



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



Annual Report | **2022/23**

Wirral Community Health & Care
NHS Foundation Trust Annual
Report and
Accounts
1 April 2022 -
31 March 2023

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National Health
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Table of Contents

Contents

Performance Report	7
Performance overview from the Chief Executive - a review of our performance during 2022-23	8
Performance Analysis	19
Accountability Report	46
Remuneration Report.....	60
Staff Report.....	71
Compliance with NHS Foundation Trust Code of Governance	83
NHS System Oversight Framework.....	96
Statement of the Chief Executive's responsibilities as the Accounting Officer of Wirral Community Health and Care NHS Foundation Trust	97
Annual Governance Statement	99
Auditor's Report.....	117
Annual Accounts	122

The Annual Report and a full copy of the Annual Accounts 2022-23 will be made available on our website at www.wchc.nhs.uk. A limited number of printed copies will be sent to official statutory and non-statutory bodies. A summary of this report and accounts will be available as part of our Annual Members Meeting.

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

Your Experience - tell us what you think

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

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

Performance Report

Performance overview from the Chief Executive - a review of our performance during 2022-23

Welcome to our Annual Report and Accounts for 2022-23 which describes the Trust's continued commitment to delivering high quality community health and care services. This report describes our sustained service delivery, our recovery from the pandemic and key achievements all of which have been possible thanks to the continued resilience, determination, and compassion of our staff.

Throughout the year we have contributed significantly to the 'System' recovery response following the Covid-19 pandemic, both at Place and the wider ICS and we recognise that this recovery will take time and effort.

In our endeavours we continue to work closely with partners across the Cheshire and Merseyside Integrated Care System (ICS) to do this effectively and safely.

We are proud to have introduced new and innovative ways of working including the Community Intermediate Care Centre (established in 2021), the HomeFirst service model, which has reduced the number of people who need long term care following discharge from hospital, and we have expanded the two-hour Urgent Community Response service with strong and sustained performance.

We deliver a wide range of community health and care services for all ages, spanning planned, urgent, and intermediate care as well as public health and adult social care services.

Our 0-19, 0-19+ and 0-25 services in Wirral, St Helens and Knowsley support 43% of the Cheshire and Merseyside population. We continue to be a respected and valued local provider of services.

We are an integrated Trust delivering Adult Social Care Services to the people of Wirral on behalf of Wirral Council. During 2023 we are working closely with Wirral Council to transfer the adult social care services back at the end of June 2023, following a recommendation made by the Adult Social Care and Public Health Committee in October 2022.

The Trust has embedded sustainability into the construction of the new Marine Lake Health and Wellbeing Centre, a new state of the art development in West Kirby, which will open in May 2023. The project has also demonstrated great commitment to enhancing green space and biodiversity wherever possible through the provision of community-owned wellbeing gardens, providing additional social benefits to the wider Wirral community.

The Trust signed up to the Cheshire & Merseyside Social Value and Anchor Institution Charters in 2022 and we were proud to receive the Rainbow Badge Bronze Award, and to achieve the Veteran Aware accreditation; all demonstrating our commitment to supporting inclusive and equitable access to our services.

As a community services provider and a connector of provision, we recognise the crucial role our services and our staff play in ensuring health inequalities are addressed, both through service delivery and how we support local employment and create opportunities for people in more deprived communities.

Our Trust vision remains ***to be a population-health focused organisation specialising in supporting people to live independent and healthy lives.***

Our common purpose statement and values reflect the voice of our staff, and what they want the future of the Trust to be. The three words: Compassion, Open and Trust, each with a short supporting statement guide every aspect of what we do.

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



This performance overview provides a summary of the Trust, our purpose, the key risks to the achievement of our objectives and how we performed during the 2022-23.

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

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

We had a revised version of our Establishment Order passed by Parliament in July 2013 to reflect the Board composition of five Non-Executive Directors and four Executive Directors. Monitor, in exercise of the powers conferred by section 35 of the National Health Service 2006, and all other powers exercisable by Monitor, authorised Wirral Community NHS Trust to become an NHS Foundation Trust from (and including) 1 May 2016.

Wirral Community Health & Care NHS Foundation Trust's Head Office is at:
St Catherine's Health Centre
Derby Road
Birkenhead
CH42 0LQ
Tel: 0151 651 3939
www.wchc.nhs.uk

The accounts for the year ended 31 March 2023 have been prepared by Wirral Community Health and Care NHS Foundation Trust under section 232 (15) of the National Health Service Act 2006 in the form which the Secretary of State has, with the approval of Treasury, directed.

Who we are

Located in Wirral in Northwest England and providing services across Wirral, Cheshire East, St Helens and Knowsley, we are a population health-focussed NHS organisation specialising in supporting people to live independent and healthy lives.

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

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

We have an excellent clinical reputation employing around 2,000 members of staff, most of whom are in patient-facing roles.

What we do

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

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

Our 0-19, 0-19+ and 0-25 services in Cheshire East, St Helens and Knowsley include health visiting, school nursing, family nurse partnership/enhanced parenting and breastfeeding support services and are delivered from bases including medical centres and children's centres.

In total, we deliver community services from around 50 sites plus many thousands of individual homes, in areas that cover 43% of the Cheshire & Merseyside population. In 2022-23, our services collectively delivered 1,152,575 contacts.

Who we serve

Wirral, where we provide the widest range and number of our services, is a borough of contrasts in both its physical characteristics and demographics. Rural areas and urban and industrialised areas are contained in an area of just 60 square miles.

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

Wirral's population is forecast to increase by 3% to around 333,000 by 2038. Older age groups will see the biggest increase, with the number of residents aged 65 plus expected to increase by one third.

Average life expectancy has worsened in recent years and is lower than the England average, at 78 years for men and 82 for women. This is the widest gap ever recorded for the Wirral. People in Wirral are spending around 18 years of their lives in poor health. However, averages continue to mask very significant variation. One in three people in Wirral live in areas reported as among the 20% most deprived in England whilst other areas are very wealthy.

Despite a small geographical footprint, life expectancy varies by 12 years between the most and least deprived areas. This is also worsening: the gap in life expectancy between the most deprived (top 10%) and least deprived (bottom 10%) deciles has increased from 9 to 11 years between 2010-12 and 2018-20 for females in Wirral.

Wirral does, however, perform well compared to the England average on a range of factors such as children at risk of homelessness and child development at 2-2.5 years. The percentage of children classed as being ready for school and attainment at GCSE are above average compared to the wider North West, and these are both hugely important for the future prosperity of Wirral residents.

Whilst Cheshire East tends to have overall better health and is a relatively affluent area compared to many other parts of Cheshire and Merseyside, it still has significant challenges in some specific areas: parts of Macclesfield and Crewe are in the 20% most deprived nationally.

Cheshire East faces a similar set of population-level factors, with demographic pressure and the health and care consequences of an ageing population. Compared to Wirral, it also has a significantly more rural geography, with associated challenges for service delivery. St Helens and Knowsley face similar challenges to Wirral.

In St Helens approximately 30% of children live in poverty, with rates as high as 40% in some wards. There is a 10-year life expectancy gap between the most and least well-off parts of St Helens.

Knowsley is the second most deprived local authority in the country. Levels of deprivation in Kirkby are over double that of the England average. Over two fifths of Kirkby's children and older people are income deprived.

Our business environment

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

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

- Cheshire & Merseyside Integrated Commissioning Board (ICB)
- NHS England
- Wirral Borough Council
- Cheshire East Council
- St Helens Council
- Knowsley Council

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

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

Strategic and operational risk and opportunities

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

During 2022-23 individual risks continued to have a robust monitoring process ensuring each active risk receives a minimum of a monthly review with the overall Trust risk score being monitored at Sub- Committees of the Board to provide assurance of continuous review.

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

There is built-in escalation of risks to Service Directors and Executive Directors based on risk score and length of time the risk is active on the risk register. The aim of this escalation is to provide oversight at a senior level and to ensure there is support for any risk action plans where there may be barriers identified.

Staff at all levels are encouraged to identify risks as part of their working day with active risks on the risk register discussed openly at individual team meetings to ensure full involvement and knowledge of risks affecting services and the actions required to mitigate the risk scores.

The use of Datix to record risks at service, divisional and organisational level has continued, providing clear oversight of the organisational risk register.

Strategic risks affecting the Trust are identified and managed through the Board Assurance Framework (BAF), which the Board of Directors receives at every meeting. The BAF records the principal risks that could impact on the Trust achieving its strategic objectives and provides a framework for reporting key information to the Board of Directors.

Throughout 2022-23, the sub-committees of the Board also considered the potential impact of high-level organisational risks on the strategic risks managed through the Board Assurance Framework (BAF).

The strategic risks noted against each strategic theme are detailed in the Annual Governance Statement on page 99. At the start of 2022-23 there were 9 principal risks (strategic risks) recorded on the BAF.

The monitoring and management of the risks was considered in relation to the agreed risk appetite with current and target risk ratings agreed based on existing controls and assurances and identified mitigating actions for any gaps identified. The risk appetite for strategic risks was also considered and balanced against recovery from the COVID pandemic.

Major risk themes related to;

- Delivery of safe services
- Equity of access, experience and outcomes
- Financial sustainability
- Impact of performance (operational and financial) monitoring at Place (following new legislation)
- Establishing the right partnerships to support the development of the ICS and ICP
- Ensuring optimum workforce levels
- Promoting and supporting staff wellbeing

Operational planning - joint forward plans and capital resource plans

The National NHS 2023-24 priorities and operational planning guidance acknowledges that the coming year will be challenging for all health providers due to the continuing complexity and pressures we face.

There is a continued emphasis on local decision making, empowering local leaders to make the best decisions for their local populations to deliver focused national objectives which align with the key three national priorities:

- recover our core services and productivity,
- as we recover, make progress in delivering the key ambitions in the Long-Term Plan, and;
- continue transforming the NHS for the future.

Our plans and Organisational Strategy align with the evidence-based actions detailed within the guidance that will support delivery of services that will make the most difference to patient outcomes, experience, access, and safety.

The continued focus on integrated planning and delivery on the ICS footprint is reflected in the operational planning narrative submissions to NHS England. For the forthcoming year 2023-24, this planning was produced for the whole system by Cheshire & Merseyside ICB colleagues. Whilst finance plans were submitted for each organisation, the Trust and other

Wirral NHS Trusts' submissions were drawn together to give a 'Wirral Place' perspective, which then, combined with the other eight 'Places', formed part of a combined Cheshire & Merseyside plan.

Achieving Key Performance Indicators (KPIs) during 2022-23

The Trust is monitored against many Local Authority, ICB and NHSE-driven Key Performance Indicators (KPIs) which are reported through formal contract monitoring meetings.

Internally, performance is managed and monitored locally at service level, reporting through to locality SAFE/OPG meetings to the Safe Operations Group, Integrated Performance Board and finally the Board-level Finance and Performance Committee.

All performance data is captured and monitored on the Trust Information Gateway (TIG) system.

During 2022-23 the Trust demonstrated consistent good performance against all key performance indicators, despite waiting list challenges, ending the year with 53 green, 9 amber, 24 red KPIs.

- Urgent Crisis Response (UCR) performance was consistently above the national 70% target at 88%.
- Urgent Treatment Centre (UTC) and Walk-in-Centre 4-hour performance was 98.5%.
- Community Intermediate Care Centre (CICC) maintained high occupancy levels throughout the year and demonstrated marked improvements in length of stay (LoS) in the second half of the year, ending the year with a median LoS of 23 days.
- The HomeFirst pilot project was launched and contributed to a 50% reduction in LoS at the CICC.
- The GP Out of Hours (GPOOH) service demonstrated month on month improvements in:
 - CAS20 (multidisciplinary Clinical Assessment Service - 20-minute response time), CAS120 (multidisciplinary Clinical Assessment Service 120 minute response time) and UCAT15 (15 minute response time) performance.

CAS (Clinical Assessment Service)

These are patients who are navigated by NHS111 who traditionally would be diverted to the Emergency Department to be seen inside 1 or 4 hours depending on the problem. But it is agreed with Urgent Care services, including the GP out of hours service, that some of these patients are suitable to be consulted outside of the Emergency Department.

UCAT (Urgent Clinical Advice and Treatment)

This type of consultation type is where Urgent Care services, including the GP out of hours service, are asked to call paramedics who have attended a patient at home after an ambulance was called. The paramedics contact the service if they feel that a conveyance to the Emergency Department may not be required, and who then consult with the Urgent Care services, including the GP Out of Hours Service.

Both of the above services have been commissioned to reduce the attendances at the Emergency Departments of those patients who may not need to be there.

- Waiting times for first appointments for all but one service (Childrens Speech & Language) improved to under 52 weeks.

More information on our service performance is included in the Performance Analysis.

KPI Summary Table 2022-23

Year	2021									2022				2022												2023			
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	21/22 Year To Date Average	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	22/23 Year To Date Average			
Urgent Care Attendances	3,407	4,292	5,375	6,039	5,683	6,413	6,658	6,072	5,237	5,341	5,187	6,748	n/a	6,697	7,364	7,487	8,036	7,499	6,957	7,849	8,016	8,820	6,535	6,505	7,496	n/a			
Urgent Care 4hr Performance	99.80%	99.70%	99.50%	98.90%	98.10%	99.10%	98.60%	99.00%	99.30%	99.30%	99.20%	98.10%	99.00%	98.90%	98.50%	97.40%	97.80%	98.90%	99.60%	98.80%	97.70%	93.10%	97.00%	97.90%	96.00%	97.60%			
UCR Total Referrals	-	-	-	47	45	42	36	37	32	43	75	80	n/a	100	144	138	173	157	161	147	127	157	171	171	230	n/a			
UCR Performance % Within 2 Hrs	-	-	-	96%	100%	98%	92%	92%	84%	81%	85%	93%	91%	92%	95%	91%	95%	94%	83%	76%	82%	78%	94%	89%	84%	88%			
CICC Median LoS	37	17.5	11	24.5	21	19	24	31.5	31.5	29	27	36	26	26	33	49	28	29	45	28	28	31	25	23	31				
Total CAS 20 Referrals	87	81	50	33	23	28	32	53	41	52	43	53	n/a	50	41	62	47	75	96	75	75	43	97	67	73	n/a			
% Seen Within 20 mins	38%	30%	21%	13%	17%	22%	13%	26%	17%	22%	20%	28%	22%	25%	21%	31%	24%	39%	51%	32%	35%	19%	43%	37%	38%	33%			
Total CAS 120 Referrals	41	68	87	54	167	145	59	44	48	51	31	31	n/a	41	54	45	48	59	56	49	59	57	64	49	53	n/a			
% Seen Within 120 mins	76%	71%	63%	54%	49%	57%	58%	70%	54%	73%	65%	81%	61.00%	71%	80%	62%	88%	86%	91%	86%	85%	82%	92%	90%	96%	85%			
Total UCAT Referrals	220	298	200	240	236	228	204	187	194	208	127	164	n/a	173	145	178	173	152	112	171	148	188	141	137	145	n/a			
% Seen Within 15 mins	43%	36%	40%	34%	33%	43%	42%	47%	43%	42%	35%	51%	40%	49%	37%	48%	53%	49%	66%	54%	59%	54%	52%	53%	58%	52%			

In 2022-23 we were delighted that our staff and the services they deliver were also recognised in a number of regional and national awards including:

- Nursing Times Workforce Summit and Awards - Our **NHS Cadets Programme** was shortlisted for the Best Workplace for Learning and Development.
- NHS Communicate Awards 2022 - **The Communications and Marketing team** were shortlisted in the communications health and wellbeing category, showcasing the fantastic initiatives we have for our staff.
- HSJ Patient Safety Awards - **The INVOLVE Youth Participation Group** were shortlisted for Service User Engagement and Coproduction Award, recognising their outstanding contribution to healthcare.
- Smarter Working Live Conference and Awards - Our **NELPs Will Help!** Introduction and Continuous Improvement of Nominated Education Link Professionals was shortlisted for the Championing Continuous Improvement award.
- Student Nursing Awards 2022 – a student nurse won Student Nurse of the Year 2022 for her performance during her placement at the Trust which saw her demonstrate leadership and implement change, while keeping the patient experience at the centre of her work.
- 10th Annual Student Practice Awards at Liverpool John Moore's University - **The Tissue Viability Team** were nominated and shortlisted for the 'Best Placement Area / Team' Award.
- World Federation of Occupational Therapists Congress - **an Adult Social Care Occupational Therapist** was registered at the World Federation of Occupational Therapists Congress to present her e-poster as an international activity award recipient.

Developing Place-Based and Intermediate Care models

At the start of 2022-23 we made changes to our operational structure to better enable integrated provision at neighbourhood level across health and social care services, and to better enable working relationships with partners and stakeholders, including Primary Care Networks, community and voluntary sector organisations and schools.

The Trust recognises the significant importance of such actions and developing closer and stronger relationships between primary and community teams. Post Covid, we have restarted work with primary care partners to define population health management approaches across primary and community services on a primary care network footprint.

In late 2022, we established a HomeFirst pilot project providing therapy and personal care for people needing support to go home from a ward. This approach, meaning any assessment of long-term need takes place at home, has proven to be a great success. Length of stay in the Community Intermediate Care Centre has reduced significantly and people's experiences are improved. This has led to the Wirral Health and Care system agreeing to implement HomeFirst as a standard approach for everyone going home from hospital who needs support and, potentially, an assessment of long term need at home.

Looking forward

We are looking forward to the coming year and delivering the second year of our Five-Year Organisational Strategy for 2022-27, which can be found on our website.

We expect a continuing focus on holistic and proactive care, delivering the benefits of Place-based working and Integrated Care Systems. Through the work described in our Inclusion & Health Inequalities strategy we will continue to improve our approach to addressing health inequalities through service delivery and how we support local employment and create opportunities for people from more deprived communities.

