 30 June 2023.

Report history (Please include history of where the paper has been presented prior to reaching this meeting, including the title of the meeting, the date, and a summary of the outcome)

Submitted to	Date	Brief summary of outcome
No previous reporting history.		



Appendix 1 - Provider licence self-certification

G6 (3) - Systems for compliance with licence *(to be published by 30 June 2023)*

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

	Statement	Response (& supporting information/evidence for board assurance)	Risks/Mitigations
1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	<p>CONFIRMED</p> <p>At the meeting of the Audit Committee on 27 April 2023 the Trust's internal auditors Mersey Internal Audit Agency (MIAA) presented their Head of Internal Audit Opinion providing overall Substantial Assurance confirming that <i>"there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently"</i>. This is a key piece of evidence to support compliance with this condition of the provider licence.</p> <p>Further evidence to support this condition include;</p> <ul style="list-style-type: none"> - the Trust's Risk Policy (GP45), and an internal audit reivev of Risk Management as part of the internal audit plan 2022-23 which provided HIGH assurance with no recommendations. - the Board Assurance Framework supported by the Annual Assurance Framework Opinion from MIAA - the Quality & Patient Experience Report received by the Quality & Safety Committee - the annual Quality Account - the Integrated Performance Board as a central forum for the effective operation of Trust's governance framework including monitoring the delivery of performance across the Trust - the establishment of oversight groups supporting and directly accounting to the IPB 	No risks identified.

FT4 Declaration - Corporate Governance Statement & Training of Governors *(by 30 June 2023)*

The Board are required to respond 'Confirmed' or 'Not confirmed' to the following statements, setting out any risks and mitigating actions planned for each one.			
	Statement	Response (& supporting information/evidence for board assurance)	Risks/Mitigations
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	<p>CONFIRMED</p> <p>The Annual Governance Statement 2022-23 (to be approved by the Audit Committee on 27 June 2022) outlines the main arrangements in place to ensure the Trust applies the principles, systems and standards of good corporate governance expected of it as a provider of health and social care services.</p> <p>There is an internal audit programme in place, under the direction of the Audit Committee to ensure systems and processes are appropriately tested.</p> <p>The external auditors deliver a robust annual audit plan reporting to the Audit Committee.</p> <p>The new Code of Governance issued in April 2023 has been reviewed by the Trust and is informing the process for NED re-appointments.</p>	No risks identified
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	<p>CONFIRMED</p> <p>The Board retains oversight of new guidance issued by regulatory bodies including NHSE/I, CQC and ADASS through informal board sessions.</p> <p>In April 2023, the new Code of Governance was released and is supporting the process for the re-appointment of the Chair and Non-Executive Director.</p>	No risks identified.
3	The Board is satisfied that the Licensee implements: (a) Effective board and committee structures (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and	<p>CONFIRMED</p> <p>In April 2021 the Trust returned to extant governance arrangements, re-established with improvements to reflect learning from the emergency position during the COVID-19 pandemic. Consequently, the Integrated Performance Board (IPB) was established in September 2021.</p> <p>The IPB is central to the effective operation of the Trust's governance framework to</p>	No risks identified.

	<p>(c) Clear reporting lines and accountabilities throughout its organisation.</p>	<ul style="list-style-type: none"> - monitor the delivery of performance across the Trust - ensure the appropriate flow of information and assurance from services to the Board (via the sub-committees) - provide oversight and correlation of key themes and risks across multiple domains and, - be responsive to service delivery needs as a modern community health and care organisation. <p>During 2022-23 members of the IPB, led by the Executive Leadership Team and supported by the Board of Directors, assessed the purpose, objectives and operating framework of the IPB based on.</p> <ul style="list-style-type: none"> - individual and collective reflections - learning from the well-led developmental review - an analysis of information and assurance being received and reported to committees of the Board. <p>This resulted in a further enhancement to the governance structure with the establishment of oversight groups supporting and directly accounting to the IPB.</p> <ul style="list-style-type: none"> - The previously established SAFE Assurance Group transitioned to the Safe Operations Group (SOG) - The previously established Programme Management Group transitioned to the Programme Oversight Group (POG) - New groups were established as follows. <ul style="list-style-type: none"> - Finance and Resources Oversight Group - People and Culture Oversight Group - Research, Innovation and Digital Oversight Group <p>All of these groups have a direct reporting line to the Integrated Performance Board.</p> <p>Each group is Chaired by a Deputy Director and meets on a monthly basis to review performance across key metrics at locality level, including corporate</p>	
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		<p>services, and an aggregated trust-wide as well as risk.</p> <p>These enhanced arrangements were supported by the Board of Directors in October 2022 and were operational throughout the rest of 2022-23 demonstrating a strengthening of reporting to the IPB. The new arrangements have also been observed by Non-Executive Directors to provide assurance on the flow of information from oversight groups, to IPB to committees of the Board.</p> <p>All Terms of Reference of Board and committee meetings are reviewed on annual basis and each committee of the Board completes an annual self-assessment of effectiveness.</p> <p>The reporting line from committees to the Board is clear and all committee Chairs provide a briefing on the work of the committee at every meeting of the Board.</p>	
4	<p>The Board is satisfied that the Licensee effectively implements systems and/or processes:</p> <ul style="list-style-type: none"> (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care 	<p>CONFIRMED</p> <p>In accordance with national guidance, operational plans for 2022-23 were submitted.</p> <p>A robust programme of clinical audit remained in place and during 2022-23, 64 local, service or national audits (including CQUIN) were completed. The key quality outcomes from the audits will be reported in the Annual Quality Account.</p> <p>The Standing Orders for the Practice and Procedure of the Board of Directors (Para 3.1) provide for the Chairman to call a meeting of the Board at any time.</p> <p>The Trust's risk management processes were tested during 2022-23 with an internal audit review providing HIGH assurance with no recommendations.</p> <p>The development of a monthly health risk score assessing the management of risks against four key criteria, has provided further assurance on the effectiveness of the risk management framework. The five criteria are;</p>	No risks identified.

	<p>professions;</p> <p>(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence</p> <p>(g) To generate and monitor NHS Improvement delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>	<ul style="list-style-type: none"> - Has the risk been recently reviewed? - Is the expected date of completion still in date? - Is there evidence of recent progress and assurance notes to show actions taken and steps towards mitigation - Is there an action plan with forward dates of actions yet to be completed - Has the action plan had recent oversight at a Divisional level meeting <p>During 2022-23 the average monthly risk health score for all organisational risks recorded on Datix, assessed as above, was 100%.</p> <p>The Trust has a Board Assurance Framework (BAF) in place which the Board of Directors receives at every meeting; the BAF records the principal risks that could impact on the Trust achieving its strategic objectives and provides a framework for reporting key information to the Board of Directors.</p> <p>The BAF is recognised as a key tool to drive the board agenda by ensuring the Board focuses attention on those areas which present the most challenge to the organisation's success.</p> <p>During 2022-23 the BAF tracked 9 strategic risks.</p> <p>Each risk was 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.</p> <p>Of the 9 principal risks (at year-end) seven were categorised as risk averse; these related to safe delivery of services, ensuring equity of access, financial sustainability, staff wellbeing and workforce levels. Two risks in-year achieved the agreed target risk ratings due to the mitigations in place and the ability to</p>	
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		<p>close identified gaps. 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.</p> <p>In December 2022 and March 2023, 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.</p> <p>The audit identified some areas where further development would strengthen the BAF, and the recommendations and the actions planned by the Trust to address these were agreed at the Board of Directors meeting in April 2023 with first actions completed in May 2023 at an informal board session where risk appetite statements were reviewed.</p>	
5	<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board’s planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate,</p>	<p>CONFIRMED</p> <p>a) There are effective appraisal processes in place to support the Board members individually and collectively. All of this is described in the Annual Report. The members of the Board include an Executive Medical Director and Chief Nurse and the Chair of the Quality & Safety Committee who has significant national and international experience and expertise in public health and population health.</p> <p>b) There are robust QIA and EIA processes in place to support decision making processes for any service development or changes and any impact on the quality of care is carefully considered.</p> <p>c) The quality governance framework is robust. The SAFE Operations Group (referenced above as part of enhanced governance arrangements) has supported the monitoring of information on quality of care and the Quality & Safety Committee has received a detailed quality report</p>	No risks identified.