As an Anchor Institution, we will add social value through our approach to employment, procurement, and sustainability to support stronger, healthier communities. We will further develop our Social Value Framework and the work it describes across the five themes of: Purchasing and investing locally and for social benefit; Representative workforce and widening access to quality work; Increasing wellbeing and health equity; Reducing environmental impact; and engaging with and supporting communities.

Some of our significant service developments planned for 2023-24 include expanding our HomeFirst offer to support people home from hospital sooner so they can receive care and assessment in the place they want to be, with the people they want to be with. This will free hospital and intermediate care beds for people who most need them whilst best supporting people's longer-term independence and quality of life.

We will do this alongside further developing our admissions avoidance services: Urgent Community Response and Virtual Frailty Ward (the latter provided in partnership with Wirral University Teaching Hospital NHS Foundation Trust (WUTH)).

We will also be developing an access point for families and professionals to improve access to our 0-19, 0-19+ and 0-25 services with a more responsive offer for the universal service (digital, screening, early and brief intervention). This will enable locality teams in all four areas to focus on a more specialist and targeted offer with continuity of relationships with families and professionals.

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

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

The Trust has published the Quality Account for 2022-23 in line with national requirements and it is available on the Trust's website. The Quality Account is not included in this Annual Report as trusts are not required to include this for 2022-23.

The NHS Oversight Framework for 2022-23 outlines NHS England's approach to NHS oversight for the year and is aligned with the NHS Long Term Plan, and the NHS operational planning and contracting guidance. This supports the ambition for system-led delivery of integrated care, and reflects the significant changes enabled by the Health and Care Act 2022, including the establishment of the Integrated Care Board and the merging of NHS Improvement (Monitor and the NHS Trust Development Authority) into NHS England.

A segment decision indicates the scale and general nature of the support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. The Trust was in segment 2 in May 2023.

Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>.

The Trust was inspected by the CQC in 2018, and rated as requiring improvement. In March 2020 the CQC issued the Routine Provider Information Request (RPIR) to the Trust for submission, but this process was stopped due to the Covid-19 pandemic and the response of the Trust to the national Level 4 incident. We look forward to resuming the CQC inspection

process as soon as possible and the opportunity this will provide to demonstrate the significant improvements the Trust has made.

The Trust has remained in regular contact with the CQC through engagement meetings during 2022-23.

Going Concern

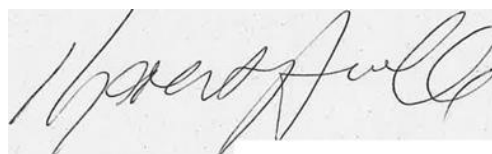
The Trust's Annual Report and Accounts have been prepared on a going concern basis this includes assumptions regarding the Trust's current, budgeted and forecast financial position. This includes considering as well as a consideration of liquidity, relationships with key commissioners, risks and uncertainties and other relevant issues.

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

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

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

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



Karen Howell OBE
Chief Executive

27 June 2023

Performance Analysis

Trust performance during 2022-23

Wirral Community Health and Care NHS Foundation Trust provides a wide range of services across the Wirral, East Cheshire, St Helens and Knowsley geographies. Our staff are our greatest asset, and they provide dedicated care with compassion every day, and we provide extensive support for our staff to enable them to deliver the best care to the people we serve. In 2022-23, our services collectively delivered 1,152,575 contacts. Full details of the contacts for the year are shown below:

	Service contacts 2022-23	
Access & Intermediate Care Services	Community Intermediate Care Unit (CICC)	129,697
	Transfer to Assess	1,804
	Community Integrated Response Team (CIRT)	23,577
	Birkenhead Integrated Care Co-Ordination Team (ICCT)	6,915
	South Wirral Integrated Care Co-Ordination Team (ICCT)	5,157
	Wallasey Integrated Care Co-Ordination Team (ICCT)	6,210
	West Wirral Integrated Care Co-Ordination Team (ICCT)	5,057
	Central Advice & Duty Team (CADT)	30,382
	First Contact	4,399
	Integrated Discharge Team	1,859
	Occupational Therapy	4,970
	Promoting Older People's Independence (POPIN)	2,513
	Visual Impairment	614
	Review Team	1,349
	Short Term Assessment & Reablement (STAR)	8,645
Multi-Agency Safeguarding Hub (MASH) Team	4,500	
Adult & Community Services	Community Nursing/Matrons/ Integrated Care Co-Ordination Team (ICCT)	257,119
	Integrated Continence	8,282
	Intermediate Care Therapies	1,823
	Community Discharge team	2,184
	Specialist Palliative Care	10,549
	Parkinson/Alzheimer's	1,794
	Tissue Viability	461
	Community Cardiac Service & Diagnostics	40,612
	Speech and Language Therapy	3,576
	Community Physiotherapy, Musculoskeletal & Pelvic Health	30,378
	Podiatry	26,441
	Dietetics	6,592
	Weight Management Service	2,782
	Rehabilitation at Home	17,844
	Wheelchairs (Wirral & West Cheshire)	2,615
Single Point of Access	17,869	

	Service contacts 2022-23	
Urgent & Primary Care	Deep Vein Thrombosis	9,942
	Urgent Care Treatment Centre / Walk-in Centre's	91,202
	Dental Service	5,556
	Ophthalmology	15,842
	Teletriage	5,247
	GP Out of Hours	41,893
Integrated Children's	Health Visitors & Family Nurse Partnership – Wirral	56,672
	Health Visitors & Family Nurse Partnership – East Cheshire	63,000
	School Nursing – Wirral	52,544
	School Nursing – East Cheshire	47,877
	0-19 – St Helens	31,199
	0-25 – Knowsley	32,421
	Sexual Health	17,571
	Paediatric Nutrition & Dietetics	1,829
	Paediatric Speech and Language Therapy	10,322
	Paediatric Continence	889
Total		1,152,575

Key achievements of 2022-23

Friends and Family Test (FFT)



The NHS Friends and Family Test is a simple feedback tool which asks the key question...*How likely are you to recommend our service to friends and family if they needed similar care or treatment?*

Response options range between extremely likely to extremely unlikely and people can leave anonymous comments too.

The friends and family question is incorporated into our Your Experience questionnaire, and our online form. Anyone who contacts the Your Experience team by telephone will also be asked the question.

During 2022-23 service user feedback was very positive with 93% of people recommending the Trust, from almost 28,000 responses.

Feedback from anyone who uses our services is extremely useful as it tells us how we are doing and helps us to improve services.

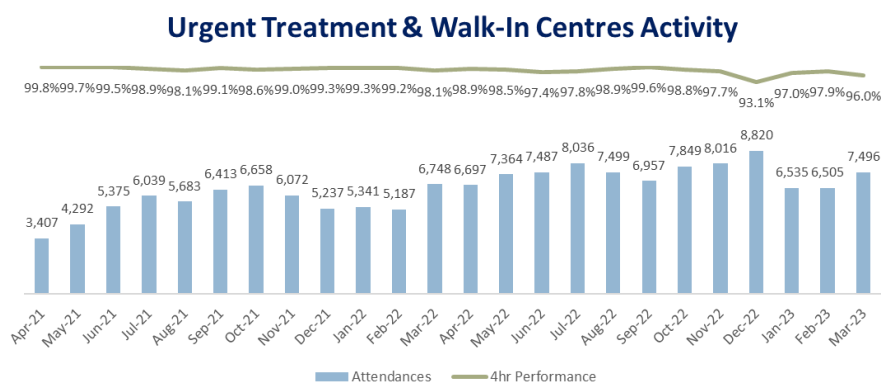
Urgent Treatment Centre (UTC) and Walk-in Centres

The Trust’s Urgent Care services are delivered across 3 sites: Eastham Walk-in Centre, VCH Walk-in Centre and Minor Injuries Unit, and the Urgent Treatment Centre at Arrowe Park Hospital which incorporates GP Out of Hours services and a nurse-led unit.

All Urgent Care services were fully opened to walk-in patients during 2022-23 and saw attendances rise to near pre-pandemic levels.

The Out-of-Hours service continued to adopt a digital approach to triage and assessment of patients, where clinically appropriate, therefore reducing the number of patients attending the walk-in centres or Urgent Treatment Centre.

In 2022-23 97.6% of all patients attending Trust Urgent Care Services were seen and treated within 4 hours.



Two Hour Urgent Crisis Response (UCR)

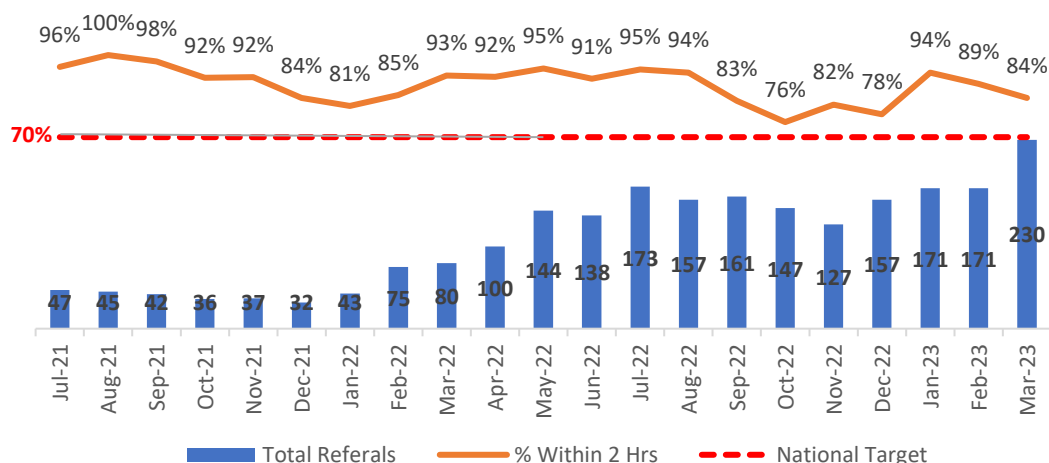
Two Hour Urgent Community Response (UCR) Service



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

The primary objective of the team is to treat the patient in their preferred place of residence and reduce conveyance to hospital.

UCR 2 Hour Performance



The service commenced fully in April 2022 and work has been ongoing to increase referrals and develop relationships with key internal and system stakeholders. The team works closely with GP Practices across Wirral, Northwest Ambulance Service (NWS), NHS111, and multi-disciplinary teams (MDT) to ensure joined-up care.

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

The service provides interventions to prevent unnecessary hospital admissions as well as supporting patients who are experiencing social crisis. This is achieved by offering specialist care and treatment in people's home or place of residence, as well as supporting their independence.

In 2022-23, the UCR 2-hour performance exceeded the national targets set (70%) with 88% of patients seen within 2 hours. This also compares favourably locally and nationally with other Community Trusts.

Community Intermediate Care Centre (CICC)

The Community Intermediate Care Centre (CICC) consists of three wards (Bluebell, Iris, and Aster) providing 71 beds to the local health and care system.

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

The CICC also offers a temporary 'step-up' provision for people living in their own homes who may need short-term or urgent support. The dedicated, multi-disciplinary team at the CICC consists of physiotherapists, occupational therapists, social workers, nurses, health care assistants (HCAs) and ward clerks.

In 2022-23, the CICC maintained high occupancy levels above 90% and length of stay (LoS) demonstrated marked improvements in the second half of the year reducing from 49 days in July 2022 to 23 days in March 2023 (median).

More than 90% of patients admitted to the CICC were sufficiently re-abled to return home on discharge.

HomeFirst



Let's get you home.

In 2022-23, the Trust established a HomeFirst pilot project providing therapy and personal care for people requiring support to return home from an inpatient (hospital) ward. The service also allows patients to be assessed for any long-term care needs at home and during 2022-23 played a significant role in supporting the reduction in length of stay (LoS) in the Community Intermediate Care Centre.

From the first pilot in late summer/early autumn 2022, the results have been very positive with extremely positive patient feedback thanks to our integrated team implementing a service model which is consistent with the very best practice seen elsewhere in the country.

The team focusses on reablement and works together with the patient to identify goals to regain a level of independence. This may include help from support workers, occupational therapists, and physiotherapists, and where possible will include involvement from family, friends, and carers.

The service has demonstrated a significant reduction in length of stay at our Community Intermediate Care Centre, a quicker pick up of packages to HomeFirst easing pressure on domiciliary care and many examples of people being helped home sooner and becoming independent more quickly resulting in smaller and shorter care packages.

"My wife's improvement has been astonishing. I cannot praise the service enough...look forward to further visits and continual improvement. Thank you so much for offering the service".

The service receives a combined average of 55 referrals per month from the CICC and Arrows Park Hospital, with an average LoS in the HomeFirst service of two weeks, and a caseload in the HomeFirst of c. 50 people at any one time.

There has been excellent patient feedback, and based on this pilot, the Wirral system has supported HomeFirst as the default route for supported discharges home from Arrows Park Hospital and CICC, with assessment of long-term need at home rather than on the hospital wards.

Waiting List Review

By March 2023, 18 of the 19 Trust services with active waiting lists had achieved the target of a wait for first appointment time under 52 weeks – a significant improvement on 2021/22.

This is despite a 21.24% increase in referrals across all services.

The outlying service, Wirral Paediatric Speech and Language Therapy, has a recovery plan for 2023-24 to reduce waiting times to below 65 weeks in line with national targets.

All services have an individual trajectory to further reduce waiting times in 2023-24.

The Trust established a Waiting List Review Group to monitor and improve waiting list performance, reviewing year-to-date and forecasted positions and acting quickly to apply remedial action if necessary to meet targets. The group is also supporting and monitoring the impact of the health inequalities/Core20Plus5 approach with a waiting list stratification tool, developed during 2022-23 (and currently in pilot phase).

0-19, 0-19+ and 0-25 Services

The Trust's children's services across Knowsley 0-25, St Helens 0-19, Wirral 0-19, and Cheshire East 0-19+ deliver the National Healthy Child Programme to children, young people, and their families across our communities.

The Cheshire East and Wirral services also deliver the Family Nurse Partnership Programme to young first-time parents to increase attachment and bonding for young families, and the Childhood Immunisation Programme for school-aged children.

The Knowsley and St Helens services deliver the Enhancing Families Programme to vulnerable families to support and empower parents to make sustainable changes that result in improved health, wellbeing, independence, and economic stability for their family.

In 2022-23, performance across the core contacts in all 0-19/ 0-25 services improved significantly. The Knowsley 0-25 service saw the biggest growth in terms of offer, and this is reflected in our improvement journey across all KPIs.

There is more information on our children's services and stories from some of our service users on our public website - [About us - Wirral Community Health and Care NHS Foundation Trust \(wchc.nhs.uk\)](https://www.wchc.nhs.uk/about-us-wirral-community-health-and-care-nhs-foundation-trust)

Knowsley

0-25 Health and Wellbeing Service



In February 2023, we celebrated one year of the 0-25 Service in Knowsley.

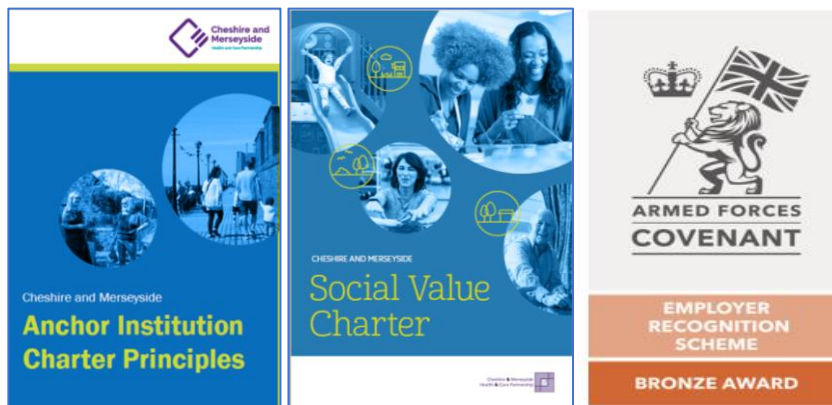
The skills and expertise colleagues brought to the Trust helped us shape and deliver a seamless service for local children, young people, and families.

Our partnership working has strengthened, and teams are working together with local stakeholders to provide the best possible support and care for people.

The team has achieved so much since joining the Trust including;

- a 500% increase with 6-8-week baby visits
- a successful stakeholder engagement event with over 60 people coming together to network and engage.
- the launch of the antenatal online hub in quarter 3 (Oct-Dec) with over 800 parents and carers having accessed support and guidance.
- 3 monthly Team WCHC standout winners - May - integrated children's team - July - school nursing team - August - height and weight screening team
- ...and the Enhancing Families Programme was the runner up in 'Excellence in Care' category at the Team WCHC Awards

Recognising the importance of Social Value



The Trust was proud to sign up to the Cheshire & Merseyside Social Value and Anchor Institution Charters in 2022 and have embedded the principles in our strategic approach.

In 2022-23 the Trust was also proud to receive two prestigious accreditations, both recognising the Trust as an employer who actively demonstrates its support to current and former members of the Armed Forces community and aligns its values with the Armed Forces Covenant.

The Covenant is the nation's commitment to serving armed forces personnel, veterans, and their families, that they will not face disadvantage compared to other citizens in the provision of healthcare.

Achieving both the VCHA Veteran Aware accreditation and Bronze level in the Defence Employer Recognition Scheme (ERS), means that the Trust has been formally recognised as a NHS healthcare provider committed to providing the best standards of care for the Armed Forces community. This commitment is based on the principles of the Armed Forces Covenant and demonstrates the Trust's support of Reservists, Service Leavers, Spouses, Veterans, Cadet Force Adult Volunteers and Cadets in the workplace.

The Trust is working towards Silver level in the ERS and hopes to achieve it in early 2023-24.

Marine Lake Health & Wellbeing Centre

The construction of the Marine Lake Health and Wellbeing Centre in the heart of West Kirby officially began in 2022-23. It is a partnership project between Wirral Community Health and Care NHS Foundation Trust (WCHC), Marine Lake and Estuary Medical Practice and Age UK Wirral.



The multi-million-pound centre built by Eric Wright Construction, will bring together primary and community care in one place, as well as access to specialist health and care services.

The new state of the art centre is a major investment by the Trust in community-based healthcare and will bring many benefits for local residents, patients and the wider community (when it opens in 2023), including:

- Access to specialist health and care services including Community Cardiology, Podiatry and an expanded 0 -19 Health and Wellbeing Service for local families.
- The relocation of Marine Lake Medical Practice and Estuary Medical Practice allowing health and care professionals to deliver services side-by-side improving their ability to work together quickly and efficiently for the benefit of their patients.
- Extended hours and increased capacity supporting better access to services when patients need it
- A new community space led by Age UK Wirral, including a café.
- The BeeWell Together Garden - a beautiful outdoor space designed with, and for the local community.

Infection Prevention and Control (IPC)

The Trust has an integrated IPC Team led by the Chief Nurse/Director of Infection Prevention and Control. Infection prevention and control is an essential part of quality and safety to both users of Trust services and staff alike. The IPC Team play a vital role in ensuring that our services are delivered safely and effectively.

The team have worked extremely hard to support and advise staff working both in Trust services and the wider health and care community whilst continuing to provide an on-going response to Covid-19. The team continue to work hard to support a system-wide reduction in Healthcare Associated Infections and to reduce the impact of Antimicrobial Resistance.

During 2022-23, the Infection Prevention and Control Team have been instrumental in:

- providing a sustained pandemic response, supporting operational services as they continue to recover following the onset of the Covid-19 pandemic
- providing a sustained pandemic response to those working in our wider community health and care services, including the management of 263 outbreaks of communicable disease across all community settings
- ensuring all IPC policies have been reviewed in line with new guidance
- completing detailed IPC environmental audits of clinical environments
- supporting and developing staff within the Community Intermediate Care Centre (CICC)
- supporting the relocation of the Urgent Treatment Care (UTC) facility
- working with System partners to address system-wide IPC challenges, focussing on improving the management of urinary tract infections in older persons care homes.

A revised IPC Board Assurance Framework has been used to provide internal assurance that quality standards have been maintained which has included the implementation of the National IPC Manual. There have been no Healthcare Associated Infections apportioned to Trust services.

The IPC Service secured additional funding for additional staff throughout 2022-23. The funding enabled ongoing enhanced support to providers of Adult Social Care to support improvement of IPC standards and response to outbreaks.

Safeguarding

We are committed to ensuring that all staff are aware of their role in relation to Safeguarding Children and Adults at Risk and consistently demonstrate organisational compliance with statutory duties and local safeguarding frameworks.

During 2022-23, we have successfully submitted evidence of compliance to commissioners and Designated professionals in relation to

- Section 11 of the Children Act 2004
- Chapter 14 of the Care Act 2014
- Quarterly Safeguarding Assurance Frameworks for Children, Children Looked After and Vulnerable Adults
- We have piloted the new Safeguarding Assurance Framework, receiving positive feedback from the ICB
- We have participated in two Joint Targeted Area Inspections (JTAI) from the Care Quality Commission (CQC) that have led to clear plans to build on achievements and further improve services.

In addition, compliance with safeguarding training and supervision remains positive across all services.

The Safeguarding Service provides a comprehensive proactive service, which responds to the needs of staff and individuals. The service is committed to the promotion of safeguarding within everyday practice, focusing upon prevention and early intervention.

Tackling health inequalities and ensuring equity of service delivery and access

The Trust's approach to tackling health inequalities is described in our five-year Organisational Strategy and in more detail in our supporting strategies including our Inclusion & Health Inequalities, People, Quality, and Digital strategies which can be found on the Trust website.

The model detailed in our strategies shows how we will tackle Inequalities through **improved access** and **enhanced experience** resulting in more **equitable outcomes** for the people we serve. These ambitions are delivered by a diverse workforce who feel valued and supported and we have enjoyed a number of successes during the reporting period 2022-23.

Improved Access: We have revised our Electronic Health Record systems to support enhanced recording of communication needs, disabilities and impairments, and reasonable adjustments at patient level with improved data-analysis capabilities to include protected characteristics and other inclusion health groups and vulnerabilities. Adopting a Quality Improvement approach to embed this revised capability has seen a significant improvement in the data available to us to support identification of access issues and health inequalities for our services. Our Equality Delivery System allowed us to demonstrate the impact of the availability of this data and supported the development of specific service level actions to address identified potential inequalities. These are embedded into our delivery plans for 2023-24.

An internal weighting tool has been developed which is aligned to the National Core20Plus5 model as well as the Patient Safety Incident Response Framework (PSIRF). This tool will be implemented during 2023-24 to support waiting list management through guiding clinical decisions based on a risk stratification and a prioritisation process, helping services ensure those with the greatest health inequalities can be seen sooner.

A Trust-wide focus on population health management using all of the tools and data available to us will help us move to more sophisticated and effective ways of targeting and reducing inequalities.

Enhanced Experience: We have developed an Inclusion dashboard to support improved insight into our services which will develop further during 2023-24.

We have continued the support and development of our four existing staff network groups, each of which has an identified executive sponsor, helping us make the Trust an inclusive and welcoming place to work and receive care. The BAME, LGBTQ+, Ability and Working Carers networks have been joined with a new Menopause Network and we continue to work to understand the potential support for an Armed Forces Community and Faith/Belief staff network.

We have engaged in a wide range of awareness days and campaigns focused on inequalities and protected characteristics and inclusion topics including Black History Month, PRIDE and LGBT History Month, Carers week, Refugee Awareness, attendance of Ability Staff Network Chair at the national Disability Summit and specific training around LGBTQ+ Inclusion and Deaf awareness. In 2022-23 the Trust also introduced the Oliver McGowan Mandatory Training on Learning Disability and Autism. Each of these events and campaigns have been supported with educational and informative content on our staff intranet and where appropriate via our public website and our public communication channels.

During 2022-23 we have worked hard to ensure that the work we do around inclusion is recognised and we have attained the bronze award for the NHS Rainbow Pin Badge Scheme for our work around LGBTQ+ inclusivity. In addition, having signed the Armed Forces Covenant in 2022, we have a well-established working group ensuring we reduce inequalities faced by this community and are better able to support their specific needs. This work has meant that we have attained Veteran Aware status from the Veteran Covenant Healthcare Alliance (VCHA) and bronze level award from the Defence Employer Recognition Scheme (DERS)

We have also worked hard to ensure that our patients and communities guide the care we provide by strengthening the voice of our communities within the organisation. Through the increase of people across our participation groups, we have increased opportunity for greater inclusion and engagement.

The implementation of the new Patient Safety Incident Response Framework has also brought opportunities, and we have introduced the Patient Safety Partner roles who bring lived experience into the Trust helping us to ensure patient safety is at the centre of all we do.

Equitable outcomes: During 2022-23 we have maintained our focus on outreach and engagement with vulnerable groups. We have increased the membership of our patient engagement forums 'Your Voice' and 'Involve' by specifically targeting our recruitment efforts to vulnerable groups and those with protected characteristics in order to increase the diversity and representation with these groups.

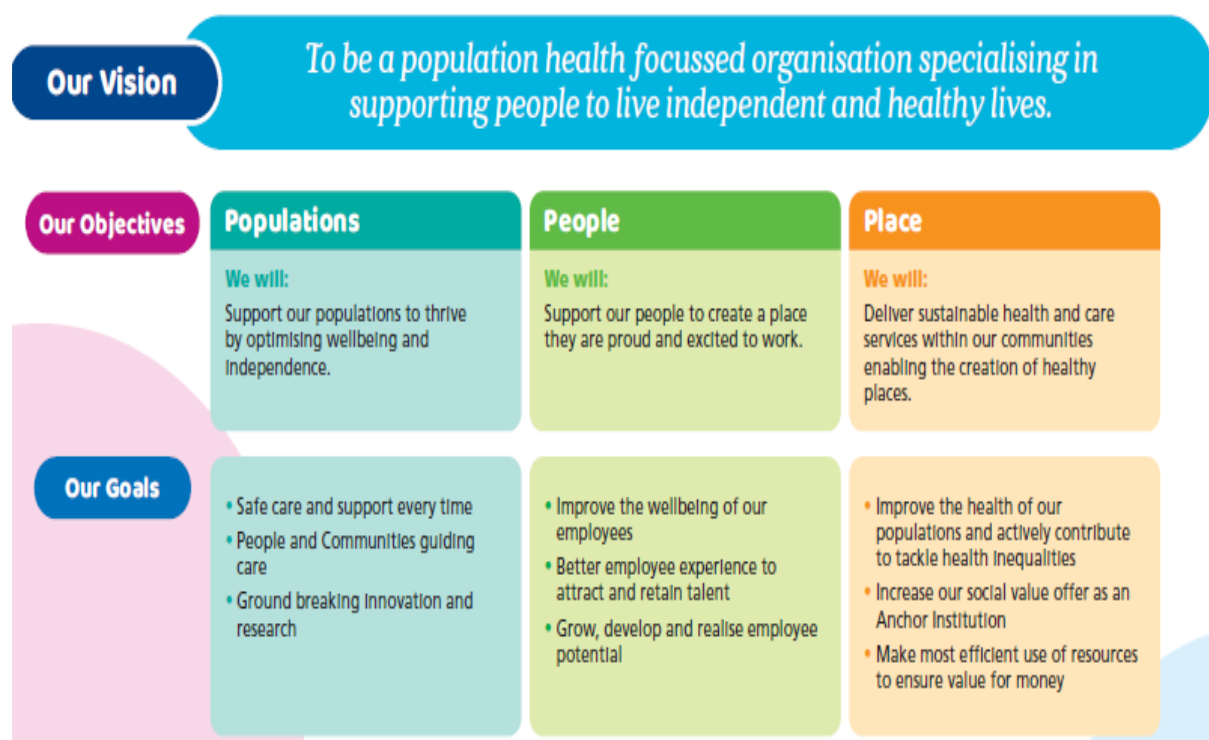
We have strengthened our partnership forum focussing on engagement and co-production with excluded or under-represented communities and further developed our relationship with the VCFSE sector who support and advocate for them. We have continued the delivery of a range of preventive outreach programmes including, for example, cervical cytology for vulnerable women and diabetes education for communities at higher risk e.g., South Asian populations. The Trust continues to expand and develop our team of Inclusion Champions who act as Inclusion and Health Inequality advocates and facilitators.

Our sign-up to the NHS Prevention Pledge also has seen us develop a range of specific actions ensuring that prevention is embedded in our core activity. Making every contact count across all of our services and targeting key areas for health improvement such as exercise, diet, stopping smoking and contributing to some of the wider determinants of health by maximising our social value for both our workforce and the local populations we serve.

Delivery of the first year of the Organisational Strategy 2022-27

During 2022-23 the Trust progressed the delivery of the first year of the Trust's five-year Organisational Strategy 2022-27, and work was delivered against each of our We Will statements as planned for year one. The enabling strategies (Quality, Inclusion, Digital and People Strategies) are supporting the organisational vision with clear demonstration of their contribution to the Organisational Strategy.

The Trust's vision, objectives and goals set out in the five-year Strategy are shown below:



The Organisational Strategy includes six key sections, each of which includes **'We Will...'** statements against which delivery can be measured.

- Operational development
- Quality & innovation
- Inclusion
- People
- Digital
- Social Value and partnerships

Highlighted below are some key achievements within each of these six areas. The first year of the strategy shows significant success across every strategy area, delivering against all the We Will statements planned for 2022-23.

The priorities have been reviewed and refreshed against each theme for 2023-24, and further information is included on page 16.

Further information on the delivery of the Year 1 strategy can be found in public Board papers from April 2023.



We said, **'We Will enhance our current bed-based Community Intermediate Care Centre (CICC)'**

We developed a Home First approach to long term assessment at home rather than in wards. CICC staff, working with the HomeFirst team, changed processes to significantly reduce the length of stay at CICC for people who did not require bedded intermediate care. This meant more bed capacity and more people supported home sooner. This was so successful we developed a plan for HomeFirst implementation across both Arrowe Park Hospital and CICC, with System agreement and funding for expansion.

We said, **'We Will expand our 2-hour Urgent Community Response (UCR) service offer'.**

We expanded access routes into UCR including self-referral and via Northwest Ambulance Service (NWAS). We have achieved all our expected activity targets and 2-hour compliance for admissions avoidance.

UCR is part of our Community Integrated Response Team (CIRT) who also provide same/next day therapy assessment for hospital discharges and the nursing / health care assistant component of Virtual Frailty wards with Wirral University Teaching Hospital (WUTH) medical staffing.



We said, **'We Will embed a framework for system-wide learning.'**

We have designed and implemented a training strategy to support the National Patient Safety Strategy and have Trust-wide Patient Safety Training in place, ensuring a knowledge base across Trust staff to support implementation of this strategy.



We said, **'We Will Build our IT core by moving to cloud-based infrastructure and maintain our Data Security and Protection Toolkit Standards (DSPT)'**

We have completed a work programme to overhaul our core infrastructure: Endpoints and Network (Local Area Networks (LAN) and Wide Area Networks (WAN), Health & Social Care Network (HSCN) at 25 sites). All our electronic assets are in a rolling refresh cycle of 3 or 5 years. All our hardware is compliant with modern standards for energy efficiency and with DSPT standards.



We said, **'We Will train and develop managers to fully support the wellbeing of their staff.'** And **'Build strong leadership and management capability through our Leadership Qualities Framework.'**

We have trained up to 100 managers in having Wellbeing Conversations and included a wellbeing focus in appraisals.

Our 'Leading Systems' Programme had its first cohort of senior managers complete in March 2023. The 'Leading...' series continues with the 'Leading Services' Programme due in 2023



We said, **'We Will focus on our population health impact using Core20PLUS5 principles.'**

We have developed a waiting list prioritisation tool and a service distribution model based on need and deprivation.



We said, **‘We Will collaborate with local partners to improve health outcomes through increasing social value.’**

Our Marine Lake Health and Wellbeing Centre opened in May 2023. We have worked with Age UK Wirral to plan social value-driven provision from the site and engaged with local people in developing a community garden as part of the build.

Adult Social Care

During 2022-23 it was confirmed that the Adult Social Care contract will transfer back to Wirral Council from midnight on 30 June 2023. The Trust is working collaboratively with Council colleagues during the transfer process to provide detailed information and expertise to support the safe and effective transfer of the service. This means that the service will transfer back in a strong position well-equipped to continue delivering high quality provision for Wirral residents and meet future requirements of CQC.

The Trust has evidenced significant innovation and improvement in the provision of social care services during the 5 years of the contract and significant achievements in performance, efficiency savings and developments, as detailed in the Section 75 Agreement, have been seen.

The Trust has invested significantly in developing the current and future workforce and building integrated teams that can provide holistic personalised care which is demonstrated by improved views of both the staff and services users.

The Trust has;

- delivered high quality and improved statutory social work services.
- demonstrated value for money through strong financial management and governance in addition to delivering the required efficiencies in extremely challenging circumstances.
- committed significant investment in the development of social care staff including leadership and management.
- Developed (in partnership with Cheshire & Wirral Partnership NHS Foundation Trust) arrangements to strengthen practice around transition and professional development.
- harnessed the strengths and opportunities of an integrated adult social care and health organisation to innovate, deliver increased capacity and improve performance.
- embedded strong governance and assurance approaches and developed a framework for supporting preparation for CQC assessments of Adult Social Care and continuous improvement.
- invested in professional development which safeguards the voice and integrity of social work practice and service development.

Freedom To Speak Up

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

During 2022-23 the number of concerns reported decreased slightly on the previous year however there has been a focus on supporting staff to raise concerns and speak up openly via many routes in addition to the formal FTSU process. This includes directly to line managers, via staff network groups, staff council, via staff side etc. The aim is to promote a healthy, open culture across the Trust with respectful and supportive conversations being our business as usual. We actively encourage and welcome staff to speak up and aim to ensure they feel confident in raising concerns openly and without fear of detriment.

The Trust has actively recruited additional FTSU Champions increasing the number of volunteer Champions from 50 last year to over 100 this year. This includes all of our Nominated Education Link Professionals who support our students and learners ensuring students are encouraged and supported to raise concerns in the same way as other staff groups. Additionally, we have FTSU Champions available in all areas of the Trust and within all staff network groups ensuring as many staff as possible can access either the FTSU Guardian or a Champion for support and signposting. The Champions also play a vital role in promoting the culture of openly speaking up and raising concerns within their own teams.

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

It is possible for concerns to be reported anonymously however open reporting is encouraged so that reporters can receive support from the FTSU Guardian who will keep them informed of progress and any actions as a result of their concern as well as providing support to individuals. Following investigation of a concern the reporter, if openly reported, is sent an electronic questionnaire about their experience of speaking up. In 2022/23 100% of questionnaires returned stated that the reporter had a positive experience and would speak up again in future should they need to.

Supporting our staff

The Trust continued to prioritise the support and care for staff following the Covid-19 pandemic, and the Trust remained passionate about the support offered to staff, and sought to provide the best assistance possible. This included:

- Ongoing support and guidance from our award-winning Infection Prevention and Control team,
- The launch of our Inclusion Strategy,
- Wellbeing advice and activities and an Employee Assistance Programme which is accessible 24/7 and 365 days of the year,
- Promotion of the Cheshire and Merseyside Resilience Hub,
- The launch of an employee benefits platform Vivup which offers financial lifestyle offers, and;
- The appraisal process focussed on health and wellbeing, setting work priorities and support.

Further information is included in the Staff Report on page 71.

Recognising and celebrating our staff

In October 2022 the Trust held its annual staff awards to celebrate and recognise the amazing work of teams across the Trust. It was a fantastic evening celebrating and recognising the outstanding care, treatment, and support that the Trust delivers 24 hours a day, 365 days a year across Cheshire and Merseyside.



Teams and individuals were presented with a range of awards focusing on excellence in care, quality, partnership working, leadership, learning and inclusion. There were two Chair and Chief Executive awards which recognised the extraordinary effort and achievement of an individual or team. The final and most coveted award of the evening was the People's Choice Award which was nominated and selected by members of the public.