	<p>comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>	<p>outlining key risks, incidents and assurances on safety. The committee chair reports any key decisions and recommendations to the next meeting of the board. The TIG system, Datix and SAFE systems are embedded in the quality governance framework to ensure timely and up to date information on quality and safety. The weekly CRMG meeting also monitors quality of care through incident reviews.</p> <p>d) As above - the board receives a report from the QSC. The board also receives the Quality Account annually.</p> <p>e) Members of the board are engaged in quality initiatives and the board has remained informed on the delivery of high-quality care. The members of the board have remained engaged with the Council of Governors and the Trust's Your Voice group to take account of views from outside the organisation. The opportunity for staff to raise concerns through Freedom To Speak Up (FTSU) processes also remained throughout 2022-23 with over 100 Freedom To Speak Up champions across the Trust. The national FFT during 2022-23 resulted in almost 28,000 responses with 93% of those recommending the Trust as a place to receive care. At every meeting of the Board, a Journey of Care (patient / service user) story and a Staff Story is shared.</p> <p>f) There is clear accountability for quality of care through the Chief Nurse and Medical Director.</p>	
6	<p>The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>CONFIRMED All members of the Board comply with the requirements of the Fit and Proper Persons Regulation and all members of the board and senior decision makers complete annual declaration of interests.</p> <p>The annual appraisal process supports effective succession planning through talent conversations and a number of senior managers are engaged in national programmes to support their development to Director level, as appropriate.</p>	<p>No risks identified.</p>

		<p>The Trust has secured a Shadow Board Programme which will include all Deputy Directors during 2022-23.</p>	
<p>Training of governors</p>			
<p>1</p>	<p>The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.</p>	<p>CONFIRMED The Council of Governors meets formally on a quarterly basis with a further development days 3-4 times per year.</p> <p>The governor development days provide an opportunity for shared learning and updates, most recently this has included on the Trust's forward plan and NHS reforms.</p> <p>The Lead Governor has attended system wide learning events hosted by MIAA.</p> <p>In November/December 2022 a series of governor elections were held, and an induction day held in early 2023 to provide an overview on the role of the FT governor, their statutory responsibilities and governance within the Trust.</p> <p>The governor Quality Forum was temporarily suspended but at the meeting in January 2023 it was agreed to re-establish it.</p> <p>The Remuneration and Nomination subgroup conducted significant business during 2022-23 including concluding the appointment of a new Non-Executive Director/ Audit Chair and starting the process to re-appoint the Chair and one Non-Executive Director in 2023-24, in accordance with the new FT Code of Governance.</p>	

Audit Committee Annual Report			
Meeting	Board of Directors		
Date	21/06/2023	Agenda Item	18
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Alison Hughes, Director of Corporate Affairs		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>	
Purpose			
This paper provides the Board of Directors with an annual report from the Audit Committee of Wirral Community Health & Care NHS Foundation Trust in respect of the financial year 2022-23.			
Executive Summary			
<p>The report summarises the activities of the Trust's Audit Committee for the financial year 2022-23 setting out how it has met its terms of reference and key priorities.</p> <p>The committee is a formal committee of the Board of Directors. It follows best practice guidance as set out in the NHS Audit Committee Handbook 2014 providing a form of independent check upon the management of the Trust.</p> <p>The annual report attached as Appendix 1 provides an overview and summary of the following key points:</p> <ul style="list-style-type: none"> • Membership of the committee and frequency of meetings • Governance arrangements to support the committee • The work and achievements of the committee during the financial year 2022-23 including clinical audit, internal and external audit and counter fraud • The role of the committee in approving the Trust's Annual Report and Annual Accounts <p>In preparing this report, the Audit Chair is of the view that the committee has taken appropriate steps to perform its duties as delegated by the Board of Directors and it has no cause to raise any issues of significant concern with the Board arising from its work during 2022-23.</p>			
Risks and opportunities:			

No risks identified in the Annual Report.		
Quality/inclusion considerations:		
Quality & Equality Impact Assessment completed and attached No.		
Not applicable.		
Financial/resource implications:		
None identified.		
<p>The Trust Vision - To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:</p> <ul style="list-style-type: none"> • Populations - We will support our populations to thrive by optimising wellbeing and independence • People - We will support our people to create a place they are proud and excited to work • Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places <p>Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.</p>		
Place - Make most efficient use of resources to ensure value for money	Populations - Safe care and support every time	Place - Increase our social value offer as an Anchor Institution
The Trust Social Value Intentions		
Does this report align with the Trust social value intentions? Not applicable		
If Yes, please select all of the social value themes that apply:		
Community engagement and support <input type="checkbox"/>		
Purchasing and investing locally for social benefit <input type="checkbox"/>		
Representative workforce and access to quality work <input type="checkbox"/>		
Increasing wellbeing and health equity <input type="checkbox"/>		
Reducing environmental impact <input type="checkbox"/>		
Board of Directors is asked to consider the following action		
To receive and endorse the Annual Report of the Audit Committee in respect of the financial year 2022-23.		



Report history (Please include history of where the paper has been presented prior to reaching this meeting, including the title of the meeting, the date, and a summary of the outcome)

Submitted to	Date	Brief summary of outcome
No previous reporting history.		



Audit Committee Annual Report for the Financial Year 2022-23

Introduction

1. This Annual Report to the Board of Directors and the Council of Governors summarises the activities of the Audit Committee of Wirral Community Health & Care NHS Foundation Trust for the financial year 2022-23 setting out how it has met its terms of reference and key priorities.
2. The Committee is a formal committee of the Board of Directors. It follows best practice guidance as set out in the NHS Audit Committee Handbook 2014 providing a form of independent check upon the management of the Trust.

Membership and Meetings

3. The Committee comprises four Non-Executive Directors including the appointed Committee Chair, Steve Connor.
4. The Chair of the Audit Committee was appointed to the Trust in June 2022 with extensive experience.

Steve is a qualified accountant with an MBA and an experienced NHS Executive Director leading high performing and complex organisations with a passion for quality and excellent customer service. He has extensive knowledge and experience of working at Board level with a wide range of public / 3rd sector organisations.

Steve brings significant experience and expertise of Governance, Risk Management & Audit Committee from a leadership, delivery and advisory perspective as well as providing training and coaching for new Audit Committee Members.

5. Members of the committee during 2022-23 were:
 - Brian Simmons, Chair (April ONLY)
 - Steve Connor, Chair (from June 2022)
 - Beverley Jordan, Member
 - Professor Chris Bentley, Member
 - Gerald Meehan, Member
6. Brief CVs of members including any declared interests can be found on the Trust's website.
7. In addition to the members, the following trust officers attended the committee on a regular basis: Chief Finance Officer, Director of Corporate Affairs, Deputy Chief Finance Officer, Head of Corporate Governance and Local Security Management Specialist.
8. The Chief Executive attends annually, and other Directors and Senior Managers attend by invitation and at the request of members.
9. The Trust's internal auditors (Mersey Internal Audit Agency) and external auditors (Ernst & Young) attend all meetings to report on the matters they have investigated, to

advise on a range of risk and control issues, and to formally report on the financial statements.

10. The committee's terms of reference for the financial year are attached at **appendix 1**. These were reviewed in September 2022 and committee's performance against these ToRs were tested through an annual self-assessment process, the results of which were also reported in September 2022.
11. Through the terms of reference, the committee is responsible on behalf of the Board for independently reviewing the systems of governance, control, risk management and assurance. Its activities cover the Trust's governance agenda.
12. The purpose of the Audit Committee, as set out in its Terms of Reference, is;
 - Governance, risk management and internal control - providing an independent review of the work of the sub-committees of the Board
 - Internal audit - reviewing the major findings of internal audit work and considering management's responses, ensuring co-ordination between the internal and external auditors to optimise audit resources
 - External audit - reviewing all external audit reports and considering the implications and management's responses to their work
 - Other assurance functions - reviewing the findings of other significant assurance functions (e.g., reports from external regulators and arm's length bodies, the work of other committees)
 - Counter fraud - seeking assurance that the organisation has adequate arrangements in place for countering fraud
 - Management - as required, reviewing reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control
 - Financial control - monitoring the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance
13. The committee met on 5 occasions during 2022-23; a schedule of attendance is included in the table below.
14. Following each meeting of the committee a verbal report is provided to the Board summarising the key topics discussed and any formal recommendations. The minutes of each meeting once approved by the committee, are also presented to the following meeting of the Board.

Table 1: Audit Committee members' attendance information 2022-23

	20 April 2022	20 June 2022	7 September 2022	18 January 2023	1 February 2023
Brian Simmons (Chair)	✓				
Steve Connor (Chair)		✓	✓	✓	✓
Beverley Jordan	✓	✓	✓	✓	✓
Chris Bentley	✓	✓	✓	✓	✓
Gerald Meehan	✓	✓	✓	✓	✓

Governance Arrangements

15. In April 2021 the Trust returned to extant governance arrangements, re-established with improvements to reflect learning from the emergency position during the COVID-19 pandemic.
16. Consequently, the Integrated Performance Board (IPB) was established in September 2021.
17. The IPB is central to the effective operation of the Trust's governance framework to
 - monitor the delivery of performance across the Trust
 - ensure the appropriate flow of information and assurance from services to the Board (via the sub-committees)
 - provide oversight and correlation of key themes and risks across multiple domains and,
 - be responsive to service delivery needs as a modern community health and care organisation
18. During 2022-23 members of the IPB, led by the Executive Leadership Team and supported by the Board of Directors, assessed the purpose, objectives and operating framework of the IPB based on;
 - individual and collective reflections
 - learning from the well-led developmental review
 - an analysis of information and assurance being received and reported to committees of the Board
19. This resulted in a further enhancement to the governance structure with the establishment of oversight groups supporting and directly accounting to the IPB.
 - The previously established SAFE Assurance Group transitioned to the Safe Operations Group (SOG)
 - The previously established Programme Management Group transitioned to the Programme Oversight Group (POG)
 - New groups were established as follows;
 - Finance and Resources Oversight Group
 - People and Culture Oversight Group
 - Research, Innovation and Digital Oversight Group
20. All of these groups have a direct reporting line to the Integrated Performance Board.
21. Each group is Chaired by a Deputy Director and meets on a monthly basis to review performance across key metrics at locality level, including corporate services, and an aggregated trust-wide as well as risk.
22. These enhanced arrangements were supported by the Board of Directors in October 2022 and were operational throughout the rest of 2022-23 demonstrating a strengthening of reporting to the IPB.