The full list of winners (from over 100 nominations) is below;

Category	Winner
Excellence in care	Neutralising Monoclonal Antibodies (nMabs) Service
Excellence in inclusion	Community Cardiology Service
Excellence in quality improvement	Community Nursing – Single Point of Access
Excellence in wellbeing	Birkenhead Locality 0-19 Team
Excellence in partnership working	Communications and Marketing
Excellence in learning	Jenna Brassington, Physiotherapy
Excellence in leadership	Jennifer De Ornellas, Quality Lead
Unsung hero award	Jeff Wilson, Pharmacist
System partner award	The HIVE Youth Zone & NHS Cadets
Chair and Chief Executive Award	Procurement Team
Chair and Chief Executive Award	Community Intermediate Care Centre (CICC)
People's Choice Award	Denise King Clinical Lead, Children's Dietitian

Colleagues who had achieved Long Service Awards for 25 years' dedication to the NHS were also recognised.



During 2022-23 over a thousand Shout Outs were shared by staff in the Update, to thank and recognise colleagues.



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

External awards

Throughout the year, we received recognition at a number of external awards for our teams:

- Nursing Times Workforce Summit and Awards - Our **NHS Cadets Programme** was shortlisted for the Best Workplace for Learning and Development.
- NHS Communicate Awards 2022 - **The Communications and Marketing team** were shortlisted in the communications health and wellbeing category, showcasing the fantastic initiatives we have for our staff.
- HSJ Patient Safety Awards - **The INVOLVE Youth Participation Group** were shortlisted for Service User Engagement and Coproduction Award, recognising their outstanding contribution to healthcare.
- 10th Annual Student Practice Awards at Liverpool John Moore's University - **The Tissue Viability Team** were nominated and shortlisted for the 'Best Placement Area / Team' Award.

Financial performance

During 2022-23 financial planning and performance processes of the Trust were in line with the 2022-23 operational / planning guidance which saw a move away from the emergency Covid financial arrangements back towards a pre-Covid contractual approach.

The Trust again set a budget in line with national guidance. All trusts continued to receive additional system and Covid funding to manage any legacy pandemic response / impact. The Trust achieved a reportable underlying trading surplus of £768k for the year, £84k ahead of plan.

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

	2022-23 £000
Net surplus for the year in the financial statements	1,366
Adjustment for items excluded by NHSE	
Net impairments of land and buildings	(1,679)
Capital donations I&E impact	5
Remeasurement of Merseyside Pension Scheme Liabilities	1,049
Net impact of DHSC centrally procured inventories	27
Total	768

Capital expenditure of £9.4m was achieved, which matched the revised limit. The Trust initially submitted a capital programme for 2022-23 to match agreed internal depreciation levels of £2.3m. The Trust was then awarded £0.4m from the remaining System allocation to refurbish the Victoria Central Hospital dental clinics. As a prior year capital commitment, separate approval was also obtained at the System level for the Marine Lake Health & Wellbeing Centre development (£6.7m). The £9.4m total was then reduced by £0.3m due to the remeasurement of a lease liability under the accounting standard IFRS 16.

Assessments under the Use of Resources rating continued to be suspended. However, the Trust maintained strong cash levels and good liquidity during the year.

Productivity & Efficiency (Cost Improvement Plans (CIP))

In 2022-23 the Trust delivered its efficiency target in full, supported by a structured Productivity & Efficiency Programme (P&E), one of three overarching programmes overseen by the Programme Oversight Group.

This programme approved and tracked delivery of circa 60 P&E projects, with efficiencies of £3.58m identified at project level. The majority of projects identified recurrent savings and the total recurrent value was 57%, which compares very favourably to most other NHS organisations across Cheshire & Merseyside.

Governance arrangements during 2022-23

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.

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

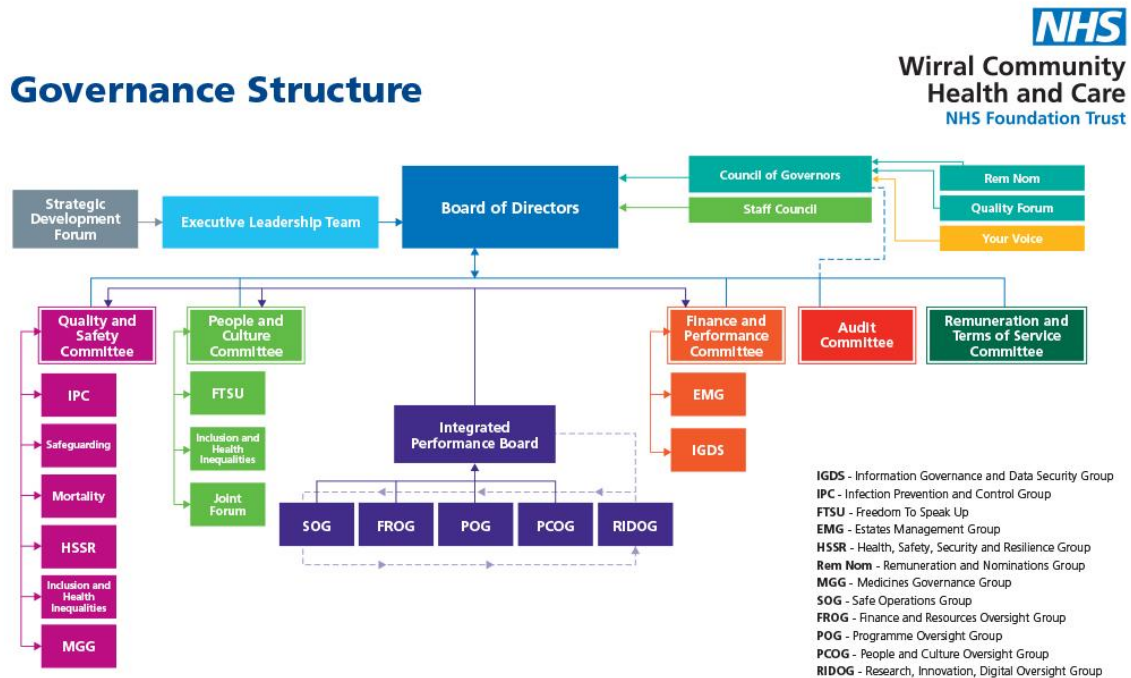
During 2022-23 members of the IPB, led by the Executive Leadership Team and supported by the Board of Directors, assessed the purpose, objectives and operating framework of the IPB based on;

- 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

This resulted in a further enhancement to the governance structure with the establishment of oversight groups below 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

All of these groups have a direct reporting line to the Integrated Performance Board. 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 governance structure is shown below.



Version 5 June 2023

Strategic and operational risk and opportunities

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

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

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

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

During 2022-23 individual risks continued to have a robust monitoring process ensuring each active risk receives a minimum of a monthly review with the overall Trust risk score being monitored at Trust Committees to provide assurance of continuous review.

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

There is built-in escalation of risks to Service Directors and Executive Directors based on risk score and length of time the risk is active on the risk register. The aim of this escalation is to provide oversight at a senior level and to ensure there is support for any risk action plans where there may be barriers identified.

Staff at all levels are encouraged to identify risks as part of their working day with active risks on the risk register discussed openly at individual team meetings to ensure full involvement and knowledge of risks affecting services and the actions required to mitigate the risk scores.

The use of Datix to record risks at service, divisional and organisational level has continued, providing clear oversight of the organisational risk register.

Throughout 2022-23, the sub-committees of the Board also considered the potential impact of high-level organisational risks on the strategic risks managed through the Board Assurance Framework.

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

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

The BAF is recognised as a key tool to drive the board agenda by ensuring the Board focuses attention on those areas which present the most challenge to the organisation's success. The strategic risks noted against each strategic theme are detailed in the Annual Governance Statement.

During 2022-23 the BAF has tracked 9 strategic risks. Each risk is rated according to the risk matrix with the risk rating being the product of a score of 1-5 for 'likelihood' of the risk occurring and a score of 1-5 on the 'consequence/impact' of occurrence.

The monitoring and management of risks is 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 post Covid-19 pandemic for the Trust.

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

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

Of the nine 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 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

The BAF was highly visible throughout the financial year providing a focus for sub-committee and Board discussions to ensure clarity on priority areas for service delivery, operational performance, staff wellbeing and workforce levels.

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

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

The Audit Committee also considered the BAF at each of its meetings in April, September 2022, and February and April 2023.

Major risk themes related to;

- Delivery of safe services
- Equity of access, experience, and outcomes
- Financial sustainability
- Impact of performance monitoring (operational and financial) at Place (following new legislation)
- Establishing the right partnerships to support the development of the ICS and ICP
- Ensuring optimum workforce levels
- Promoting and supporting staff wellbeing

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”, “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.

Full details of the governance arrangements, including the management of operational and strategic risks and quality governance, can be found in the Annual Governance Statement on page 99 and the section on compliance with the NHS Code of Governance on page 83.

Quality Strategy

The first year of the Quality Strategy 2022-27 was implemented with great success, and is available on the Trust website.



Further details about the achievement of the Quality Goals during 2022-23 are available in the Annual Quality Account published on the Trust's website, together with the plans for the second year of the Strategy 2023-24 shown below:

Safe care and support every time	People and Communities Guiding Care	Ground-breaking Innovation and research
We understand and act on our highest areas of clinical risk and take a preventative approach to minimising harm by supporting people to keep active and independent	We will hear from all voices, involving people as active partners in their wellbeing and safety, promoting independence and choice.	We will nurture an improvement culture focused on empowering people to stop, understand, ideate, test, and transform at scale
40% of eligible staff trained in National Patient Safety curriculum per annum	35% of eligible staff trained in Tier 2 Oliver McGowan Mandatory Training	40% of eligible staff trained in Quality Improvement curriculum
Meet timelines for PSIRF implementation	A minimum of 4 care pathways will be co-designed with people and community partners	Increase research capability and capacity
90% of clinical staff receiving supervision	Engagement groups will be representative of the local population	Delivery of twice-yearly celebration and innovation events, celebrating success

The Quality Account also includes information on the Trust's response to guidance issued by the National Institute for Health and Care Excellence (NICE), participation in national clinical and local audits, and quality improvement initiatives.

The Trust published the Quality Account in line with national requirements. The Quality Account is not included in this Annual Report as trusts are not required to include this for 2022-23. However, the Quality Account is available on the Trust website.

The Trust was inspected by the CQC in 2018, and rated as requiring improvement. In March 2020 the CQC issued the Routine Provider Information Request (RPIR) to the Trust for submission, but this process was stopped due to the Covid-19 pandemic and the response of the Trust to the national Level 4 incident.

We look forward to resuming the CQC inspection process as soon as possible and the opportunity this will provide to demonstrate the significant improvements the Trust has made. The Trust has remained in regular contact with the CQC through engagement meetings during 2022-23.

Sustainable Development Management Plan 2022-23 - The Green Plan

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

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

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

The Green Plan helps the Trust to:

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

Environmental Management System

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

was renewed in 2020 and now covers all our freehold estate (10 properties in total). We were last audited in November 2022 and our ISO accreditation was successfully retained.

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

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

Waste Management & Recycling

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

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

By separating clinical waste and ensuring that only infectious clinical waste (such as dressings and bandages etc) is disposed of through a specialist route, we save money and help protect the environment. Waste like nappies and sanitary products, although classed as offensive, are now bagged and sent to energy-from-waste plants to generate electricity for the grid. This reduces the amount of CO₂ created.

Water Usage

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

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

Greener IT

As a requirement for our compliance and security measures, we must work with certified recycling companies for the disposal of all IT waste, including laptops, desktop PCs, and cables. These IT devices are either disassembled if they are unusable or repurposed for future use elsewhere. Our commitment to recycling not only helps in the conservation of essential raw materials, but also safeguards natural habitats for future generations. In the past year, we have recycled approximately 3000 items, including laptops, monitors, and mobile devices, that have reached their end-of-life cycle. As a result, we have been reimbursed approximately £9,500 for these efforts.

Bio Boiler

We continue to provide heating and hot water facilities at St. Catherine's Health Centre using a combination of a biofuel boiler with gas back-up. This helps to reduce greenhouse gas emissions by about 34% as well as providing economic benefits to the Trust.

Electric Vehicle Charging Points

The benefits of electric vehicles to the environment are clear and with this in mind the Trust upgraded previous 7.5Kw to six new 22Kw charging points at St. Catherine's Health Centre and installed further vehicle charging capacity at Victoria Central Health Centre (VCHC) alongside a 150kW fast-charger at St. Catherine's Health Centre.

LED lighting

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

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

Procurement without Carbon

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

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

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

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

In line with the NHS England target for every trust to procure 100% renewable energy for their estate, we have moved across to a 'UK Renewable for Business' tariff from 1st April 2023, which means that going forward our electricity will be sourced from a range of renewable technologies across the UK and supplied to us by EDF Energy.

We recently awarded BT with our Trust-wide Wi-Fi infrastructure as they were able to assure us of their focus on the environment and sustainability.

To assist with low carbon transport initiatives the Trust will continue to expand procurement of either ultra-low or zero emissions vehicles, as well as investing in the required infrastructure.

The Trust is committed to meeting the requirements of Delivering a Net Zero NHS and will continue to procure only low emissions vehicles when upgrading the fleet.

Other Initiatives

- New recycled printer paper that the Trust is using in all buildings saves 273 trees a year
- We have implemented paperless payslips, again saving trees
- Double-sided printing in most printers
- Providing active travel options to staff to incentivise sustainable transport such as walking, cycling and using public transport.
- To rationalise the Trust estate, space utilisation programs have been established
- Relaunching our 'Classifieds' section on StaffZone to encourage recycling, upcycling and freecycling of goods to reduce waste.

Our commitment to Net Zero



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

The Trust looked to build on past successes and considered the interventions which are most likely to benefit the local community while meeting the requirements of national commitments to inform the Trust objectives and targets on its sustainability journey

over the 3-year period (2022-23 to 2024-25).

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

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

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

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

The Trust has embedded sustainability into the construction of a new site to be added to the Estate, with work completed on the construction of the Marine Lake Health and Wellbeing

Centre opened in May 2023, a new state of the art healthcare development in West Kirby. The building has been designed to meet a minimum of BREEAM 'Very Good' demonstrating sustainability credentials in new build. The development is also committed to enhancing green space and biodiversity within the local area through the provision of community-owned wellbeing gardens, providing additional social benefits to the wider Wirral community.

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

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

Key achievements

- The Trust has exceeded our annual carbon reduction target of 2.5% with an 8% achievement.
- There has been a reduction in total electricity consumption, down by 50% from 864,800 kWh in 2018-19 to 434,281 kWh in 2021-22.
- There has been a reduction in gas consumption and costs as well, down by 57% from 4,886,735 kWh in 2018-19 to 2,123,670 kWh in 2021-22.
- The recent fall in energy costs reversed during 2021-22 because of the energy crisis, however a reduction in the amount of energy we used helped to minimise the impact of energy unit rate increases on our overall budgets.
- The Trust has continued to see savings in water and sewage costs by reducing water consumption across our premises.

Reducing Carbon Emissions

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

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

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

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

Accountability Report

The Directors' Report

The Board of Directors

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

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

The Trust's Establishment Order reflects its composition;

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

There are a further 4 non-voting Directors.

The board structure for 2022-23 comprised of;

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

There are two advisors to the Board;

- Deputy Director of Adult Social Care
- Chief Information Officer

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

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

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

Non-Executive Directors

Professor Michael Brown, CBE DL Chair

Michael joined the Trust as Chair in September 2017 and was reappointed in September 2020 for a further 3-year term of office.

In December 2022, Michael was appointed as the new independent Chair of the Regional People Board which is jointly overseen by Health Education England and NHS England. Michael is also the independent Chair of Procure Plus Holdings Limited (up to April 2023) and previously served as Chair of Alder Hey Children's Charity.

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

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

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

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

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

Brian is a fellow of the Chartered Institute of Management Accountants. Brian was the Non-Executive Director 'Freedom To Speak Up Guardian' for the Trust.

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

Beverley joined the Trust as a Non-Executive Director in September 2017 and was reappointed in September 2020 for a further 3-year term of office.

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

From 2013-16, Beverley was the Vice-President and Head of Operations for the Global Medicines Development Group, the business division responsible for the clinical development and regulatory approval of new medicines globally.

In October 2022, Beverley was appointed the Chair and Trustee at Citizens Advice for Wigan Borough (formerly a Trustee and Honorary Treasurer).

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

Steve Connor
Non-Executive Director and Chair of Audit Committee
FTSU NED Champion

Steve joined the Trust as a Non-Executive Director in June 2022.

A former NHS Executive Director with experience of leading a high performing and complex organisation, Steve has significant experience and expertise in Governance, Risk Management & Audit and extensive knowledge of working at Board level with a wide range of public and 3rd sector organisations.

A qualified accountant with an MBA, Steve is also a member of various national committees and forums and is a trustee on the Board of St Helens Citizens Advice Bureau and Chair of the Finance Committee.

Steve is the Trust's Audit Chair and the FTSU NED Champion.

Professor Chris Bentley
Non-Executive Director

Chris joined the Trust as a Non-Executive Director in February 2019 and was reappointed in January 2022.

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

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

Chris is the Chair of the Quality & Safety Committee and also the Doctors disciplinary NED Champion/ independent member for the Trust.

Gerald Meehan
Non-Executive Director
Appointed Senior Independent Director in April 2022

Gerald joined the Trust as a Non-Executive Director in February 2019 and was reappointed in January 2022.

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

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

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

Gerald is the Chair of the People & Culture Committee and the Wellbeing Guardian for the Trust.

Non-Executive Director Terms of Office and re-appointments

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

During 2022-23 the Council of Governors led the process to reappoint Professor Chris Bentley and Gerald Meehan. Both were reappointed for a further term of 3 years as below.