Work and achievements of the committee

23. The committee meets its responsibilities through requesting assurances from management and by receiving reports from the internal auditors, the external auditors and other specialists and advisors as required.
24. The committee also recognises the quality of the discussion, the scrutiny applied, and the assurances given at the sub-committees of the Board which in turn have provided assurance and where necessary timely and appropriate escalation of risks and issues to the Audit Committee.
25. During 2022-23, the committee had oversight of all matters in accordance with its Terms of Reference.

Governance

26. The committee discussed the annual work plan for the financial year which included the review and approval of the Annual Governance Statement (AGS), the Annual Report and Accounts, and the Quality Report.
27. The Board Assurance Framework (BAF) was reviewed by the committee at each meeting providing assurance on the systems and processes in place to manage strategic risks across the organisation.
28. In addition to receiving updates on the processes in place to manage strategic risks, the committee also received a half-yearly position on organisational risk managed across the Trust.
29. A monthly health risk score assessing the management of risks against five key criteria, provided further assurance on the effectiveness of the risk management framework. The five criteria (as described in the Risk Policy) are;
 - Has the risk been recently reviewed?
 - Is the expected date of completion for the risk still in date?
 - Is there evidence of progress and assurance notes to show actions towards mitigation taken?
 - Is there an action plan that has forward dates showing actions still to be completed?
 - Has the action plan associated with the risk been monitored at divisional level with any barriers or delays flagged to service director, or executive director if the risk has been active for more than nine months?
30. During 2022-23 the average monthly risk health score for all organisational risks recorded on Datix, assessed as above, was 100% (98% in the previous year).
31. In accordance with its Terms of Reference, the committee received the final report from the MIAA risk management review which provided HIGH assurance with no recommendations.
32. The trust-wide policy schedule was presented to the committee on a half-yearly basis providing a position on the management of policies across the Trust.
33. The Trust's Managing Conflicts of Interest Policy was reviewed and approved by the committee in April 2022. The updated policy included further guidance from the AFS on declaring self-employment and sub-contractor work. The policy was also updated to encourage staff to complete the declaration of interest form electronically to minimise the transfer of paper documents and the requirement for staff to be on site to sign the declaration.

34. Tender Waiver Applications were also reported to the committee to give assurance that processes had been followed which complied with local guidance, as described in the Trust's Standing Financial Instructions (SFIs).
35. The committee also received a regular position in relation to the implementation of recommendations from internal audit reviews. The Audit Tracker Tool was used at every meeting to provide an overview and current position to committee members. This was also strengthened by the development of improved flowcharts for the implementation of recommendations which was supported by the Audit Committee.
36. In April 2022, the Healthcare Financial Management Association (HFMA) produced a briefing *Improving NHS financial sustainability; are you getting the basics right?* The briefing included a detailed checklist for organisations to use as a self-assessment tool. NHSE issued guidance that required organisations to commission from their internal auditors a review of the completed self-assessment.
37. The self-assessment contained 72 questions that the organisation needed to complete and evidence by the end of September 2022. The Trust completed this and MIAA reviewed the scoring, evidence and action plans associated with 12 specific questions.
38. The Audit Committee received a report in February 2023 to provide an update and assurance on the findings of the MIAA review. This confirmed that the rationale for self-assessment scores had been clearly articulated and action plans had been completed.
39. This work is now being tracked through the Finance & Performance Committee.

Freedom To Speak Up (FTSU)

40. MIAA produced a useful set of questions to support the Audit Committee to review their organisation's FTSU arrangements. The Trust's FTSU Guardian reviewed and responded to each of the questions and provided an overview of the responses to the Audit Committee in February 2023, to provide assurance on the effective management.

Independent Assurance - Internal Audit

41. MIAA has provided the internal audit service since the Trust's establishment on 1 April 2011. In April 2022, the committee received the annual audit plan 2022-23 for approval and regular progress reports on the delivery of the plan at each subsequent meeting.
42. The review coverage of the internal audit plan for 2022-23 was focused on;
 - The organisation's Assurance Framework
 - Core and mandated reviews, including follow up; and
 - A range of individual risk-based assurance reviews (see table below)

Table 2: Internal Audit Reviews 2022-23

Review Title	Assurance Level
Key Financial Controls	High
Risk Management - Core Controls	High
Conflicts of Interest	Substantial
Data Security and Protection Toolkit (2021-22)	Substantial
Cyber Security - Threat and Vulnerability Management	Substantial

Utilisation of the E-rostering system	Moderate
Service Reviews - 0-19+ St Helens - 0-25 Knowsley - Community Intermediate Care Centre	All Substantial
Assurance Framework (pHl and pHll)	Not applicable for assurance opinion
HFMA Improving NHS Financial Sustainability checklist	Not applicable for assurance opinion

43. The overall opinion for the period 1st April 2022 to 21st March 2023 provides **Substantial Assurance**.

44. 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”*.

45. In relation to all audit reviews, the Trust provided a managerial response with action plans in place to deliver on the recommendations made. The Audit Committee and each sub-committee of the Board has maintained oversight of all internal audit reviews via the Audit Tracker Tool and the Audit Committee has received regular progress reports from MIAA.

Independent Assurance - External Audit

46. Ernst & Young (EY) was the appointed external auditor for the Trust for 2022-23

47. The timescales for the submission of the 2022-23 were extended, with NHSE approval, due to the timetable for assurances on the local government pension scheme. The Audit Committee met to approve the Annual Governance Statement in June 2022 and subsequently received and approved the final accounts and annual report for the Trust in January 2023.

48. EY presented their Audit Results Report for the year ended 30 March 2022 to the committee in January 2023.

49. The audit for 2022-23 is being completed by new auditors Grant Thornton.

50. Through the authority of the Council of Governors, a robust procurement process was completed during 2022-23 to appoint new external auditors to the Trust. The process was satisfactorily completed with Grant Thornton appointed on a 3-year contract with an option to extend for a further two 12 month periods.

51. The audit for the financial year 2022-23 is on-going at the time of writing and the Audit Committee will meet on 27 June 2023 to receive all documents for sign off. It is anticipated that the national deadline of 30 June 2023 will be achieved.

Local Security Management

52. The Local Security Management Annual Report 2022-23 was presented to the Audit Committee in April 2023 to demonstrate compliance with the requirements of the NHS Standard Contract to put in place and maintain appropriate counter fraud and security management arrangements. The report summarised security related incidents drawing comparisons where possible, with the previous financial years.

Counter Fraud

53. The Audit Committee oversees robust processes in respect to fraud with dedicated resource and access to NHS specialists. The dedicated Anti-Fraud Specialist (AFS), provided by MIAA undertakes both proactive and reactive work including direct investigation of potential frauds.
54. The Trust has established good processes in respect of fraud, overseen by the Chief Finance Officer as the Executive Lead and the Director of Corporate Affairs as the Anti-Fraud Champion, and reported to the Audit Committee.
55. The AFS annual work plan for 2022-23 included core work taking account of the NHS Counter Fraud Authority's Organisational Strategy, risks identified through considering national and local anti-fraud risks and any specific management requests. MIAA Anti-Fraud insights, including benchmarking, briefings and anti-fraud related events were integral to the plan.
56. The Audit Committee received a counter fraud update at each of its meetings. This provided information on current fraud enquiries and any other related issues.
57. In the Anti-Fraud Annual Report 2022-23 presented to the committee in April 2023, it was confirmed that the self-assessment against the Government Functional Standard show the Trust achieving an overall green assessment (12 out of 13 green, with 1 amber). The Trust has demonstrated robust anti-fraud arrangements.
58. The one amber rating relates to the introduction of mandatory e-learning training on Counter Fraud; this will be introduced during quarter 2 of 2023-24.
59. The key achievements during 2022-23 and a summary of the work completed by the Lead AFS are covered in the AFS Annual Report.
60. With Audit Committee oversight, the Trust remains committed to tackling fraud and corruption and demonstrating a good level of performance and continues to develop its anti-fraud culture and fraud prevention following an evaluation of fraud risks. This will further be developed in 2023-24.
61. The Anti-Fraud Annual Plan for 2023-24 was presented to the committee in April 2023.

Annual Report and Year-end declarations

62. The Audit Committee requested delegated authority from the Board of Directors at its meeting on 19 April 2023 to receive and approve the accounts and annual reports for the financial year 2022-23.
63. The Chief Executive will be in attendance at the meeting of the Audit Committee in June 2023 to sign the necessary certificates and statutory declarations based on the submissions being made.
64. A report from the meeting of the Audit Committee will be presented to the Board of Directors confirming that all the necessary requirements have been met, including the Annual Report being laid before Parliament.

Annual Governance Statement

65. The internal auditors performed a range of audits during the year (see Table 2 above) which supported the Head of Internal Audit Opinion on the effectiveness of the Trust's internal control which the committee reviewed at its April 2023 meeting.

66. The committee supports the development of the Annual Governance Statement based on NHSI requirements and Internal Audit Assurance and will review and approve it for inclusion in the Annual Report and Accounts at its meeting in June 2023.

Quality Account

67. In February 2022, NHSI removed the requirement for external auditors to audit Quality Accounts. The Quality & Safety Committee have had oversight of the development and review of the Trust's Quality Account for 2022-23 which will also be presented to the Board of Directors.

Conclusion

68. The Audit Committee of Wirral Community Health & Care NHS Foundation Trust is of the view that it has taken appropriate steps to perform its duties as delegated by the Board and it has no cause to raise any issues of significant concern with the Board arising from its work during 2022-23. There were no breaches of or deficiencies in internal control during 2022-23.
69. In making this statement, the Committee members acknowledge the support given to it by management, in particular the Chief Finance Officer, the Director of Corporate Affairs and by the internal and external auditors.
70. During 2023-24, the committee will keep under review its working arrangements and ensure it continues to develop its own practice to improve its own effectiveness.
71. The Board is asked to endorse this Annual Report from the Audit Committee.