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

*Steve Connor was appointed in June 2022, following the end of Brian Simmons' term of office.

Executive Directors

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

Karen Howell, OBE

Chief Executive

Voting member of the Board of Directors

Karen joined the Trust as Chief Executive in August 2015.

Karen grew up in Wirral and trained and worked here as a nurse in her early career.

A highly experienced local, regional and national health leader with over 44 years' experience, the majority at board level, Karen has worked nationally and internationally advising on policy and operational modality for primary, community and mental health services. Karen worked with the national team during the Covid pandemic and continues to support and work with senior leaders across Cheshire & Merseyside and the North.

Karen remains a registered nurse and amongst her qualifications holds a Masters in Biomedical Ethics and Law.

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

Mark has almost 30 years NHS experience and prior to joining Wirral Community Health & Care NHS Foundation Trust worked as Deputy Director of Finance at Liverpool Heart & Chest NHS Foundation Trust, the Walton Centre NHS Foundation Trust and Mersey Regional Ambulance Service. Previous to this Mark spent 12 years at St.Helens & Knowsley Hospitals NHS Trust in various financial and non-financial roles.

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

Dr Nick Cross
Medical Director and Caldicott Guardian
Voting member of the Board of Directors

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

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

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

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

Paula Simpson
Chief Nurse and Director of Infection Prevention & Control
Voting member of the Board of Directors

Appointed in 2018 Paula is a committed nurse with 30 years' experience in the NHS.

Paula graduated with a bachelor's degree in nursing from The University of Liverpool in 1992 after which she embarked on a career in Health Visiting within Wirral.

Paula has a master's degree in Applied Public Health which led her to hold a variety of system-wide commissioning and professional leadership roles across the Merseyside Health and Care System.

Her passion for nursing leadership brought her back to Wirral in 2014 to undertake the role of Deputy Director of Nursing.

Paula has been awarded a Florence Nightingale Scholarship and works at a national level to influence nursing workforce development.

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

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

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

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

Tracy Hill
Interim Director of Human Resources & Organisational Development

Tracy joined the Trust in January 2022 in an interim role and until the end of April 2022.

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

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

Roger Wilson
Interim Director of Human Resources & Organisational Development

Roger joined the Trust in July 2022 in an interim role and until the end of March 2023.

Roger has over 35 years' experience of working in and around the NHS, mainly in the North of England. He has worked across several large-complex organisations in a variety of roles within HR, OD and Learning. Roger has over 10 years' experience of working in Director posts in the NHS.

Roger is passionate about making sure that we support our workforce to provide the best support they can for our populations. Roger also spends voluntary time working with schools and colleges on their careers strategies. He wants to make sure that we are an employer of choice for young people across Wirral.

Dr Joanne Chwalko
Chief Operating Officer
Non-voting member of the Board of Directors

Jo has 22 years' experience in the NHS, working in clinical and operational roles. Prior to this she worked with homeless young people supporting their health and social care needs.

Jo is a registered nurse and has previously worked in the acute sectors, specializing in Women's Health. She joined the Trust in 2004 as a Health Visitor, subsequently becoming Named Nurse for Safeguarding, and Divisional Manager for Children's Services in 2018. Jo became Deputy Chief Operating Officer in September 2019 before being fully appointed as Chief Operating Officer in April 2022.

Jo completed her Professional Doctorate in health and social care in 2019. She is a Queens Nurse and a Fellow of the Institute of Health Visiting. Jo is also a visiting lecturer at The University of Chester and has previously worked as a specialist advisor for the CQC.

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

Alison has worked in the NHS for over 10 years providing leadership and advice to NHS Board of Directors on all matters associated with corporate governance.

Alison previously worked in the pharmaceutical industry and brings a sound understanding and almost 10 years' experience working in the commercial healthcare sector. She has a sound understanding of the regulatory and political environment in which NHS organisations operate and provides leadership on all matters of corporate governance ensuring all statutory duties are met.

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

Alison has worked closely with our Board of Directors for a number of years and played a key role in leading the Trust to achieve Foundation Trust status in May 2016. As such, she also provides advice and regulatory guidance to our Trust Council of Governors.

Alison is the Senior Information Risk Officer (SIRO) and Anti-Fraud Champion for the Trust.

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

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

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

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

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

Post	Governance roles	Responsible for
Director of Nursing	Director of Infection Prevention & Control (DIPC)	Infection Prevention & Control Service and related policies. Publishing an annual IPC report.
	Safeguarding Lead Officer	Ensuring best practice principles are followed, appropriate recruitment processes followed, and job-specific training provided. Attends partnership boards. Publishing an annual safeguarding report.
	Executive Nurse	Helps the board make strategic decisions in view of their effect on the quality and safety of patient care.
	Nominated Individual (CQC)	Overseeing compliance with the CQC regulatory framework
Medical Director	Caldicott Guardian	Protecting the confidentiality of service-user information, enabling and applying the highest standards for appropriate information sharing.
	Accountable Officer for Controlled Drugs	Ensures all incidents involving controlled drugs are reported correctly, communication with Local Intelligence Network.
	Responsible Officer (RO) for Medical Registrations & Revalidation	Provides local leadership in developing systems of appraisal and clinical governance; lead for End of Life Care.
Chief Finance Officer	Security Management Director	Overseeing and providing strategic management and support for all security management work within the organisation
	Accountable Emergency Officer	Ensuring that the NHS England core standards for Emergency Planning Resilience and Response are met
Director of Corporate Affairs	Senior Information Risk Owner	Managing information risks to the organisation; oversight of information security incident reporting and response.
	Anti-Fraud Champion	Providing a senior strategic voice within the organisation to champion the counter fraud agenda and to enable and support the counter fraud programme of work
Associate Director of Adult Social Care <i>(to December 2022)</i>	Freedom To Speak Up Guardian	Ensuring that colleagues can speak up about anything that might affect the quality of staff experience or patient care

The Board of Directors completes annual self-declarations to demonstrate compliance with the Fit and Proper Persons Regulations (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5).

The Trust has a Fit and Proper Persons Policy which sets out the requirements of the test, the checks and evidence to be collected on an annual basis, the monitoring of compliance through annual declarations and testing at appraisal and the consequences of non-compliance.

The pre-employment checks for the new Non-Executive Director/Audit Chair and for the two interim posts were conducted in accordance with the Trust's policy.

Declaration of Interests of the Board of Directors

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

The Register of Interests is available to the public via the [Trust's website](#).

During 2022-23 the internal audit plan included a review of the systems and processes in place across the Trust to ensure compliance with the Managing Conflicts of Interest Policy. This review provided Substantial Assurance and was reported to the Trust's Audit Committee.

Statutory statements required within the Directors Report

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

The Trust aims to pay all undisputed invoices efficiently and within 30 days of receipt of goods or a valid invoice during normal operations. The table below summarises our performance for 2022-23 against the Better Payment Practice Code.

Better Payment Practice Code - Compliance 2022-23		
Payables	Number	£'000
Non-NHS		
Total invoices paid in the year	9,149	30,764
Total paid within the 30-day target	8,270	28,969
Percentage paid within the target	90.4%	94.2%
NHS		
Total invoices paid in the year	775	9,363
Total paid within the 30-day target	720	8,463
Percentage paid within the target	92.9%	90.4%

During 2022-23, the Trust paid £3,885 in late payment charges due to late payment of 22 invoices. The fees and charges/income disclosures are unchanged from last year.

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

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

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

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

Disclosures relating to NHS Improvement's well-led framework

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

The feedback and actions from the 2018 CQC inspection report were incorporated into robust action plans to address all MUST DO and SHOULD DO actions. All actions have been completed.

The Trust was due to be re-inspected by the CQC in 2020, however this was paused by the CQC due to the COVID-19 pandemic. The Trust has maintained regular communication with the inspection team during 2022-23.

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.

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

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

This resulted in a further enhancement to the governance structure with the establishment

of oversight groups below 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

All of these groups have a direct reporting line to the Integrated Performance Board.

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.

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.

In 2021-22 the Trust commissioned an externally facilitated well-led developmental review led by Mersey Internal Audit Agency. The review aimed to contribute to the continuous improvement of Trust governance arrangements, supporting continuous improvement by identifying areas for development. The methodology and key findings from the review are detailed in the Annual Governance Statement. The Performance Report also includes further information on the Trust's approach to ensuring that services are well-led.

The Board of Directors has regard to the well-led framework and the Key Lines of Enquiry included.

- The Board of Directors is an experienced team with a wide range of skills sets. The non-voting members of the Board and the advisors to the board bring additional expertise.
- Members of the Board demonstrate a deep understanding of external and internal context in which they operate, and NEDs provide a high level of rigorous independent challenge at Board and in committee meetings
- The Board meets both formally and informally with a informal board programme developed at the start of each financial year
- The Board is seen as a strong system partner
- There is a clear focus to grow leaders internally and to push forward the ED&I agenda
- There is a 5-year strategy in place with supporting enabling strategies including Digital and Inclusion, all approved by the Board
- Leaders across the organisation assert safe, high quality and compassionate care as a priority

- The Trust has co-developed values with staff
- Mandatory training compliance across the Trust is strong and stable
- Policy compliance is tracked robustly through the committees of the Board
- There are clear channels for raising concerns including FTSU and Staff Council (the Trust ranks highly in the national FTSU index; 14th in May 2022)
- There is a clear and aligned committee structure with strong NED leadership and focused reporting to Board
- There is a clear and robust process for risk management including a visible Board Assurance Framework (BAF) which reflects discussions at the Board. The BAF is a standing agenda item at every committee with presentation to every meeting of the Board. The Audit Committee maintains oversight of the BAF.
- The interface between quality, governance and operations is robust underpinned by strong relationships at a senior level and joint working
- The development of the Trust Information Gateway (TIG) provides oversight of KPI performance at all levels of the organisation
- The Trust engages well with stakeholders
- There are a number of active staff networks in the Trust and WRES and WDES action plans are co-produced
- There is regular engagement with the Council of Governors and the Lead Governor provides a report at every public Board of Directors meeting highlighting the work of the governors
- The Trust has established a culture of quality improvement and transformational change through the 5-year Quality Strategy
- The Trust uses multiple channels to engage with staff across the Trust
- There is a Team WCHC recognition scheme in place culminating in an annual Staff Awards event
- The Trust has over 100 champions for different agendas across the Trust (e.g., wellbeing, FTSU, quality)

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

Patient care

The Annual Quality Account 2023-24 was published by the national deadline date of 30 June 2023 and describes quality improvements and quality governance in more detail including

patient care.

This includes how the Trust is developing services to improve patient care, performance against key healthcare targets, improvements in patient care and compliance with regulatory standards.

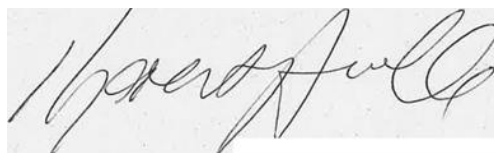
Stakeholder relations

During 2023-24 the Trust has had significant engagement with stakeholders, partners and the local community in the development of the new Marine Lake Health and Wellbeing Centre. Due to open in May 2023, the new centre will provide state of the art facilities in the heart of the community providing improved access to services for people in the local area.

This development involves the local GP practice who will be co-located in the new development and Age UK who will provide specialist services to the community.

The wellbeing garden (The 'BeeWell Together' garden) on the site has been designed with local people of all ages and will be owned by the community to enhance wellbeing opportunities.

The Performance Report also describes the development of some services involving other local agencies and stakeholders e.g., the HomeFirst service, the Community Intermediate Care Centre and the expansion of the 2-hour Urgent Community Response service.



Karen Howell, OBE
Chief Executive

27 June 2023

Remuneration Report

Annual statement from the Chair of the Remuneration Committee

I am pleased to present the Directors' Remuneration Report for the financial year 2022-23 on behalf of Wirral Community Health & Care NHS Foundation Trust's two Remuneration Committees.

The Remuneration & Terms of Service Committee is established by the Board of Directors with primary regard to Executive Directors, and the Remuneration & Nomination sub-group is established by the Council of Governors with regard to Non-Executive Directors.

In accordance with the requirements of the Financial Reporting Manual (FRM) and NHS England we have divided this report into the following parts:

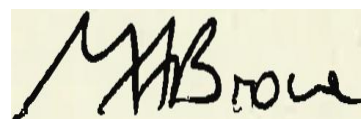
- The Directors' Remuneration Policy sets out Wirral Community Health & Care NHS Foundation Trust's senior managers' remuneration policy and,
- The Annual Report on Remuneration includes details about the Directors' service contracts and sets out governance matters such as the committee membership, attendance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

Major decisions on remuneration

The Remuneration Committee agreed to award a recurrent uplift in salaries to the Chief Executive and three other Executive Directors. This was agreed as adjustments to better align to salaries in nationally benchmarked comparable trusts and to recognise the contribution and leadership provided by the Executive Team.

The Chair's remuneration was increased in April 2022 to reflect the final step as set out in the NHS England guidance "*Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts*" (November 2019).

This required that the minimum remuneration for any chair will be consistent with the median value associated with the relevant range depending on Trust size.



**Professor Michael Brown CBE DL
Chairman**

27 June 2023

Senior managers' remuneration policy

Remuneration for senior managers is shown on page 65.

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

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

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

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

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

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

Service contract obligations

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

Statement of consideration of employment conditions elsewhere in the Foundation Trust

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

Annual report on Remuneration

The Remuneration Committees

The Board of Directors Remuneration & Terms of Service Committee

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

During 2022-23, the members of the committee were;

Michael Brown, Chair (Chair of the Remuneration Committee)
Steve Connor, Non-Executive Director (Chair of the Audit Committee) from June 2022
Beverley Jordan, Non-Executive Director
Chris Bentley, Non-Executive Director
Gerald Meehan, Non-Executive Director.

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

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

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

The Council of Governors Remuneration & Nomination sub-group

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

The group comprises five governors (including one appointed and one staff governor) with one nominated as the Chair of the group. All governors were invited to express an interest to join the group and one of the public governors is the Chair.

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

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

During 2022-23, the Council of Governors through the Remuneration & Nomination sub-group ensured appropriate oversight and decision-making in relation to the appointment of the Audit Chair and in agreeing the process to start the re-appointment of the Chair and one Non-Executive Director in 2023-24.

The final recommendation on the appointment of the Audit Chair was presented by the members of the Remuneration & Nomination sub-group to the full Council of Governors on 4 April 2022.

The Remuneration & Nomination subgroup includes the following members who, during 2023-24 will continue the process of re-appointment for the Chair and one Non-Executive Director.

Lynn Collins (Public Governor, Wirral West) - Chair of the Group
Eve Collins (Appointed Governor, The University of Chester)
Ronnie Morris (Public Governor, Wirral West)
Frieda Rimmer (Public Governor, Wirral South)
Jenna Brassington (Staff Governor)

Disclosures required by the Health and Social Care Act

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

The Trust reimbursed £6,879 for expenses claimed in the period by governors or Directors.

Fair pay multiple (*subject to audit*)

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

The banded remuneration of the highest-paid director in the organisation in the financial year 2022-23 was £155k-160k (2021-22, £140k-145k). This is a change between years of 10.5%. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration annualised in 2022-23 was from £17k to £235k (2021-22 £14k to £155k however please note the guidance for 21-22 was that this only included substantive members of staff). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 10%%, however please note that 5% of this relates to the 2022-23 non consolidated pay award. 0 employees received remuneration in excess of the highest-paid director in 2022-23. However four members of staff would have earned more than the highest-paid director if they had worked a comparable number of hours on the shifts they undertook in 22/23.

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

2022-23	25th Percentile	Median	75th Percentile
Salary component of pay	£28,058	£34,943	£42,750
Total pay and benefits excluding pension benefits	£28,058	£34,943	£42,750
Pay and benefits excluding pension: pay ratio for highest paid director	5.61	4.51	3.68

In the 21/22 Annual Accounts the guidance at the time was to only include substantive members of staff within the ratios shown above. To show a fair comparison between the years please see below the substantive percentiles for the two financial years.

2022-23	25th Percentile	Median	75th Percentile
Salary component of pay	£25,678	£34,943	£42,750
Total pay and benefits excluding pension benefits	£25,678	£34,943	£42,750
Pay and benefits excluding pension: pay ratio for highest paid director	6.13	4.51	3.68
2021-22	25th Percentile	Median	75th Percentile
Salary component of pay	£22,549	£31,534	£39,027
Total pay and benefits excluding pension benefits	£22,549	£31,534	£39,027
Pay and benefits excluding pension: pay ratio for highest paid director	6.88	4.92	3.97

Payments to past senior managers

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

Payments for loss of office

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

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

Single total figure table (subject to audit)

Name	Position	1 April 2022 - 31 March 2023						1 April 2021 - 31 March 2022													
		Salary		Expense Payments (taxable)	All Pension Related Benefits		Total		Salary		Expense Payments (taxable)	All Pension Related Benefits		Total							
		£000 (Bands of £5,000)		£ (Nearest £100)	£000 (Bands of £2,500)		£000 (Bands of £5,000)		£000 (Bands of £5,000)		£ (Nearest £100)	£000 (Bands of £2,500)		£000 (Bands of £5,000)							
Non-Executive Directors																					
Michael Brown	Chairman	35	-	40	0	N/A	-	N/A	35	-	40	35	-	40	0	N/A	-	N/A	35	-	40
Chris Bentley	Non-Executive Director	10	-	15	0	N/A	-	N/A	10	-	15	10	-	15	0	N/A	-	N/A	10	-	15
Stephen Connor	Non-Executive Director (from 13/06/22)	10	-	15	0	N/A	-	N/A	10	-	15	N/A	-	N/A	N/A	N/A	-	N/A	N/A	-	N/A
Beverley Jordan	Non-Executive Director	10	-	15	0	N/A	-	N/A	10	-	15	10	-	15	0	N/A	-	N/A	10	-	15
Gerald Meehan	Non-Executive Director	10	-	15	0	N/A	-	N/A	10	-	15	10	-	15	0	N/A	-	N/A	10	-	15
Brian Simmons	Non-Executive Director (to 30/04/22)	0	-	5	0	N/A	-	N/A	0	-	5	10	-	15	0	N/A	-	N/A	10	-	15
Executive Directors																					
Karen Howell	Chief Executive	155	-	160	1,700	20.0	-	22.5	180	-	185	140	-	145	7,400	12.5	-	15.0	160	-	165
Mark Greatrex	Chief Finance Officer/Deputy Chief Executive	130	-	135	1,500	37.5	-	40.0	170	-	175	125	-	130	0	15.0	-	17.5	140	-	145
Nick Cross*	Medical Director	145	-	150	1,600	0	-	2.5	145	-	150	140	-	145	5,500	0.0	-	2.5	145	-	150
Tony Bennett	Chief Strategy Officer	100	-	105	1,400	30.0	-	32.5	135	-	140	95	-	100	0	17.5	-	20.0	115	-	120

Jennie Birch^	Interim Chief Finance Officer (from 01/10/20 to 30/04/21)	N/A	-	N/A	N/A	N/A	-	N/A	N/A	-	N/A	5	-	10	0	0.0	-	2.5	5	-	10
Barbara Bridle-Jones+§	Acting Director of Human Resources and Organisational Development (from 18/10/21 to 21/01/22)	N/A	-	N/A	N/A	N/A	-	N/A	N/A	-	N/A	20	-	25	0	35.0	-	37.5	55	-	60
Joanne Chwalko§	Acting Chief Operating Officer (from 01/04/21 to 31/03/22); Chief Operating Officer (from 01/04/22)	120	-	125	0	135.0	-	137.5	255	-	260	80	-	85	0	460.0	-	462.5	540	-	545
Tracy Hill**	Interim Director of Human Resources and Organisational Development (from 24/01/22 to 30/04/22)	10	-	15	0	0.0	-	2.5	10	-	15	35	-	40	0	0.0	-	2.5	35	-	40
Alison Hughes	Director of Corporate Affairs	100	-	105	4,600	32.5	-	35.0	140	-	145	90	-	95	4,600	20.0	-	22.5	120	-	125
Val McGee~	Chief Operating Officer (to 31/03/22)	N/A	-	N/A	N/A	N/A	-	N/A	N/A	-	N/A	70	-	75	7,600	0.0	-	2.5	80	-	85
Jo Shepherd#	Director of Human Resources and Organisational Development (to 04/09/22)	40	-	45	600	25.0	-	27.5	65	-	70	95	-	100	6,900	0.0	-	2.5	105	-	110
Paula Simpson	Director of Nursing	115	-	120	800	80.0	-	82.5	195	-	200	100	-	105	0	0.0	-	2.5	100	-	105
Roger Wilson**	Interim Director of Human Resources and Organisational Development (from 05/07/22 to 31/03/23)	85	-	90	0	0.0	-	2.5	85	-	90	N/A	-	N/A	N/A	N/A	-	N/A	N/A	-	N/A

Pension Benefits (subject to audit)

Name	Position	Real Increase in Pension at Pension Age			Real Increase in Pension Lump Sum at Pension Age			Total Accrued Pension at Pension Age at 31 March 2023			Lump Sum at Pension Age Related to Accrued Pension at 31 March 2023			Cash Equivalent Transfer Value at 31 March 2022	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employer's Contribution to Stakeholder Pension
		(Bands of £2,500)			(Bands of £2,500)			(Bands of £5,000)			(Bands of £5,000)			£000	£000	£000	£000
Mark Greatrex	Chief Finance Officer/Deputy Chief Executive	2.5	-	5.0	0.0	-	2.5	50.0	-	55.0	95.0	-	100.0	802	35	888	0
Tony Bennett	Chief Strategy Officer	0.0	-	2.5	0.0	-	2.5	35.0	-	40.0	65.0	-	70.0	490	25	543	0
Joanne Chwalko	Chief Operating Officer (from 01/04/22)	5.0	-	7.5	12.5	-	15.0	25.0	-	30.0	55.0	-	60.0	378	120	526	0
Alison Hughes	Director of Corporate Affairs	0.0	-	2.5	0.0	-	2.5	15.0	-	20.0	0.0	-	5.0	183	18	221	0
Jo Shepherd	Director of Human Resources and Organisational Development (to 04/09/22)	0.0	-	2.5	2.5	-	5.0	30.0	-	35.0	50.0	-	55.0	465	24	550	0
Paula Simpson	Director of Nursing	2.5	-	5.0	5.0	-	7.5	35.0	-	40.0	70.0	-	75.0	593	77	704	0

Name	Position	Real Increase in Pension at Pension Age			Real Increase in Pension Lump Sum at Pension Age			Total Accrued Pension at Pension Age at 31 March 2022			Lump Sum at Pension Age Related to Accrued Pension at 31 March 2022			Cash Equivalent Transfer Value at 31 March 2021	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022	Employer's Contribution to Stakeholder Pension
		(Bands of £2,500)			(Bands of £2,500)			(Bands of £5,000)			(Bands of £5,000)			£000	£000	£000	£000
Mark Greatrex	Chief Finance Officer/Deputy Chief Executive	0.0	-	2.5	0.0	-	2.5	45.0	-	50.0	90.0	-	95.0	762	37	802	0
Tony Bennett	Chief Strategy Officer	0.0	-	2.5	0.0	-	2.5	30.0	-	35.0	60.0	-	65.0	461	27	490	0
Barbara Bridle-Jones+§	Acting Director of Human Resources and Organisational Development (from 18/10/21 to 21/01/22)	0.0	-	2.5	0.0	-	2.5	5.0	-	10.0	0.0	-	5.0	0	30	113	0
Joanne Chwalko§	Acting Chief Operating Officer (from 01/04/21 to 31/03/22)	20.0	-	22.5	40.0	-	42.5	20.0	-	25.0	40.0	-	45.0	0	378	378	0
Alison Hughes	Director of Corporate Affairs	0.0	-	2.5	0.0	-	2.5	15.0	-	20.0	0.0	-	5.0	159	23	183	0
Jo Shepherd	Director of Human Resources and Organisational Development	0.0	-	2.5	0.0	-	2.5	25.0	-	30.0	40.0	-	45.0	451	13	465	0
Paula Simpson	Director of Nursing	0.0	-	2.5	0.0	-	2.5	30.0	-	35.0	65.0	-	70.0	645	0	593	0

Notes to the remuneration and pension tables

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

Benefits in kind are the taxable value attributed to lease cars and salary sacrifice schemes

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

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

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

The benefits and related CETVs do not allow for a potential adjustment arising from the McCloud judgement.

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

From September 2022, Jo Shepherd became the Programme Director (Workforce) for the Cheshire & Merseyside Mental Health, Learning Disabilities and Community Provider Collaborative. Salary costs are now being recharged.

§Joanne Chwalko and Barbara Bridle-Jones were not directors in 2020-21 and the NHS Pension Scheme was not able to provide pension benefit figures to cover this period. As a result, increases in pension or pension lump sums for these individuals in 2021-22 only reflect the amounts payable at the end of 2021-22. The increases are therefore significantly higher than would normally be the case.

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

Roger Wilson was also employed as Interim Director of Human Resources and Organisational Development from July 2022 to March 2023. The salary included in the remuneration table above reflects payments made to Roger J Wilson Associates Limited for his services.

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

~Val McGee reached pensionable age on 31 March 2021 and left the position of Chief Operating Officer on 31 March 2022.

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

Non-executive directors do not receive a pensionable remuneration.

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

**Karen Howell OBE
Chief Executive**

27 June 2023

Staff Report for 2022-23

As at 31 March 2023, Wirral Community Health and Care NHS Foundation Trust employed 1,983 people.

The average number of employees during 2022-23 was 1961. Details of our workforce are provided below:

The following staff costs have been incurred during the period:

	2022-23		
	Permanent £000	Other £000	Total £000
Salaries and wages	63,557	3,285	66,842
Social security costs	5,592	247	5,839
Apprenticeship levy	296	0	296
Employer's contributions to NHS pension scheme	7,089	0	7,089
Employer contributions to NHS Pension Scheme paid by NHSE	3,122	0	3,122
Pension cost - other	1,999	0	1,999
Temporary staff	0	2,856	2,856
Total gross staff costs	81,655	6,388	88,043
Costs capitalised as part of assets	171	187	358
Total staff costs	81,484	6,201	87,685

Staff numbers

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

	2022-23		
	Total Number	Permanent Number	Other Number
Medical and dental	16.7	10.6	6.1
Administrative and estates	157.6	154.9	2.7
Healthcare assistants and other support staff	576.5	544.3	32.2
Nursing and health visiting staff	707.9	675.4	32.5
Scientific, therapeutic and technical staff	268.1	248.8	19.3
Healthcare sciences staff	0	0	0
Total whole time equivalent staff numbers	1,726.8	1,634.0	92.8

Staff composition - employee gender distribution

The figures reflecting the breakdown of gender distribution of employees within the Trust as at 31 March 2023 are included in the table below:

	2022-2023	Headcount
Directors male (<i>including Non-Executives</i>)	58%	7
Directors female (<i>including Non-Executives</i>)	42%	5
All Employees male	11.6%	230
All Employees female	88.4%	1753

Sickness Absence Data

The Trust's sickness absence data is outlined below.

Figures Converted by DH to Best Estimates of Required Data Items		Statistics Produced by NHS Digital from ESR Data Warehouse		
Average FTE 2022/3	Adjusted FTE days lost to Cabinet Office Definitions	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
1,635	25,908	590,472	42,292	13.96

Data items: The Electronic Staff Records (ESR) does not hold details of the planned working/non-working days for employees so days lost and days available are reported based upon a 365-day year. The data is available through the published data provided by NHS Digital.

Information from the ESR system reports the annual sickness rate for the year 2022-23 as 7.04%. This figure was higher than the Trust's target figure of 5.0%. The level fluctuated throughout the year linked to the high levels of COVID-19 related absences. Appropriate guidance and wellbeing advice was put in place to support staff at this time, and sickness absence was supportively and effectively managed.

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse.

Staff Turnover Data

The Trust's staff turnover data for 2022/23 is available through the published data provided by NHS Digital.

Information from the ESR system reports that the annual turnover rate figure for 2022-23 was 15.82%; an increase from the figure for 2021-22 which was 14.0%.

When removing staff that have transferred in and out of the organisation via TUPE, and excluding those posts made redundant and leaving involuntarily, the turnover figure for 2022-23 was 13.4%; an increase from the figure for 2021-22 which was 12.12%.

Equality disclosures

The policy in relation to disabled employees

The Trust continues to hold the “Disability Confident’ employer and is therefore entitled to display the Jobcentre Plus ‘Disability Confident Employer’ symbol for advertising, corporate material and publications. The Trust has a set of equality and inclusion objectives which are detailed in its Inclusion and Health Inequalities Strategy and People Strategy.

All relevant policies are assessed for their impact on disabled staff, and adjustments are made to support disabled employees to gain and continue employment with the Trust, including appropriate training, career development and promotion.

The Ability, LGBTQ+ and BAME Staff Networks continue to meet regularly and each have a designated executive director as a sponsor. These networks aim to foster good relations and support staff to share concerns and issues with the Trust to improve their working lives. The recruitment, redeployment and managing attendance policies are up to date, and include provisions to support applicants with disabilities in recruitment and existing staff with reasonable adjustments.

The Ability Staff Forum was instrumental in the review of the Reasonable Adjustments Procedure and the adopting of Disability Leave which was launched in early 2023. The Trust has reviewed its Workforce Disability Action Plan as part of the national process within the NHS to meet the Workforce Disability Equality Standard.

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

The Menopause Staff Network launched during 2022 and has grown rapidly being both a place of support for staff experiencing perimenopause and menopause and driving forward the development of a policy and challenging biases. The Menopause Policy has been developed based on NHS England good practice and will be launched with awareness and training sessions by staff who have been supported to attend an external train the trainer course.

During 2022 the Trust developed an Armed Forces Community Steering Group to implement the Armed Forces Covenant and work towards national accreditation. The actions have involved revising policies, developing a working group of interested staff with lived experiences, external stakeholder including Poppy Factory, local NHS partners and the national Veterans Aware representative. The Trust has successfully been awarded Bronze Employer Defence Recognition Scheme and Veterans Aware which helps us develop our Armed Forces Friendly employer status.

The policy on equal opportunities

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

We aim to implement this by:

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

In April 2022 we launched our Inclusion & Health Inequality Strategy (2022-27) and described our commitments as

Removing Barriers to access - *We will strive to remove or overcome barriers to access by ensuring our approach meets the needs of individuals, ensuring equitable access to care and employment for all.*

Focusing on experience of care - *We will ensure that everyone's experience of the Trust and its services is positive, inclusive and reflects our values of 'Compassion, Open and Trust'.*

Improving Outcomes for everyone - *We will focus our efforts on improving outcomes for individuals and reducing inequalities in outcomes for people with protected characteristics and those who live in our most disadvantaged areas.*

The Trust produces an annual Inclusion Report along with annual reports of the Gender Pay Gap, Workforce Race Equality Standard, Workforce Disability Equality Standard, and these are available on the Trust website. These NHS national requirements involved reviewing staff data relating to the protected characteristics from the Electronic Staff Record system and staff experience information from the annual NHS Staff Survey. The resulting action plans were co-produced with the relevant staff networks of the BAME staff network for the WRES action plan and Ability staff networks for the WDES action plan which are monitored through the People and Culture Committee (*formally known as the Education and Workforce Committee*).

For 2023 these plans will be reviewed with the full involvement of the staff networks and will be based on the latest workforce equality data.

Actions Taken to Inform or Consult with Staff and Employee Representatives

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

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

Due to the announcement of Adult Social Care staff being transferred to Wirral Council there has been continuous involvement and consultation with staff and the relevant staff side representatives to ensure staff concerns are raised and considered throughout the transfer process.

Information on Health and Safety Performance and Occupational Health

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

During the recovery period after the COVID-19 pandemic Occupational Health continued to provide support to staff identified as vulnerable to COVID-19 by providing access to appointments, support and counselling through the Employee Assistance Programme. The risk assessment forms and processes continued to be reviewed with the updated medical guidance, and additional guidance provided to line managers to help staff return to work whilst ensuring risk mitigations were put in place whilst working in clinical environments and working in patient's homes.

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

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

During 2022 we have focussed on financial wellbeing, and this has involved regularly promoting national offers available to NHS staff and launching an employee benefits platform Vivup which offers financial lifestyle offers from thousands of high street retailers and offer of salary sacrifice on home and electrical goods. We have also extended our instant access to wages through partnering with Wagestream.

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

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

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

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

The Speaking Up Policy has been widely shared with staff across the organisation as part of a wider campaign on raising concerns, and the Trust recruited over 100 Freedom To Speak Up Champions from across the organisation.

Approach to Staff Experience and Engagement

During 2022 the Trust launched the People Strategy (2022-2027) which aligns to the national NHS People Plan and was developed alongside the other Trust strategies.

Staff engagement focused on a number of key areas;

- As part of the development of the people strategy asking staff what was important to them and what makes them want to stay at the Trust. This information was then used to develop the “we will” ambition statements of the strategy.
- Twice weekly communication to all staff through an emailed bulletin which includes the latest news and guidance.
- Managers briefing bulletin for key messages to advise and support for them to share with their staff and teams.
- The appraisal process took place during May to August, and focussed on health and wellbeing, setting work priorities and support.
- Senior messages from the executives - there was a weekly Chief Executive's vlog and blog feature which is sent by email to all staff.
- The Get Together continues to take place monthly and all staff are invited to a 45-minute virtual briefing by the Chief Executive and executive board where key performance indicators and other relevant information are presented. The monthly winners of the Stand Out award are announced at the meeting.
- Special edition updates to cover certain key topics such as Industrial Action, IT and Cyber Security, International Nurses Day and actions taken since the last Staff Survey.

Between October and December 2022, the Trust took part in the annual staff survey and the results of this were published in March 2023. Further details on the Staff Survey are provided below.

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

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

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

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

The staff networks we have are: BAME, LGBTQ+, Ability, Working Carers, and Menopause. They continued to meet and they each have an Executive Director sponsor who attended most of the meetings. Through this they have each established an ally at board level. These meetings continued over MS teams during the COVID recovery period and helped strengthen the groups by continuing to meet and support staff diversity. The networks are open to all staff from protected groups and have been established to be inclusive for any students, agency and bank workers. More information is included in the Inclusion section of the report.

NHS Staff survey - Summary of performance

The NHS staff survey is conducted annually. From 2022-23 the survey questions align to the seven elements of the NHS 'People Promise' and retains the two previous themes of engagement and morale. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2022-23 survey among Trust staff was 47% (2021/22: 54 %).

2022-23 scores

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

Indicators	2022-23	
	Trust score	Benchmarking group score
People Promise:		
We are compassionate and inclusive	7.6	7.6
We are recognised and rewarded	6.1	6.4
We each have a voice that counts	7.0	7.1
We are safe and healthy	6.1	6.3
We are always learning	5.6	5.9
We work flexibly	6.3	6.7
We are a team	7.1	7.1
Staff engagement	7.0	7.2
Morale	5.7	6.1

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

Overall, six of nine scores improved from the previous year which demonstrates an overall improved position, albeit not statistically significant.

The approach last year was to share team results at a local level and develop a team intention to work towards to improve staff experience at a local level. This was received positively by having a team goal to work towards but a review in Q4 showed these were not fully implemented due to the continuing response to the pandemic backlog and significant service demands.

During 2022 the pulse surveys were undertaken on a quarterly basis and the results were feedback at the regular Get Together where staff from all over the Trust attend remotely.

In Summer 2022, as part of developing the People Strategy, engagement focus groups were held and staff were asked what attracted them to the Trust and what made them stay/ want to leave and this was used to formulate the ambitions for the strategy.