Steve Connor
Audit Chair
June 2023

Charitable Funds Annual Report			
Meeting	Board of Directors		
Date	21/06/2023	Agenda Item	19
Lead Director	Mark Greatrex, Deputy Chief Executive & Chief Finance Officer		
Author(s)	Ian Benjamin – Chief Financial Accountant		
Action required (please select the appropriate box)			
To Approve <input type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
<p>The purpose of this paper is to provide the Board with assurance on the reporting and governance arrangements regarding Wirral Community Health and Care NHS Foundation Trust’s charitable funds.</p> <p>The Board is asked to note the latest published financial statements for the Trust’s charitable funds (for the financial year ending 31 March 2022), which are included within the funds of the Cheshire and Wirral Partnership (CWP) Charity.</p> <p>The Board is also asked to note updates to the charitable funds during 2022/23 and beyond and the plans to promote and encourage donations and funding applications throughout the Trust</p>			
Executive Summary			
<p>The Trust holds charitable funds comprising donations and fundraising received from staff and patients (and other stakeholders) of the Trust and legacy funds passed over from Wirral PCT when the Trust became a separate entity in 2013.</p> <p>These funds are held and managed on behalf of the Trust by CWP, who administers and accounts for them through the CWP Charity (charity number 1050046).</p> <p>An annual report on the funds is provided to the Board of Directors of CWP. This includes the latest published statements for the Charity (to 31 March 2022).</p> <p>The annual report shows the Trust’s charitable funds as £119,293 of available funds as at 31 March 2022. The Trust and the Charity further split these funds into more specific funds.</p>			



Risks and opportunities:

The purpose of the report is to provide assurance on the reporting and governance arrangements for the Trust's charitable funds and the balances available for suitable applications.

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.

This report notes the latest published financial statements for the Trust's charitable funds and further financial activity to March 2022 and beyond.

Financial/resource implications:

The report highlights the balances and financial activity of the Trust's charitable funds over the period April 2021 to date. It lists the money currently available for applications which meet the Charity and Fund objectives

The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:

- Populations – We will support our populations to thrive by optimising wellbeing and independence
- People – We will support our people to create a place they are proud and excited to work
- Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places

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

Place - Improve the health of our population and actively contribute to tackle health inequalities	Place - Make most efficient use of resources to ensure value for money	Populations - People and communities guiding care
--	--	---

The Trust Social Value Intentions

Does this report align with the Trust social value intentions? [Choose an item.](#)

If Yes, please select all of the social value themes that apply:

- Community engagement and support**
- Purchasing and investing locally for social benefit**
- Representative workforce and access to quality work**
- Increasing wellbeing and health equity**

Reducing environmental impact <input type="checkbox"/>		
Board of Directors is asked to consider the following action		
To be assured on the financial reporting arrangements for the Trust's charitable funds.		
Report history (Please include history of where the paper has been presented prior to reaching this meeting, including the title of the meeting, the date, and a summary of the outcome)		
Submitted to	Date	Brief summary of outcome
No report history		



Charitable Funds – Annual Update

Financial statements of the Charity 2021/22

1. Attached is the latest set of signed accounts for the Charity covering the period 1 April 2021 to 31 March 2022 which were approved by CWP and subject to an independent examination. These accounts are also available to view on the Charity Commission website:

[CWP Charitable Funds Annual Report and Accounts 2021/22 \(Registered Charity 1050046\) - The Charity Commission](#)

2. The accounts cover the total funds held by the Charity, but split out the income, expenditure and opening and closing fund balances relating to the Trust's charitable funds. This is shown most clearly in note 12 of the accounts (sum of unrestricted and restricted funds - page 18) and is summarised in the table below:

	2020/21	2021/22
	£	£
Opening WCT fund balance at 1 April	76,088	88,756
Income for the year	64,418	39,032
Expenditure for the year	(65,998)	(8,116)
Investment gains/(losses)	14,248	2,163
Closing WCT fund balance at 31 March	88,756	121,835
Closing available funds*	87,666	119,293

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

The market has started to recover following the earlier impact of COVID-19 and any losses on investments have been reversed and unrealised gains have since been made. The investments are being monitored by CWP and the investment manager on a daily basis.

3. For the CWP Charity, the funds belonging to the Trust are mainly disclosed in the financial statements as a single, ear-marked fund. There is also a single restricted fund. However, in agreement between the Charity and the Trust, the funds are further broken down into local ear-marked or restricted funds.
4. The League of Friends charity was a key partner for the Trust over many years operating the tea bar at the VCH Walk-in Centre. After ending its operations, the charity donated £33k to the Trust. This money is to benefit the local community and to support community projects and programmes. However, and at the request of the League of Friends, this is restricted to the Wallasey/VCH area.

Financial activities of the Charity 2022/23 and beyond

5. The funds, and activity for 2022/23, are reflected in the table below:

Fund	April 2022 to March 2023 (£)					Cash Balance March 2023	Commitments	Available Cash June 2023
	Cash Balance April 2022	Income	Expenditure	Investment Apportionment	Adjustment in-year			
F22 General Fund	42,097	1,257	(1,776)	(292)	12,714	54,001	(52,024)	1,977
F33 Wirral Heart Support	4,597	677	(187)	(32)	0	5,055	(612)	4,443
F35 Palliative Care	28,696	5,473	(1,759)	(192)	(8,563)	23,655	(7,703)	15,952
F36 Community Nursing	11,050	555	(381)	(73)	(4,151)	7,000	(6,617)	383
F22a COIF Grant	521	0	0	0	(521)	0	0	0
F37 League of Friends of Wallasey Hospitals (restricted)	32,331	856	(1,250)	(219)	0	31,718	(671)	31,047
Total	119,293	8,818	(5,353)	(808)	(521)	121,429	(67,627)	53,802

*Expenditure includes fees, charges and administration costs. Commitments include a prior year balance and also legacies totalling £21,841.

The figures in the table above are subject to audit.

The expenditure incurred included the following highlights:

- £25,850 – Bee Well Garden to create an external space at St Catherine’s Health Centre for staff wellbeing and reflection.
 - £9,000 – a contribution towards the funding of the annual Staff Awards event.
 - £7,703 – various applications to support the Palliative Care team and their patients. These included books, Christmas keepsakes, events and other items to help housebound patients.
 - £1,284 – to purchase Christmas decorations for the Victoria Central Hospital site to benefit both staff and patients.
 - £668 – to support both the Allied Health Professionals Day and International Nurses Day.
 - £671 – dental projectors purchased to help relax children and adults during treatment.
 - £612 – aerobic steps for the Community Cardiology team to help patients during group and gym-based sessions.
6. StaffZone has been updated previously to make the charitable funds more accessible and a Charitable Funds policy will be updated and published during 2023/24. Further work will continue with the Comms team to encourage fundraising and donations along with larger and more ambitious applications.
7. A service level agreement (SLA) between CWP and the Trust has been produced. The CWP Charity currently invoices the Trust for services provided based on a percentage of funds held – the fee for 2022/23 was £4,762.

Board action

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

Ian Benjamin, Chief Financial Accountant

13 June 2023



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

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

Charitable Funds

Annual Report and Accounts

2021-2022



Cheshire and Wirral Partnership

NHS Foundation Trust

Charitable Funds: Registered Charity Number 1050046

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ANNUAL REPORT

Foreword

The Corporate Trustee presents the Charity Annual Report together with the Financial Statements for the year ended 31 March 2022.

The Charity's Annual Report and Accounts for the year ended 31 March 2022 have been prepared by the Corporate Trustee in accordance with Part 8 of the Charities Act 2011 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)".

Reference and Administrative Information

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

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

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

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

Charitable funds received by the Charity are accepted, held and administered as funds held on trust for purposes relating to the NHS and Community Care Act 1990. The Charity comprised 22 individual funds at 31 March 2022.

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

Structure, Governance and Management

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

Sheena Cumiskey
Tim Welch
Anushta Sivananthan
Andy Styring (non-voting)
Faouzi Alam
David Harris
Isla Wilson - Appointed Jan 22
Rebecca Burke-Sharples - Appointed Jan 17; Reappointed Apr 20; Reappointed Jun 21
Suzanne Edwards
Andrea Campbell
Edward Jenner
Gary Flockhart
Farhad Ahmed
Elizabeth Harrison
Mike Maier - Completed Term Dec 21
Paul Bowen - Appointed Oct 19; Stepped Down Aug 21

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

The principal office of the Charity is -

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



ANNUAL REPORT

Reserves Policy

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

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

Investment Policy

During 2021/2022 the Charity's investment objective was to maximise financial returns as follows -

- a) ensure that income generated matched forecast need and grew at a rate above inflation.
- b) achieve a return on investments of £12,000 (actual achievement £9,523).
- c) maintain the capital value of the portfolio as high as possible commensurate with the above.

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

In 2021/2022 the Charity investment portfolio was managed by Investec.

Risk Management

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

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

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

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

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

Independent Examiners

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



ANNUAL REPORT

Objectives and Activities

The Charity has NHS wide objectives as follows -

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

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

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

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

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

Challenging Stigma and Discrimination

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

Insight - Recovery Through Research.