A Recruitment and Retention Group commenced in October 2022 to understand across the Trust any hot spots/professions which are struggling to recruit and retain staff and a key aim has been to improve the data available on why staff wish to leave with a full review of the leaver process and automating the process for survey completion.

2021-22 scores

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

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

2020-21 scores

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

2020-21		
Indicators	Trust score	Benchmarking group score
Equality, diversity and inclusion	9.4	9.4
Health and wellbeing	6.1	6.3
Immediate managers	7.2	7.2
Morale	6.3	6.5
Quality of care	7.3	7.5
Safe environment - bullying and harassment	8.7	8.5
Safe environment - violence	9.9	9.7
Safety culture	7.0	7.1
Staff engagement	7.1	7.3
Team working	6.6	6.9

Future priorities and targets

In response to the 2022 staff survey results there will be a number of actions including

- Developing a Staff Engagement Plan
- Sharing with stakeholders the results and the overall position

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

- We work flexibly
- Workforce inclusion and focussing on the experience of our disabled staff and staff from a BME background to understand why their experience is worse than that of others
- Appraisal and supervision
- We are safe and healthy

Action plans will be developed at Trust wide and local levels, and monitoring of this will be done through the locality/system structures and for corporate areas through the Operational Oversight Group / Standards Assurance Framework for Excellence meetings.

The Quarterly Pulse Survey results will be shared through local groups including management meetings, JUSS (Staff Side) and Staff Council. Information will be included in the TIG performance dashboard.

Staff Engagement will also be a key focus for the newly appointed Chief People Officer.

Assurance of progress of actions identified will be through the People and Culture Oversight Group reporting into Integrated Performance Board and the People and Culture Committee.

Trade Union Facility Time

In accordance with the Trade Union (Facility Time Publication Requirements) Regulations 2017, this is the report produced for the financial year 2022-23 based on the returns submitted to date from trade union representatives.

Table 1 - Relevant Union Officials

What was the total number of your employees who were relevant union officials during the relevant period?	Number of employees who were relevant union officials during the relevant period.
7	7

Table 2 - Percentage of spent time on facility time

	Number of Employees
0%	0
1-50%	5
51-99%	0
100%	2

Table 3 - Percentage of pay bill spent on facility time

	Figures
Provide the total cost of facility time	£53,412.48
Provide the total pay bill	£88,043,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x100	0.06%

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

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	2.66%
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This may be subject to revision for formal publication with gov.uk following further checks of data received.

Expenditure on consultancy

During the year, the Trust paid £451k to external consultants. This is reflected in note 5: "Operating Expenses" in the financial statements included below.

Off-payroll engagements

Where possible the Trust employs staff directly on permanent or short-term contracts.

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

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

Table 5 - Highly-paid off-payroll worker engagements as of 31 March 2023 earning £245 per day or greater

	Number
Number of existing engagements as of 31 March 2023	52
Of which, the number that have existed:	
for less than one year at the time of reporting	35
for between one and two years at the time of reporting	9
for between two and three years at the time of reporting	5
for between three and four years at the time of reporting	3
for more than four years at the time of reporting	0

Table 6 - All highly-paid off-payroll workers engaged at any point during the year ended 31 March 2023 earning £245 per day or greater

	Number
Number of off-payroll workers engaged during the year ended 31 March 2023	93
Of which:	
Not subject to off-payroll legislation*	92
Subject to off-payroll legislation and determined as in-scope of IR35*	1
Subject to off-payroll legislation and determined as out-of-scope of IR35*	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the review	0

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

Exit packages (subject to audit)

During the year no exit package was agreed.

Gender Pay Gap

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

The Trust is committed to furthering equality, diversity and human rights and reducing inequalities in the workplace. We have been addressing equality and fair access to career pathways and progression through our Inclusion and Health Inequalities Strategy 2022 - 2027.

The Trust's results for 2021-22 reported during 2022-23 can be viewed [here](#)

Compliance with NHS Foundation Trust Code of Governance

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

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

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

- The constitution of the NHS Foundation Trust
- Standing orders for the Board of Directors and Council of Governors setting out the roles and responsibilities of each
- Code of Conduct for the Board of Directors and Council of Governors
- Schemes of delegation and matters reserved to the Board
- Established role of Senior Independent Director (SID)
- NED champion roles agreed
- Standing Financial Instructions
- Annual cycle of board business (approved by the Board)
- Terms of Reference for the Board of Directors and its sub-committees (reviewed annually) and the Council of Governors and its sub-groups
- Annual review of the effectiveness of the Board and its sub-committees
- Board of Directors and Council of Governors Register of Interests
- Robust governance arrangements in place (with annual review to ensure they remain fit for purpose)
- Remuneration committee established with 3 Non-Executive members
- Fit and Proper Persons declarations by Executive and Non-Executive Directors
- Fit and Proper Persons Policy in place
- Performance appraisal process for all Executive and Non-Executive Directors
- Chair's appraisals conducted in line with NHSE guidance '*A framework for conducting annual appraisals of NHS provider chairs*' and led by the SID
- Freedom to Speak Up Policy with identified Freedom To Speak Up Guardian and FTSU NED Champion
- Robust Audit Committee arrangements in place

- Governor-led appointments process for external auditor
- Non-Executive Director meetings established pre-Board of Directors, led by the Chair
- Anti-Fraud work plan and policy
- Internal Audit Plan agreed with Audit Committee members
- High quality reports to the Board of Directors and Council of Governors appropriate to their respective functions and relevant to the decisions being made
- Attendance by Directors at Council of Governor meetings
- Attendance records for Directors and Governors at key meetings
- Annual NHS Provider License self-certification
- Bi-monthly Board of Directors Informal Board Sessions
- Well-led developmental review completed by MIAA in 2022-23

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

Governance arrangements

The basic governance structure of all NHS Foundation Trusts includes;

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

Membership and constituencies

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

The Trust has two constituencies;

- Staff constituency and,
- Public constituency

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

The public constituencies include;

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

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

At the end of 2022-23, the Trust had 8,031 members split as follows across the two constituencies;

- 5,927 public members
- 2,104 staff members

An analysis of the Trust's membership population demonstrates that it is broadly representative of the communities we serve; however, recruitment activities are targeted according to any areas where further recruitment is necessary.

During 2022-23, the 'Your Voice' group continued to meet with the expanded membership that included governors and more members. The Your Voice Group met bi-monthly and provided a voice to help drive and improve the experiences of people and their families who access Trust services. Members shared an understanding of common issues affecting local people in relation to services provided by the Trust.

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

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

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

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

During 2022-23 the members of the Your Voice group supported the Trust with the introduction of the PLACE framework to review buildings across the Trust estate, provided feedback on the Trust's new public website and contributed to the development of a series of patient information leaflets including Community Nursing, complaints and Hand Hygiene.

The Council of Governors

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

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

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

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

The Council of Governors has not exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006 during 2022-23.

In October 2022 the Trust held governor elections following the end of terms of office and vacant seats of 7 public governors and 1 staff governor. The elections were run independently by UK Engage and in accordance with the Model Election Rules as included in the FT Constitution.

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

The election results were as follows;

Constituency	Candidates	Opposed or Unopposed	Elected
Public Governors			
*Birkenhead	None	N/A	No
**Wallasey	None	N/A	No
***Rest of England	None	N/A	No
****Wirral South & Neston	Kevin Sharkey	Unopposed	Yes
*****Wirral West	Ronnie Morris	Opposed	Yes
Staff Governors			

*****Trust staff	Jenna Brassington	Opposed	Yes
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*For Birkenhead Constituency no nominations were received.

**For Wallasey Constituency no nominations were received.

*** For Rest of England no nominations were received.

****For Wirral South & Neston Constituency Kevin Sharkey was unopposed and therefore duly elected.

*****For Wirral West the number of eligible voters was 1003. The votes cast were 90. The vote was for one candidate. The turnout was 9%. Ronnie Morris had the highest number (37) and was duly re-elected.

*****For staff governor Jenna Brassington was duly elected after votes confirmed by recount and drawing lots. The number of staff eligible to vote was 2103. The vote was for two candidates. The turnout was 11.8%.

The composition of the Council of Governors

The Council of Governors comprises of 11 governors (not including vacancies);

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

The following table provides the detail of the public and staff governors during 2022-23.

Name	Constituency/ Organisation	Term of Office (End date)	2022 election status
Public Elected Governors			
Geoff Dormand	Birkenhead	3 years (2024)	
<i>Vacant seat</i>	<i>Birkenhead</i>		
<i>Vacant seat</i>	<i>Birkenhead</i>		
Jan Gidman	Rest of England	3 years (2022)	
Gary Kelly-Hartley	Wallasey	3 years (2023)	
<i>Vacant seat</i>	<i>Wallasey</i>		
<i>Vacant seat</i>	<i>Wallasey</i>		
Lynn Collins	Wirral West	3 years (2023)	
Ronnie Morris	Wirral West	3 years (2025)	Re-elected
Frieda Rimmer	Wirral South & Neston	3 years (2024)	
Kevin Sharkey	Wirral South & Neston	3 years (2025)	Newly elected
Staff Elected Governors			
George Taylor	Staff Governor	3 years (2022)	

Jan Hegarty	Staff Governor	3 years (2023)	
Lauren Francom	Staff Governor	3 years (2024)	
Jenna Brassington	Staff Governor	3 years (2025)	Newly elected
Appointed Governors			
Eve Collins	Appointed Governor, University of Chester		
Karen Prior	Appointed Governor, HealthWatch Wirral		
Vacancy	Appointed Governor		
Vacancy	Appointed Governor		
Vacancy	Appointed Governor		
Vacancy	Appointed Governor		

Council of Governors Meetings

During 2022-23, the Council of Governors met formally on 3 occasions.

- 14 June 2022 (virtual)
- 15 November 2022 (joint CoG meeting and development session)
- 24 January 2023

Two informal development days were also held as follows;

- 15 November 2022 ((joint CoG meeting and development session)
- 16 March 2023

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

		Possible Meetings	Meetings Attended
Public Elected Governors			
Geoff Dormand	Public Governor, Birkenhead	3	0
*Fahim Syed	Public Governor, Birkenhead	3	1
Lynn Collins	Public Governor, Wirral West (Lead Governor)	3	3
**Ronnie Morris	Public Governor, Wirral West	3	1
Gary Kelly-Hartley	Public Governor, Wallasey	3	1
***Kevin Sharkey	Public Governor, Wirral South/Neston	1	1
Frieda Rimmer	Public Governor, Wirral South/Neston	3	3
*Jan Gidman	Rest of England	1	1
Staff Elected Governors			
*George Taylor	Staff Governor	2	1
Jan Hegarty	Staff Governor	3	1
Lauren Francom	Staff Governor	3	2
*** Jenna Brassington	Staff Governor	1	1
Appointed Governors			

Eve Collins	Appointed Governor, University of Chester	3	2
Karen Prior	Appointed Governor, HealthWatch Wirral	3	0

*Term of office ended October 2022.

**Re-elected November 2022.

***Newly elected November 2022

Council of Governors' Register of Interests

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

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

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

Council of Governors Subgroups

The Council of Governors has established a Remuneration & Nomination sub-group that meets to discuss the formal aspects of the Non-Executive Directors role including remuneration, terms of office and annual performance evaluation. The membership of the group and the meetings held during 2022-23 are described above in the Remuneration Report.

A quarterly governor Quality Forum was stood down during the pandemic but will be re-established in 2023-24.

The overarching aims of the group, as described in the Terms of Reference are to ensure the Trust;

- meets its duties and aspirations about the quality of care and patient experience
- ensures that the interests of the patients, carers, families and the general public in the areas served by the Trust are represented during the development of work connected to care quality and patient experience improvement

The scope and duties of the 'Your Voice' group were revised in 2022-23 and expanded to incorporate membership strategy, engagement and recruitment. The group's membership includes public governors from each of the Trust constituencies and members and service users from across the organisation. During 2019-20 the group agreed to increase the frequency of meetings to bi-monthly acknowledging the work of the group. The Director of Corporate Affairs is the Chair of the Your Voice group with a Non-Executive buddy.

Training and development for governors

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

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

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

All governors are also invited to attend informal meetings with the Chairman, to provide an opportunity to share experiences of the Trust, learnings for the future and any areas of challenge.

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

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

The following table summarises Board of Directors attendance at formal Council of Governors' meetings during 2022-23. Executive Directors attend formal meetings based on specific agenda items(reflected in the table below but attend the informal governor development days to provide updates and discuss important topics with governors.

		Possible Meetings	Meetings Attended
Michael Brown	Chairman	3	1
Karen Howell	CEO	3	2
*Brian Simmons	NED	1	1
Beverley Jordan	NED	3	2
Chris Bentley	NED	3	3
Gerald Meehan	NED	3	3
**Steve Connor	NED	2	2
Anthony Bennett	Chief Strategy Officer	1	1
Mark Greatrex	Chief Finance Officer/Deputy CEO	1	1
Jo Chwalko	Chief Operating Officer	1	1
***Roger Wilson	Interim Director of HR & OD	1	1
Dr Nick Cross	Medical Director	0	0
Alison Hughes	Director of Corporate Affairs	3	3
Paula Simpson	Chief Nurse	1	1

*Brian Simmons left the Trust - May 2022
**Steve Connor - joined the Trust June 2022
***Roger Wilson - joined the Trust - July 2022

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

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

The Board of Directors share the priorities included within the annual operational plan with the Council of Governors

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

The Board of Directors

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

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

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

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

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

The Board of Directors met in formal session on 6 occasions during 2022-23.

According to the standing orders of the Trust, the chairman may call a meeting of the Board at any time and one-third or more members of the board may request a meeting in writing to the chairman. This provision was not enacted during 2022-23.

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

In the absence of a Non-Executive Director member of the committee another Non-Executive Director shall be nominated to formally attend and therefore count towards quoracy. Any Non-Executive Director formally attending shall enjoy the same rights and privileges as standing

Non-Executive members including the right to propose resolutions. Their attendance is formally recorded in the minutes.

Explanatory notes:

The table below shows the attendance record for each board member compared to the maximum number of meetings they were required to attend during 2022-23 as per the requirement in the Terms of Reference to attend three quarters of available meetings. Any numbers in () indicate where the maximum number of meetings during the financial year is different (i.e., leaving the Trust or joining the Trust mid-year)

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

April 2022 - March 2023	Board	Rem Nom	Audit	Quality & Safety	Finance & Performance	People & Culture
Number of Meetings	6	3	5	6	6	6
Chair/Non-Executive Directors						
Michael Brown (Chairman)****	5	3	4	5 (0)	3 (0)	4 (0)
Chris Bentley	5	3	4	6	6	6
*Steve Connor****	5 (5)	2 (2)	4 (4)	4 (0)	1 (0)	2 (0)
Gerald Meehan	6	3	5	6	6	6
Brian Simmons	1 (1)	-	1 (1)	-	-	-
Beverley Jordan	6	3	5	6	6	6
Executive Directors & Directors						
Karen Howell****	5			3 (0)	5 (0)	
Paula Simpson	5			5	4	6
Alison Hughes	6		5	6	5	5
Mark Greatrex	5		5	5	6	
**Tracy Hill	-	-	-	-	-	1 (1)
***Roger Wilson	3 (5)	-	-	1 (5)	-	4 (4)
Jo Chwalko	6			6	4	5

Anthony Bennett	6				5	
Dr Nick Cross	6			5		5

*Steve Connor, Non-Executive Director - joined the Trust June 2022

**Tracy Hill, Interim Director of HR & OD – left the Trust April 2022

***Roger Wilson, Interim Director of HR & OD – joined the Trust July 2022

****Michael Brown, Karen Howell and Steve Connor are not formal members of sub-committees therefore their required attendance reflects 0

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

The names and voting status of members of the Board are described in the Directors Report.

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

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

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

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

The review commenced in October 2021 but was paused in December 2021 following the national Level 4 incident. However, this work was completed in Q1, 2022-23 with a paper reported to the Board of Directors.

Overall, the Trust performed well with 3 KLOEs rated as GREEN/AMBER, and all others rated as GREEN.

The 3 areas rated GREEN/AMBER were KLOEs 2, 4 and 8.

Committees of the Board

The committee structure reporting to the Trust Board is clearly defined through the terms of reference and reporting arrangements. The Board has formally delegated specific responsibilities to the committees listed below;

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

During 2022-23 the Education & Workforce Committee was renamed the People & Culture Committee to reflect the focus of the committee's business and alignment to the People Strategy.

The committees each have an approved cycle of business and complete an annual review of effectiveness which is reported to the Audit Committee.

At every meeting of the Board of Directors, the Chair of each committee provides a detailed briefing on the business conducted, any items for approval and any risks that require escalation to the Board.

The Integrated Performance Board is central to the effective operation of the Trust's governance framework including the business of the committees. The IPB;

- monitors the delivery of performance across the Trust
- ensures the appropriate flow of information and assurance from services to the Board (via the sub-committees)
- provides oversight and correlation of key themes and risks across multiple domains and,
- is responsive to service delivery needs as a modern community health and care organisation

During 2022-23 all Non-Executive Directors have had the opportunity to observe the IPB as a key assurance group reporting to the committees.

The table below provides detail on committee chairmanship and membership. The Chair and Chief Executive whilst not formal members of committees of the Board, will attend committees of the Board to support and observe discussions.

Sub-Committees of the Board - Chairmanship and Membership

Committee	Non-Executive Director(s)	Director(s)
Audit Committee	Brian Simmons (Chair) <i>(Up to end of May 2022)</i> Steve Connor (Chair) <i>(From June 2022)</i> Beverley Jordan Chris Bentley Gerald Meehan	By invitation <i>(not formal members)</i>

Finance & Performance Committee	Beverley Jordan (Chair) Chris Bentley Gerald Meehan	Chief Finance Officer Chief Nurse Chief Operating Officer
Quality & Safety Committee	Chris Bentley (Chair) Gerald Meehan Beverley Jordan	Chief Nurse Medical Director Director of HR & OD Chief Operating Officer Chief Finance Officer
People & Culture Committee	Gerald Meehan (Chair) Beverley Jordan Chris Bentley	Director of HR & OD Chief Nurse Medical Director Chief Operating Officer
Remuneration Committee	Michael Brown (Chair) Beverley Jordan Steve Connor Chris Bentley Gerald Meehan	By invitation <i>(not formal members)</i>

NHS System Oversight Framework

NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segment decision indicates the scale and general nature of the support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

- a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care; access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)
- b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

Segmentation

The Trust is in segment 2, and this segmentation information is the Trust's position as at May 2023. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>.