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

Adult Mental Health

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

CAMHS

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



ANNUAL REPORT

Learning Disabilities Services

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

Community Care Western Cheshire

Community care services throughout Western Cheshire, serving a registered population of approximately 300,000.

Grants received from NHS Charities Together

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

Looking to the future

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

To cultivate good working relations with current donors and fundraisers.

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

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

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



ANNUAL REPORT

Review of Finances, Achievements and Performance

The net assets of the Charity at 31 March 2022 were £443,912 an increase of £129,441 from those held at 31 March 2021 (£314,471). Of the balance at 31 March 2022, £133,508 was invested in UK fixed interest and Equities, £127,911 in Overseas Fixed Interest, Equities and Securities and the remainder comprised debtors, creditors and funds on deposit at the bank.

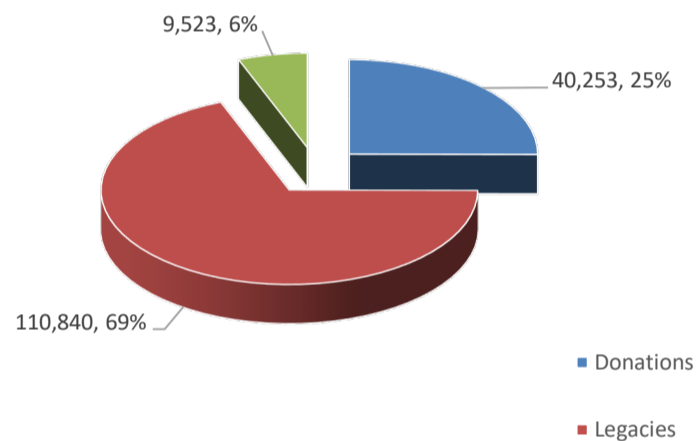
The Charity continues to rely on donations, legacies, fund raising and investment income as its main sources of income. The chart below shows the percentage of each category of income received during 2021/22:

TOTAL INCOME AND ENDOWMENTS £ 160,616

Income from Investments £ 9,523
Earned from dividends and interest.

Charitable activities

Legacies £ 110,840
Donations £ 40,253



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

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

Wirral AMH/OPS General Purpose	550
Western Cheshire AMH/OPS General Purpose	430
CAMHS General Purpose	105
Stigma	36
Research	36
Community Services (TCS)	2,215
New General Purpose Fund	429
Restricted Funds Dev MH Kisiizi Hospital Uganda	36
East Cheshire AMH/OPS General Purpose	190
League of Friends of Wallasey Hospitals	32,500
Wirral Heart Support	562
WCT Specialist Palliative Care	2,660
WCT Community Nurses	505
	40,253



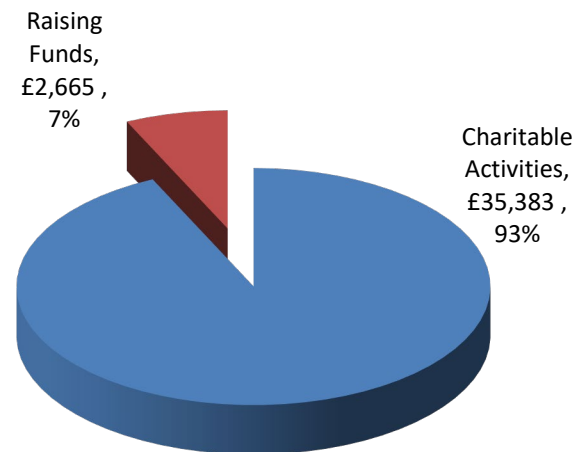
ANNUAL REPORT

Review of Finances, Achievements and Performance (Continued)

TOTAL EXPENDITURE (38,048)

Expenditure on Charitable activities (35,383)

Expenditure on raising funds (2,665)



Expenditure on Charitable activities (35,383)

Western Cheshire AMH/OPS General Purpose (100)

CAMHS General Purpose (97)

Stigma (1,200)

Community Services (TCS) (500)

New General Purpose Fund (8,496)

General Purpose COIF Grant (11,354)

East Cheshire AMH/OPS General Purpose (149)

Wirral Community NHS Trust General Purpose (4,294)

WCT Specialist Palliative Care (432)

Bought in Services from the NHS, CWP Admin Fee (6,948)

Bank Charges (82)

Quickbooks Support (562)

Independent Examiners Fee (1,170)

Expenditure on Raising funds (2,665)

Investment Management Fees (2,647)

Pennies from Heaven Fees (18)

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

Signature:

Date:

27 January 2023



Statement of Corporate Trustee's Responsibilities

The Corporate Trustee is responsible for:

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

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

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

The Corporate Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages 9-20 attached have been compiled from and are in accordance with the financial records maintained by the Corporate Trustee.

By Order of the Corporate Trustee

Chair

Date 27 January 2023

Interim Director of Business & Value

Date 27 January 2023



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

I report to the trustees on my examination of the financial statements of Cheshire and Wirral Partnership NHS Foundation Trust General Fund for the year ended 31 March 2022.

Responsibilities and Basis of Report

As the trustees of the charity, you are responsible for the preparation of the financial statements in accordance with the requirements of the Charities Act 2011 (the 2011 Act).

I report in respect of my examination of the charity's financial statements carried out under section 145 of the 2011 Act. In carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent Examiners Statement

Your attention is drawn to the fact that the charity has prepared financial statements in accordance with Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) in preference to the Accounting and Reporting by Charities: Statement of Recommended Practice issued on 1 April 2005 which is referred to in the extant regulations but has now been withdrawn.

I understand that this has been done in order for financial statements to provide a true and fair view in accordance with Generally Accepted Accounting Practice effective for reporting periods beginning on or after 1 January 2015.

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. Accounting records were not kept in respect of the charity as required by section 130 of the 2011 Act; or
2. the financial statements do not accord with those records; or
3. the financial statements do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the financial statements to be reached.

Champion Allwoods Limited

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

Champion Allwoods Limited

Dated:

30 January 2023



Statement of Financial Activities for the year ended 31 March 2022

	Note	2021-22 Restricted Funds £'s	2021-22 Unrestricted Funds £'s	2021-22 Total £'s	2020-21 Restricted Funds £'s	2020-21 Unrestricted Funds £'s	2020-21 Total £'s
Income from Charitable activities							
Donations		32,536	7,717	40,253	39	20,805	20,844
Fund raising		0	0	0	0	0	0
Legacies		0	110,840	110,840	0	20,500	20,500
Grants		0	0	0	176,482	0	176,482
Income from Investments	3	1,131	8,392	9,523	400	10,192	10,592
Other incoming resources		0	0	0	0	0	0
Total Income and Endowments	4	<u>33,667</u>	<u>126,949</u>	<u>160,616</u>	<u>176,921</u>	<u>51,497</u>	<u>228,418</u>
Expenditure on Charitable activities							
Expenditure on Charitable activities	5a	(12,431)	(22,952)	(35,383)	(150,084)	(29,474)	(179,558)
Expenditure on Raising Funds	5b	(348)	(2,317)	(2,665)	(93)	(2,369)	(2,462)
Total Expenditure	6	<u>(12,779)</u>	<u>(25,269)</u>	<u>(38,048)</u>	<u>(150,177)</u>	<u>(31,843)</u>	<u>(182,020)</u>
Net Gain/(loss) on disposal of investments assets		34	341	375	8	206	214
Net Gain/(loss) on revaluation of investment assets		739	5,759	6,498	1,241	39,212	40,453
Net gains(losses) on investments		<u>773</u>	<u>6,100</u>	<u>6,873</u>	<u>1,249</u>	<u>39,418</u>	<u>40,667</u>
Net income/(expenditure)		<u>21,661</u>	<u>107,780</u>	<u>129,441</u>	<u>27,993</u>	<u>59,072</u>	<u>87,065</u>
Funds Transfer		0	0	0	0	0	0
Total net movement in funds	7	<u>21,661</u>	<u>107,780</u>	<u>129,441</u>	<u>27,993</u>	<u>59,072</u>	<u>87,065</u>
Fund balances brought forward at 31 March 2021		41,496	272,975	314,471	13,503	213,903	227,406
Fund balances carried forward at 31st March 2022		<u>63,157</u>	<u>380,755</u>	<u>443,912</u>	<u>41,496</u>	<u>272,975</u>	<u>314,471</u>

The notes on pages 12-20 form part of these Accounts.



Balance Sheet as at 31 March 2022

	Notes	Total Restricted Funds at 31 March 2022 £'s	Total Unrestricted Funds at 31 March 2022 £'s	Total Funds at 31 March 2022 £'s	Total Restricted Funds at 31 March 2021 £'s	Total Unrestricted Funds at 31 March 2021 £'s	Total Funds at 31 March 2021 £'s
Fixed Assets							
Investments	9	11,117	250,302	261,419	10,591	256,686	267,277
Total Fixed Assets		<u>11,117</u>	<u>250,302</u>	<u>261,419</u>	<u>10,591</u>	<u>256,686</u>	<u>267,277</u>
Current Assets							
Debtors	10	575	4,484	5,059	206	5,264	5,470
Short term investments and deposits		52,020	128,940	180,960	32,411	54,687	87,098
Total Current Assets		<u>52,595</u>	<u>133,424</u>	<u>186,019</u>	<u>32,617</u>	<u>59,951</u>	<u>92,568</u>
Creditors: Amounts falling due within one year	11	(555)	(2,971)	(3,526)	(1,712)	(43,662)	(45,374)
Net Current Assets		<u>52,040</u>	<u>130,453</u>	<u>182,493</u>	<u>30,905</u>	<u>16,289</u>	<u>47,194</u>
Total Net Assets		<u>63,157</u>	<u>380,755</u>	<u>443,912</u>	<u>41,496</u>	<u>272,975</u>	<u>314,471</u>
Funds of the Charity							
Total Funds	12	<u>63,157</u>	<u>380,755</u>	<u>443,912</u>	<u>41,496</u>	<u>272,975</u>	<u>314,471</u>

The notes on pages 12-20 form part of these Accounts.

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

Signature:

Date: 27 January 2023



Statement of Cash Flow as at 31 March 2022

	Notes	Restricted 31 March 2022	Unrestricted 31 March 2022	Total 31 March 2022	Restricted 31 March 2021	Unrestricted 31 March 2021	Total 31 March 2021
Net cash provided by (used in) operating activities	14	18,231	53,377	71,608	27,732	44,143	71,875
Cash flows from investing activities:							
Dividends and Interest		1,131	8,392	9,523	400	10,192	10,592
Proceeds from the sale of investments		2,939	26,894	29,833	1,303	41,169	42,472
Purchase of investments & deposits made		(2,692)	(14,410)	(17,102)	(1,420)	(44,877)	(46,297)
Net cash provided by (used in) investing activities		<u>1,378</u>	<u>20,876</u>	<u>22,254</u>	<u>283</u>	<u>6,484</u>	<u>6,767</u>
Cash flows from financing activities:							
Net cash provided by (used in) financing activities		1,378	20,876	22,254	283	6,484	6,767
Change in cash and cash equivalents in the reporting period		<u>19,609</u>	<u>74,253</u>	<u>93,862</u>	<u>28,015</u>	<u>50,627</u>	<u>78,642</u>
Cash and cash equivalents at the 1st April		<u>32,411</u>	<u>54,687</u>	<u>87,098</u>	<u>4,396</u>	<u>4,060</u>	<u>8,456</u>
Cash and cash equivalents at the 31st March		<u>52,020</u>	<u>128,940</u>	<u>180,960</u>	<u>32,411</u>	<u>54,687</u>	<u>87,098</u>



Notes to the Accounts

1 Accounting Policies

1.1 Accounting Convention

The financial statements have been prepared in accordance with accounting standards and policies for the NHS approved by the Secretary of State, the Charities Act 2011, FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" ("FRS 102") and the Charities SORP "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)" (effective 1 January 2019).

The charity is a Public Benefit Entity as defined by FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention. The principal accounting policies adopted are set out below.

1.2 Going Concern

At the time of approving the financial statements, the trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

1.3 Income and Endowments

a) All income and endowments are included in full in the Statement of Financial Activities as soon as the following three factors can be met:

- i) entitlement - arises when a particular resource is receivable or the Charity's right becomes legally enforceable;
- ii) certainty - when there is reasonable certainty that the incoming resource will be received;
- iii) measurement - when the monetary value of the incoming resource can be measured with sufficient reliability.

b) Gifts in kind

- i) Assets given for distribution by the Charity are included in the Statement of Financial Activities only when distributed.
- ii) Assets given for use by the Charity (e.g. property for its own occupation) are included in the Statement of Financial Activities as incoming resources when receivable.
- iii) Gifts made in kind but on trust for conversion into cash and subsequent application by the Charity are included in the accounting period in which the gift is sold.
- iv) The amount at which gifts in kind are brought into account is either a reasonable estimate of their value to the Charity or the amount actually realised.

c) Legacies

Legacies are accounted for as incoming resources once the receipt of the legacy becomes reasonably certain. This will be once confirmation has been received from the representatives of the estate that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

d) Income from investments

Income from investments is accounted for on an accruals basis and is apportioned across the individual funds on an average balance of funds basis.

1.4 Expenditure on Charitable activities

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



Notes to the Accounts

1 Accounting Policies (continued)

1.5 Realised and Unrealised Gains and Losses

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

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

1.6 Fixed Assets

The Charity holds no tangible or intangible fixed assets or donated fixed assets.

1.7 Investment Fixed Assets

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

1.8 Pooling Scheme

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

1.9 Unrestricted (including designated funds)

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

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

1.10 Restricted Funds

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

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

2 Related Party Transactions

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

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

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



Cheshire and Wirral Partnership
NHS Foundation Trust
Charitable Funds: Registered Charity Number 1050046
Year ending 31 March 2022

3 Analysis of Gross Income from Investments	Restricted 2021-2022 £'s	Unrestricted 2021-2022 £'s	31 March 2022 £'s	Restricted 2020-2021 £'s	Unrestricted 2020-2021 £'s	31 March 2021 £'s
Overseas Securities	479	3,556	4,035	164	4,175	4,339
Held in UK	652	4,836	5,488	236	6,017	6,253
Total gross income	1,131	8,392	9,523	400	10,192	10,592
4 Analysis of Income received by Charitable Fund	Restricted Funds 2021-2022 £'s	Unrestricted Funds 2021-2022 £'s	Total Funds 2021-2022 £'s	Restricted Funds 2020-2021 £'s	Unrestricted Funds 2020-2021 £'s	Total Funds 2020-2021 £'s
Charitable Trusts						
Ashton House	0	0	0	0	67	67
East Cheshire Mental Health and Learning Disabilities	0	611	611	0	6,813	6,813
Mid Cheshire Mental Health and Learning Disabilities	0	6	6	0	31	31
Restricted Funds						
Kisiizi Hospital	229	0	229	280	0	280
CWP Restricted	696	0	696	120,824	0	120,824
Wirral Community NHS FT Restricted	32,692	0	32,692	55,750	0	55,750
Other Charitable Fund Balances						
Wirral Community NHS NHS Foundation Trust	0	6,340	6,340	0	8,668	8,668
Insight Research Fund	0	118	118	0	113	113
Cheshire & Wirral Partnership NHS Foundation Trust (comprising of)						
Wirral Mental Health	0	1,341	1,341	0	22,019	22,019
West Mental Health	0	2,132	2,132	0	2,900	2,900
Central and Eastern	0	31	31	0	1,069	1,069
CAMHS	32	111,793	111,825	43	360	403
Learning Disabilities	0	0	0	0	1	1
Primary Care	0	0	0	0	50	50
Challenging Stigma	0	74	74	0	92	92
Community Services	18	2,480	2,498	24	6,192	6,216
General Purposes	0	129	129	0	3,122	3,122
New General Purpose	0	1,894	1,894			
	33,667	126,949	160,616	176,921	51,497	228,418

**5a Expenditure on charitable activities**

	Restricted 2021-2022 £'s	Unrestricted 2021-2022 £'s	31 March 2022 £'s	Restricted 2020-2021 £'s	Unrestricted 2020-2021 £'s	31 March 2021 £'s
Bought-in services from NHS	(860)	(6,088)	(6,948)	(281)	(7,178)	(7,459)
Other expenses in furtherance of charity objectives	(68)	(523)	(591)	(22)	(540)	(562)
Independent Examiners' remuneration	(138)	(1,002)	(1,140)	(43)	(1,097)	(1,140)
Bank Charges	(11)	(71)	(82)	(3)	(83)	(86)
Covid Expenses	(750)	0	(750)	(66,168)	0	(66,168)
Patients' welfare and amenities	(3,758)	(14,836)	(18,594)	(11,119)	(10,466)	(21,585)
Staff welfare and amenities	(6,846)	(432)	(7,278)	(72,448)	(10,110)	(82,558)
	<u>(12,431)</u>	<u>(22,952)</u>	<u>(35,383)</u>	<u>(150,084)</u>	<u>(29,474)</u>	<u>(179,558)</u>

5b Expenditure on raising funds

	(348)	(2,317)	(2,665)	(93)	(2,369)	(2,462)
	<u>(348)</u>	<u>(2,317)</u>	<u>(2,665)</u>	<u>(93)</u>	<u>(2,369)</u>	<u>(2,462)</u>

6 Analysis of Expenditure

	Expenditure on Charitable Activities £'s	Expenditure on raising funds £'s	Total 2020-2021 £'s	Expenditure on Charitable Activities £'s	Expenditure on raising funds £'s	Total 2020-2021 £'s
Independent Examiners remuneration	(1,140)	0	(1,140)	(1,140)	0	(1,140)
Investment management fees	0	(2,647)	(2,647)	0	(2,454)	(2,454)
My Donate / Pennies from Heaven	0	(18)	(18)	0	(8)	(8)
Bank Charges	(82)	0	(82)	(86)	0	(86)
Bought-in services from NHS	(6,948)	0	(6,948)	(7,459)	0	(7,459)
Other costs including purchases for patient and staff welfare and amenities	(27,213)	0	(27,213)	(170,873)	0	(170,873)
	<u>(35,383)</u>	<u>(2,665)</u>	<u>(38,048)</u>	<u>(179,558)</u>	<u>(2,462)</u>	<u>(182,020)</u>

6.1 Support Costs

Independent Examiners' remuneration, Investment Management fees and Bought-in services from NHS are apportioned across all funds based on an average balance percentage.



7	Changes in Resources Available for Charity Use	Restricted Funds 2020-2021 £'s	Unrestricted Funds 2020-2021 £'s	Total Funds 2020-2021 £'s	Restricted Funds 2020-2021 £'s	Unrestricted Funds 2020-2021 £'s	Total Funds 2020-2021 £'s
	Opening Balances	41,496	272,975	314,471	13,503	213,903	227,406
	Closing Balances	63,157	380,755	443,912	41,496	272,975	314,471
	Net (decrease)/increase in funds available for future activities	<u>21,661</u>	<u>107,780</u>	<u>129,441</u>	<u>27,993</u>	<u>59,072</u>	<u>87,065</u>

8 Trustee and Connected Persons Transactions

8a Trustee expenses reimbursed

No expenses were reimbursed to any members of the Board of the Corporate Trustee during the year ended 31 March 2022 (2020-2021 nil).

8b Trustee remuneration

No remuneration was paid to any members of the Board of the Corporate Trustee during the year ended 31 March 2022 (2020-2021 nil).

8c Details of transaction with Trustees or connected persons

There were no transactions with any members of the Board of the Corporate Trustee or connected persons during the year ended 31 March 2022 (2020-21 nil).



Investment Fixed Assets as per Accounting Policy						
9	Restricted	Unrestricted	31 March 2022	Restricted	Unrestricted	31 March 2021
	2021-2022	2021-2022		2020-2021	2020-2021	
9.1	£'s	£'s	£'s	£'s	£'s	£'s
Fixed Asset Investments:						
Market value at 31 March 2021	10,591	256,686	267,277	9,224	213,561	222,785
Less: Disposals at carrying value	(2,905)	(26,553)	(29,458)	(1,295)	(40,963)	(42,258)
Add: Acquisitions at cost	2,692	14,410	17,102	1,421	44,876	46,297
Net gain on revaluation	739	5,759	6,498	1,241	39,212	40,453
Market value at 31 March 2022	<u>11,117</u>	<u>250,302</u>	<u>261,419</u>	<u>10,591</u>	<u>256,686</u>	<u>267,277</u>
Historic cost at 31 March 2022	<u>26,052</u>	<u>203,073</u>	<u>229,125</u>	<u>7,311</u>	<u>231,010</u>	<u>238,321</u>
9.2	Tangible Fixed Assets as per Accounting Policy					
	IT Equipment					
	£'s					
Cost						
As at 31st March 2020	59,168					
Additions	0					
As at 31st March 2021	<u>59,168</u>					
Depreciation						
As at 31st March 2020	59,168					
Depreciation charged in the year	0					
As at 31st March 2021	<u>59,168</u>					
Carrying Amount						
As at 31st March 2021	<u>0</u>					
As at 31st March 2020	<u>0</u>					
9.3	Restricted	Unrestricted	31 March 2022	Restricted	Unrestricted	31 March 2021
	2021-2022	2021-2022		2020-2021	2020-2021	
	£'s	£'s	£'s	£'s	£'s	£'s
Market value						
Overseas Securities	5,440	122,471	127,911	4,525	109,675	114,200
Held in UK	5,677	127,831	133,508	6,066	147,011	153,077
	<u>11,117</u>	<u>250,302</u>	<u>261,419</u>	<u>10,591</u>	<u>256,686</u>	<u>267,277</u>



		31 March 2022		31 March 2021			
		£'s		£'s			
10	Analysis of Debtors						
	Opening Balance		5,470		2,657		
	Invoices raised		4,442		6,537		
	Accrued income		(189)		(1,850)		
	Reversing Accruals		0		0		
	Income received		(4,664)		(1,874)		
	Total debtors		5,059		5,470		
11	Analysis of Creditors						
	Opening Balance		(45,374)		(6,492)		
	Invoices received		(84,332)		(146,990)		
	Reversing accruals		0		0		
	Accrued expenditure		42,906		(38,075)		
	Invoices Paid		83,274		146,183		
	Investec dealing account proceeds from sales		0		0		
	Total creditors		(3,526)		(45,374)		
12	Analysis of Funds 2021-2022						
		Balance	Incoming	Resources	Gains and	Transfer of funds	Balance
		31 March	Resources	Expended	Losses		31 March
	Unrestricted Designated Funds	2021					2022
		£'s	£'s	£'s	£'s		£'s
	Charitable Trusts						
	East Cheshire Mental Health and Learning Disability Services	14,152	611	(640)	378	(2,942)	11,559
	Mid Cheshire Mental Health and Learning Disability Services	190	6	(7)	5	(194)	0
	Other Charitable Fund Balances						
	Research (Insight)	14,149	118	(101)	45	0	14,211
	Wirral Community NHS Foundation Trust	88,756	6,340	(7,766)	2,361	0	89,691
	Cheshire & Wirral Partnership NHS Foundation Trust	155,728	119,874	(16,755)	3,311	3,136	265,294
	Unrestricted Funds	272,975	126,949	(25,269)	6,100	0	380,755
	Restricted Funds						
	Kisizi Hospital (Previously held as unrestricted funds)	13,039	229	(229)	156	0	13,195
	CWP	28,457	746	(12,200)	815	0	17,818
	Wirral Community NHS FT Restricted	0	32,692	(350)	(198)	0	32,144
		41,496	33,667	(12,779)	773	0	63,157
	Total Funds	314,471	160,616	(38,048)	6,873	0	443,912



12.1 Legacies

Cheshire & Wirral Partnership NHS Foundation Trust Fund Balance as at 31 March 2022 includes legacies totalling £210,879 earmarked for specific services.

Legacy Name	Fund	Date Received	Department	Amount
Legacy 1	F01	16/12/2008	AMH Springview Clatterbridge	3,083
Legacy 2	F02	22/07/2011	Psychology Service Chester	56,643
Legacy 3	F29	20/05/2014	Broxton Community Care Team	1,730
Legacy 4	F01	02/06/2015	Wirral Assertive Outreach Services	500
Legacy 5	F29	20/12/2012	Chester Community Nursing	1,188
Legacy 6	F12	24/06/2011	Oakmere Team Vale House	2,517
Legacy 7*	F01	20/10/2009*	The Central Hospital Wallasey	903
Legacy 8**	F22	20/10/2009*	The Cottage Hospital Wallasey - WCT WS	6,989
Legacy 9	F01	19/02/2009	AMH Springview Clatterbridge	0
Legacy 9	F22	19/02/2009	WCT Women's Services	4,015
Legacy 10	F12	05/04/2005	East Cheshire	1,970
Legacy 11	F01	15/10/2020	Wirral AMH/OPS General Purpose	500
Legacy 12	F01	10/03/2021	Brackendale Ward - Springview	20,000
Legacy 13	F04	12/08/2021	Ancora House	110,840
				210,879

* Legacy 7 received on 20/10/2009, 27/04/2011 & 22/02/2013, these are a contribution to the same fund.

** Legacy 8 received on 20/10/2009 & 27/04/2011, these are a contribution to the same fund.

12.2 Analysis of Funds 2020-2021

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



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

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

13 Loans or Guarantees Secured against Assets of the Charity

There were no loans or guarantees secured against assets of the charity during the year ended 31 March 2022 (2020 -2021 nil).

14 Statement of Cash Flow from operating activities	Restricted 2021-2022	Unrestricted 2021-2022	Total 2021-2022	Restricted 2020-2021	Unrestricted 2020-2021	Total 2020-2021
Net Income/(Expenditure) for the reporting period (as per the Statement of Financial Activities)	21,661	107,780	129,441	27,993	59,072	87,065
Adjustments for:						
(Gains)/Losses on Investments	(739)	(5,759)	(6,498)	(1,241)	(39,212)	(40,453)
Dividends and Interest	(1,131)	(8,392)	(9,523)	(400)	(10,192)	(10,592)
(Gain)/loss on disposal of investments	(34)	(341)	(375)	(8)	(206)	(214)
(Increase)/Decrease in Debtors	(369)	780	411	(125)	(2,688)	(2,813)
Increase/(Decrease) in Creditors	(1,157)	(40,691)	(41,848)	1,514	37,368	38,882
Net cash provided by (used in) operating activities	<u>(3,430)</u>	<u>(54,403)</u>	<u>(57,833)</u>	<u>(260)</u>	<u>(14,930)</u>	<u>(15,190)</u>
Cash flows from operating activities						
Net cash provided by (used in) operating activities	<u>18,231</u>	<u>53,377</u>	<u>71,608</u>	<u>27,733</u>	<u>44,142</u>	<u>71,875</u>

15 Connected Organisations

The total income of the Cheshire and Wirral Partnership NHS Foundation Trust for 2021-2022 was £227,083,000 (2020-2021 £203,966,000).



Donations

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

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

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

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

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

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

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

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

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

Gift Aid

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

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

Fund Raising

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

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

Stephen Stokes
 Charity Administrator
 Telephone Number 01244393239
 Email: stephen.stokes@nhs.net

Legacies

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

Staff Donations

Support the staff payroll giving schemes.

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

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

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

Insight-Recover through Research
 Challenging Stigma
 Kisizi Hospital General Fund



Cheshire and Wirral Partnership NHS Foundation Trust Charitable Funds

Registered Charity Number: 1050046

Redesmere Building

Countess of Chester Health Park

Liverpool Road

Chester

CH2 1BQ

Tel No. - 01244 393239

Fax No. - 01244 393268

Email: stephen.stokes@nhs.net

To: Champion Allwoods Limited
2nd Floor Refuge House
33-37 Watergate Row
Chester
CH1 2LE

Dear Sirs,

The following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience such as we consider necessary in connection with your independent examination of the charity's financial statements for the year ended 31 March 2022. These enquiries have included inspection of supporting documentation where appropriate. All representations are made to the best of our knowledge and belief.

General

- 1 We acknowledge that the work performed by you is substantially less in scope than an audit performed in accordance with International Standards on Auditing (UK) and that you do not express an audit opinion.
- 2 We confirm that the charity was entitled to exemption under section 144 of the Charities Act 2011 the requirement to have its financial statements for the financial year ended 31 March 2022 audited.
- 3 We have fulfilled our responsibilities as trustees as set out in the terms of your engagement letter dated 23 February 2018, under the Charities Act 2011 for preparing financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), for being satisfied that they give a true and fair view and for making accurate representations to you.
- 4 All the transactions undertaken by the charity have been properly reflected and recorded in the accounting records.
- 5 All the accounting records have been made available to you for the purpose of your independent examination. We have provided you with unrestricted access to all appropriate persons within the charity, and with all other records and related information requested, including minutes of all management and trustee meetings and correspondence with The Charity Commission.
- 6 The financial statements are free of material misstatements, including omissions.
- 7 The effects of uncorrected misstatements are immaterial both individually and in total.

Assets and liabilities

- 8 The charity has satisfactory title to all assets and there are no liens or encumbrances on the charity's assets, except for those that are disclosed in the notes to the financial statements.
- 9 All actual liabilities, contingent liabilities and guarantees given to third parties have been recorded or disclosed as appropriate.
- 10 We have no plans or intentions that may materially alter the carrying value and where relevant the fair value measurements or classification of assets and liabilities reflected in the financial statements.

Accounting estimates

- 11 Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.



Cheshire and Wirral Partnership NHS Foundation Trust Charitable Funds
Registered Charity Number: 1050046
Redesmere Building
Countess of Chester Health Park
Liverpool Road
Chester
CH2 1BQ
Tel No. - 01244 393239
Fax No. - 01244 393268
Email: stephen.stokes@nhs.net

Legal claims

12 We have disclosed to you all claims in connection with litigation that have been, or are expected to be, received and such matters, as appropriate, have been properly accounted for, and disclosed in, the financial statements.

Laws and regulations

13 We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

Related parties

14 Related party relationships and transactions have been appropriately accounted for and disclosed in the financial statements. We have disclosed to you all relevant information concerning such relationships and transactions and are not aware of any other matters which require disclosure in order to comply with legislative and accounting standards requirements.

Subsequent events

15 All events subsequent to the date of the financial statements which require adjustment or disclosure have been properly accounted for and disclosed.

Going concern

16 We believe that the charity's financial statements should be prepared on a going concern basis on the grounds that current and future sources of funding or support will be more than adequate for the charity's needs. We have considered a period of twelve months from the date of approval of the financial statements. We believe that no further disclosures relating to the charity's ability to continue as a going concern need to be made in the financial statements.

Grants and donations

17 All grants, donations and other income, the receipt of which is subject to specific terms or conditions, have been notified to you. There have been no breaches of terms or conditions in the application of such income.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Steve W.', is written over a horizontal dotted line.

Signed on behalf of the board of

trustees Date: 25/01/2023

FT constitution - Shadow governors and the election timetable			
Meeting	Board of Directors		
Date	21/06/2023	Agenda Item	20
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Alison Hughes, Director of Corporate Affairs		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>	
Purpose			
This paper provides the Board of Directors with a proposal for approval, to add detail into the FT constitution regarding shadow governors and to change the election timetable for governors in 2023-24 to 2024-25.			
Executive Summary			
<p>Following recent meetings of both the Board of Directors and the Council of Governors, a small working group of governors has considered the proposals included in the attached with the Director of Corporate Affairs and the Chair of the Trust.</p> <p>The working group has included;</p> <p>Lynn Collins, Lead Governor Kevin Sharkey, Public Governor Lauren Francom, Staff Governor</p> <p>These proposals are presented to the Board of Directors, following support at the Council of Governors meeting on 23 May 2023.</p>			
Risks and opportunities:			
This paper presents proposals which aim to present an opportunity to increase interest in the role of the governor of the Foundation Trust.			
Quality/inclusion considerations:			
Quality & Equality Impact Assessment completed and attached No.			

The opportunity for shadow governors will be available equally for all constituents, based on the selection process outlined in the attached.

Financial/resource implications:

None.

The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:

- Populations – We will support our populations to thrive by optimising wellbeing and independence
- People – We will support our people to create a place they are proud and excited to work
- Place - We will deliver sustainable health and care services within our communities enabling the creation of healthy places

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

Populations - Safe care and support every time	Populations - People and communities guiding care	Place - Increase our social value offer as an Anchor Institution
--	---	--

The Trust Social Value Intentions

Does this report align with the Trust social value intentions? [Choose an item.](#)

If Yes, please select all of the social value themes that apply:

Community engagement and support

Purchasing and investing locally for social benefit

Representative workforce and access to quality work

Increasing wellbeing and health equity

Reducing environmental impact

Board of Directors is asked to consider the following action

To approve the proposals to introduce shadow governors and to amend the election timetable for 2023-24 to 2024-25.

Report history (Please include history of where the paper has been presented prior to reaching this meeting, including the title of the meeting, the date, and a summary of the outcome)

Submitted to	Date	Brief summary of outcome
--------------	------	--------------------------

Informal Board	17 May 2023	Proposals supported by members of the Board.
Council of Governors	23 May 2023	Proposals supported by all governors present.



Shadow governors and reviewing the election timetable

May / June 2023

Background

- CoG elections in November 2022 included 8 public & staff governor seats
 - 3 seats were filled
 - 5 seats remain vacant
 - 3 candidates nominated themselves but were not elections
- At the public Board of Directors meeting (December 2022) the Lead Governor Report provided an update and a discussion took place on options to fill vacant seats including shadow governors

Our constitution does not currently make provision for shadow governors

- Any changes to the constitution require;
 - More than half of the members of the Council of Governors of the trust voting approve the amendments, and
 - More than half of the members of the Board of Directors of the trust voting approve the amendments

What is a shadow governor?

- a person appointed by the CoG who, in the opinion of the governing body, has the knowledge, experience and skills required to contribute to the effective governance and success of the organisation
- The appointment of a person who is not a serving governor, is a valuable and successful method of resolving a knowledge, experience or skills gap and supports succession planning

The detail of the constitution amendment

- Section 12 – Council of Governors – composition
- NEW sub-section to be added to confirm that the Trust will invite shadow governors to the Trust based on the following;
 1. No alignment to a constituency
 2. For a period of 12-months allowing the opportunity to stand for election at the next round
 3. No requirement to stand for election (BUT if not they leave after 12-months)
 4. The number of shadow governors will equal the number of vacant seats +/- (i.e., currently 5 seats)
 5. Informal selection process with brief personal statement / EOIs on why and skills/expertise (Lead Governor and Chair lead)

Section 12 - Council of Governors composition

1. The trust is to have a Council of Governors, which shall comprise both elected and appointed governors.
2. The composition of the Council of Governors is specified in Annex 3.
3. The members of the Council of Governors, other than the appointed members, shall be chosen by election by their constituency or, where there are classes within a constituency, by their class within that constituency. The number of governors to be elected by each constituency, or, where appropriate, by each class of each constituency, is specified in Annex 3.
4. **The trust will invite shadow governors to the Trust based on the following;**
 1. No alignment to a constituency
 2. For a period of 12-months allowing the opportunity to stand for election at the next round
 3. No requirement to stand for election (BUT if not they leave after 12- months)
 4. The number of shadow governors will equal the number of vacant seats +/- (i.e., currently 5 seats)
 5. Informal selection process with brief personal statement / EOIs on why and skills/expertise (Lead Governor and Chair lead)

The detail of the constitution amendment

- Section 16 – Council of Governors – meetings of governors
 - NEW note to be added about the attendance of shadow governors
- Section 19 – Council of Governors – conflicts of interest
 - NEW note to be added about potential conflicts for shadow governors

Section 16 - Council of Governors - meetings of governors

- 16.3 The Chairman of the trust (i.e. the Chairman of the Board of Directors, appointed in accordance with the provisions of paragraph 25.1 or paragraph 26.1 below) or, in his absence, the Deputy Chairman (appointed in accordance with the provisions of paragraph 27 below), shall preside at meetings of the Council of Governors.
- 16.4 Meetings of the Council of Governors shall be open to **shadow governors** and members of the public. Members of the public may be excluded from a meeting for special reasons.
- 16.5 For the purposes of obtaining information about the trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the trust's or directors' performance), the Council of Governors may require one or more of the directors to attend a meeting

Section 19 - Council of Governors - conflicts of interest of governors

- If a governor (or shadow governor) has a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor shall disclose that interest to the members of the Council of Governors as soon as he becomes aware of it. The Standing Orders for the Council of Governors shall make provision for the disclosure of interests and arrangements for the exclusion of a governor declaring any interest from any discussion or consideration of the matter in respect of which an interest has been disclosed.

Identifying and inviting shadow governors

- We have engaged with the VCSFE sector and been linked into the following groups;
 - CVF Forum - 14 June 2023
 - Community of Practitioners meeting - TBC
 - Sector leaders network - 18 April 2023 - complete
 - *Director of Corporate Affairs and Lead Governor attending the above*
- Invitation to attend an informal 'education session' with governors and Trust - June/July 2023
- Invitation for applications in July 2023

The proposal for approval - election timetable

- We will change the timetable for the next CoG elections
- Currently the next elections will run in October-December 2023
- We extend the tenure of governors to end of June 2024 (i.e., end of Q1) by 7 months
 - Lynn Collins
 - Gary Kelly-Hartley
- We will run elections April – June 2024