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

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

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

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

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

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

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

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

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

**Karen Howell OBE
Chief Executive**

27 June 2023

Annual Governance Statement 2022-23

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

Organisation Code: RY7

Scope of responsibility

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

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

The purpose of the system of internal control

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

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

The system of internal control has been in place in Wirral Community Health & Care NHS Foundation Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

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

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

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

During 2022-23 the composition of the Board has remained largely stable; interim Directors of Human Resources & Organisational Development have been in place due to the long-term absence of the substantive post-holder but there has been strong support and mitigation in place for these temporary positions from other members of the Executive Team and the Board. A new Chief People Officer for the Trust was appointed in January 2023 and will start in post in April 2023.

The internal audit plan included a review of Risk Management Core Controls during 2022-23 which provided a **High** audit opinion.

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.

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

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

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

All of these groups have a direct reporting line to the Integrated Performance Board.

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.

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

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

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

The risk and control framework

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

The policy, updated in December 2021 and approved by the Audit Committee, provides a systematic approach to the identification, management and escalation of risks within the Trust. The policy ensures clear alignment to the Trust's governance arrangements at a local and trust-wide level recognising the flow and escalation of risk appropriately and the mechanisms in place to ensure robust risk management and monitoring.

During 2022-23 the need for robust systems and processes to support continuous programmes of risk management has remained essential, enabling staff to integrate risk management into their activities and support informed decision-making through an understanding of risks, their likely impact and their mitigation.

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

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

A monthly health risk score assessing the management of risks against five key criteria, has provided further assurance on the effectiveness of the risk management framework. The five criteria (as described in the Risk Policy) are;

- Has the risk been recently reviewed?
- Is the expected date of completion for the risk still in date?
- Is there evidence of progress and assurance notes to show actions towards mitigation taken?
- Is there an action plan that has forward dates showing actions still to be completed?
- Has the action plan associated with the risk been monitored at divisional level with any barriers or delays flagged to service director, or executive director if the risk has been active for more than nine months?

During 2022-23 the average monthly risk health score for all organisational risks recorded on Datix, assessed as above, was 100%.

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

Throughout 2022-23, the sub-committees of the Board also considered the potential impact of high-level organisational risks on the strategic risks managed through the Board Assurance Framework.

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

Incident reporting is actively encouraged across the organisation with a specific focus on safety, openness and learning and is monitored through the quality governance framework. During 2022-23, this included weekly Clinical Risk Management Group, monthly SAFE Operations Group (SOG) and the bi-monthly Quality & Safety Committee meetings to identify any areas of focus and developing trends. All Divisions have access to Datix for electronic

visibility of incidents to give real time information regarding incident numbers, levels of harm and emerging trends to support continuous learning.

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

The opportunity for staff to raise concerns through Freedom To Speak Up (FTSU) processes remained in place during 2022-23 with 25 concerns reported (lower than the average over the previous six years of 28.6) and 100% of surveys returned confirming that reporters of concerns would speak up again.

The Medical Director is the Executive Lead for Freedom To Speak Up and the Audit Chair is the NED FTSU Champion.

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

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

During 2022-23 the BAF has tracked 9 strategic risks. Each risk is rated according to the risk matrix with the risk rating being the product of a score of 1-5 for 'likelihood' of the risk occurring and a score of 1-5 on the 'consequence/impact' of occurrence.

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

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

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

Of the 9 principal risks (at year-end) 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 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.

Risk ID	Structure	Process	Current Target Outcomes	External/Independent Assurance
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	What systems are in place? <i>(i.e. assurance meetings, action plans, roles etc.)</i>	How are these systems tested? <i>(i.e. tracking systems, minutes from meetings etc.)</i>	How will we know? <i>(i.e. action plans completed, risk analysis etc.)</i>	What assurance or validation from outside of the organisation is there? <i>(i.e. audit opinions, NHSI SOF ratings etc.)</i>
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The BAF was highly visible throughout the financial year providing a focus for sub-committee and Board discussions to ensure clarity on priority areas for service delivery, operational performance and staff wellbeing and workforce levels.

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

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

The Audit Committee also considered the BAF at each of its meetings in April, September 2022, and February and April 2023.

Major risk themes related to;

- Delivery of safe services
- Equity of access, experience and outcomes
- Financial sustainability
- Impact of performance (operational and financial) monitoring at Place (following new legislation)
- Establishing the right partnerships to support the development of the ICS and ICP
- Ensuring optimum workforce levels
- Promoting and supporting staff wellbeing

In reviewing strategic workforce risks in the BAF, the People & Culture Committee was particularly focused on the impact of industrial action on the Trust's workforce with oversight of key mitigations shared at each meeting during late 2022/early 2023. Similarly, the Finance & Performance Committee monitored the potential impact on service delivery and access to services as a result of industrial action, whilst also maintaining oversight and seeking assurance on the continued restoration of services and the management of waiting lists following the pandemic.

Following a recommendation by the Finance & Performance Committee in August 2022, the Board of Directors agreed a temporary suspension to risk ID03 - ***The constitution and governance of the Provider Collaborative (member/stakeholder) Board and clarity on the establishment of a Lead Provider for some or all services is not exacted.*** Whilst it was recognised as a potential risk, the specific risk to the Trust was not clear. In December 2022 and following further work to determine the risk description and recognising the significant work and contribution by the Trust to the provider collaborative, the risk was reinstated and has subsequently been tracked with a low-risk rating and an open appetite to the risk as the arrangements develop across Cheshire & Merseyside.

In December 2022 and March 2023, MIAA completed the annual Assurance Framework Review in two phases. This provided a range of assurances and noted the development of the BAF recognising that **“it was structured according to the NHS requirements”**, **“it was clearly visible and used by the organisation”** and it was noted that **“the BAF clearly reflected the risks discussed by the Board”** and risks were reviewed and changed in year to reflect the position and support the effective management of risks.

The table below details the risks recorded in the BAF during 2022-23 and includes the link to the 5-year strategy and the risk journey from initial to current and target risk ratings. Full details on the year-end position can be found in the Board Assurance Framework paper presented to the Board of Directors in April 2023.

Risk Description	Committee oversight	Link to 5-year strategy	Initial risk rating (LxC)	Current risk rating (LxC)	Target risk rating (LxC)	Risk Appetite
ID01 - Failure to deliver services safely and responsively to inclusively meet the needs of the population	Quality & Safety Committee	Safe Care & Support every time	3 x 4 (12)	3 x 4 (12)	2 x 4 (8)	Averse
ID02 - Failure to deliver services inclusively with people and communities guiding care, supporting learning and influencing change	Quality & Safety Committee	Inequity of access and experience and outcomes for all groups in our community resulting in exacerbation of health inequalities	3 x 4 (12)	3 x 4 (12)	2 x 4 (8)	Averse
ID03 (NEW) The collaborative becomes a 'one size fits all' / Lead Provider collaborative and is not cognisant of the political climate, partner relationships and subtleties of working in Place for community services.	Finance & Performance Committee	Deliver sustainable health and care services	-	2 x 2 (4)	1 x 2 (2)	Open
ID04 - The financial settlement requires an unachievable efficiency target creating a risk to the financial sustainability of the organisation <i>TARGET RISK RATING ACHIEVED</i>	Finance & Performance Committee	Make most efficient use of resources to ensure value for money	4 x 4 (16)	2 x 4 (8)	2 x 4 (8)	Averse
ID05 - Poor financial performance at Place creates a negative impact on the Trust and leads to increased monitoring and regulation <i>TARGET RISK RATING ACHIEVED</i>	Finance & Performance Committee	Deliver sustainable health and care services	3 x 4 (12)	1 x 4 (4)	1 x 4 (4)	Averse
ID06 Trust operational and financial performance is poor and has an impact on Place performance and future monitoring and regulation	Finance & Performance Committee	Deliver sustainable health and care services	2 x 4 (8)	2 x 4 (8)	1 x 4 (4)	Averse

Risk Description	Committee oversight	Link to 5-year strategy	Initial risk rating (LxC)	Current risk rating (LxC)	Target risk rating (LxC)	Risk Appetite
ID07 - Our people do not feel looked after, their employee experience is poor, and their health and wellbeing is not prioritised	Education & Workforce Committee	Improve the wellbeing of our employees Better employee experience to attract and retain talent	3 x 4 (12)	3 x 4 (12)	1 x 4 (4)	Averse
ID08 - Our People Inclusion intentions are not delivered; people are not able to thrive as employees of our Trust and the workforce is not representative of our population	Education & Workforce Committee	Improve the wellbeing of our employees Better employee experience to attract and retain talent	3 x 4 (12)	3 x 4 (12)	1 x 4 (4)	Cautious
ID09 - Safe Staffing levels are not maintained across the Trust impacting on the safe delivery of services, staff morale and regulatory compliance	Education & Workforce Committee	Grow, develop and realise potential	3 x 4 (12)	3 x 4 (12)	2 x 4 (8)	Averse

Quality Governance

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

The Quality & Safety Committee has responsibility for ensuring the effective implementation and monitoring of robust quality governance arrangements across the organisation. The committee met on a bi-monthly basis during 2022-23. The committee has a Non-Executive Chairman, and the Chief Nurse is the Executive Lead.

During 2022-23 the previous SAFE Assurance Group transitioned to the SAFE Operations Group (SOG) with the purpose of providing assurance to IPB in relation to compliance with regulatory standards including CQC and Social Care Employer Standards and to monitor operational performance across all services. The Standards Assurance Framework for Excellence (SAFE) system and the Trust Information Gateway system are key to supporting the oversight and scrutiny of performance data in this group.

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

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

The Trust was inspected by the CQC in 2018. In March 2020 the CQC issued the Routine Provider Information Request (RPIR) to the Trust, but this process was unfortunately stopped due to the COVID-19 pandemic. The Trust has maintained regular engagement with the CQC inspection team during 2022-23 providing evidence and assurance on the delivery of safe and effective services. This included an annual review of the Trust's statement of purpose with some changes to reflect the Trust's new vision and objectives, delivery of the Community Integrated Response Service including Home First, Urgent Community Response and Virtual Wards, delivery of the Community Eye Clinic and the inclusion of a refreshed business continuity plan for GPOOHs. This revised statement of purpose was approved by the Board of Directors in December 2022.

Wirral Community Health & Care NHS Foundation Trust is compliant with the registration requirements of the Care Quality Commission and continues to work closely with the CQC to ensure on-going compliance and to provide any requested assurances through engagement meetings (*in November 2022 the CQC paused all engagement meetings recognising winter pressures on NHS provider organisations*).

The Trust is producing a full Quality Account as required which includes further information on quality governance systems, processes and performance during 2022-23.

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

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

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

This review also considers the on-going delivery of services within the requirements of the NHS Provider Licence and the System Oversight Framework and the UK Corporate Governance Code. The Trust responded as required to all national guidance issued for community services during 2022-23 and worked across the health and care system to ensure effective collaboration and partnership working to meet required targets and standards.

The Trust's new People Strategy 2022-27 was approved by the Board of Directors in June 2022 and sets out four key ambitions which are aligned to the core aims of the NHS People Promise. They are;

- Looking after our staff
- Culture and belonging
- Growing and developing our workforce
- New ways of working and delivering care

The Trust has introduced the nationally recognised six step workforce planning process, which identifies existing and future demand based on a wide range of professional knowledge and data and how any gaps can be filled. It takes account of nationally recognised tools and strategies and is developed with input from all divisions and professional groups, to ensure that services have the right staff with the right skills at the right time.

Integrated performance data including quality, workforce, service/operational and finance is scrutinised through the governance structure at all levels of the organisation (as described above).

Risks related to safe staffing are monitored at the SAFE Operations Group and the People & Culture Oversight Group with oversight at the Integrated Performance Board and assurance provided primarily to the People & Culture Committee and in terms of impact on safety and quality to the Quality & Safety Committee.

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

Where available, staffing levels reflect national recommendations and all service reviews include detailed assessments of staffing establishments based on available modelling tools and a range of considerations such as demand profiling, recruitment data, turnover, staff feedback and education and training requirements. During 2022-23 the Trust continued the implementation of the E-Roster system, with roll-out completed to 85% of services (where technically possible) to deliver safer care at the highest standards, whilst balancing the demands of cost and productivity improvements. An internal audit review of E-roster utilisation completed in Q4, 2022-23 provided Moderate Assurance with 3 recommendations, the implementation of which is being tracked through the People & Culture Committee.

Further information on workforce metrics, staff engagement and the Trust's response to the NHS national staff survey can be found in the Staff Report.

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

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

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

The review commenced in October 2021 but was paused in December 2021 following the national Level 4 incident. However, this work was completed in Q1, 2022-23 with a paper reported to the Board of Directors.

Overall, the Trust performed well with 3 KLOEs rated as GREEN/AMBER, and all others rated as GREEN.

The 3 areas rated GREEN/AMBER were KLOEs 2, 4 and 8.

- KLOE2. Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?
- KLOE4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?
- KLOE8. Are there robust systems and processes for learning, continuous improvement and innovation?

The findings related to these KLOEs and the associated actions were considered by the Board of Directors and relevant themes captured in existing and new action plans.

A number of development opportunities/actions were addressed during the course of the review having taken place with the launch of the Trust's 5-year strategy and enabling strategies, the organisational design programme to establish localities and the review of governance arrangements.

The actions to consider the development opportunities aligned to the other five KLOEs were also reviewed.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

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

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

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

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

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

The Trust's annual financial plan is approved by the Board of Directors and submitted to NHS England. For 2022-23, the financial regime reverted to pre-COVID arrangements.

The performance against the plan is monitored at the Integrated Performance Board and the Finance & Performance Committee.

The Audit Committee receives the financial statements and considers any significant issues. There were no significant issues raised for the financial statements 2022-23 with the exception of the delays to the local government pension scheme and the subsequent delays to finalising the audit and submitting as required. The Audit Committee receives the financial statements with delegated authority from the Board of Directors.

Key performance indicators and performance against NHSE's system oversight framework (SOF) are reported to the Board of Directors in the Integrated Performance Report and via the Trust's Information Gateway (TIG), a web-based performance monitoring tool.

Our financial plan for 2022-23 required in-year productivity and efficiency savings of £4.1m; the Trust achieved this in full. To support delivery of this efficiency programme, the Programme Oversight Group (previously Programme Management Group) together with the newly established Finance and Resources Oversight Group maintained regular monitoring supported by the Trust's PMO for effective programme management.

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

Under the System Oversight Framework, NHS England segments providers based on the level of support required across five key themes of quality of care, finance and use of resources, operational performance, strategic change and leadership, and improvement capability.

The Trust is currently in segment 2 which reflects flexible support as required.

In 2022-23 the internal audit plan included a review Key Financial Controls which provided a **High** opinion.

The Trust also completed the HFMA Financial Sustainability Checklist and complied with NHSE guidance that required organisations to commission a review of the completed checklist self-assessment from internal auditors.

The self-assessment included 72 questions that the Trust needed to complete and evidence by the end of September 2022. MIAA completed a review and scoring of 12 specific questions which provided an average score of 3.8 which was the same as the Cheshire & Merseyside average and below the national average.

Through the establishment of new and strengthened governance arrangements and specifically via the Finance & Resources Oversight Group (FROG) the systems and processes in place to monitor and track performance with key Trust suppliers has been improved. The Trust's procurement team, together with the Deputy Director of Contracts and Commissioning ensure robust arrangements for contract monitoring providing assurance to the IPB and the Finance & Performance Committee.

With the establishment of the Cheshire & Merseyside Integrated Care Board in July 2022, the Trust has embraced the opportunity to further enhance and strengthen partnership working and engagement with local NHS providers, other statutory bodies and providers across the VCSFE sector. The Trust was actively engaged in the establishment of governance arrangements at Place with the Chief Executive or an executive representative a member of the Place-Based Partnership Boards in Wirral, Cheshire East, St Helens and Knowsley.

The Chief Executive is a member of the Cheshire & Merseyside Mental Health, Learning Disability and Community Provider Collaborative (MHLDC) and has provided regular briefings to the Board of Directors on the development of the value proposition for the Collaborative. The Chief Executive is also the Senior Responsible Officer for the Intermediate Care Service programme across the Cheshire & Merseyside system.

In 2022-23 the Trust appointed new external auditors Grant Thornton through a robust procurement process led by the Council of Governors. The procurement process was conducted in-line with an NHS Shared Business Services (SBS) framework agreement reference SBS/20/MA/ZY/10024, Lot 1 - Provision of External Audit Services. All capable suppliers under this agreement were invited to participate in the procurement exercise.

Two suppliers submitted compliant bids which were evaluated for quality and price and following evaluation and at conclusion of the process Grant Thornton was awarded the highest score for combined quality and price.

Following approval by the Council of Governors, Grant Thornton was appointed for 3 years with an option to extend for 2 further periods of 12 months.

The contract award to Grant Thornton does not include the provision of any non-audit services.

Information governance

The Trust evidences its adherence to the National Data Guardian's 10 data security standards via the Data Security and Protection Toolkit. The formal submission of the toolkit for 2021-22 was delayed until June 2022 by NHS Digital but the Trust achieved all submission requirements on time.

The submission for the DSPT 2022 is 30 June 2023. A baseline assessment was submitted at the end of February 2023, as per national requirements and MIAA are completing relevant reviews of key mandatory assertions.

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

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

The five strands of the policy are:

- Transparency
- Legal and Regulatory Compliance
- Information and Cyber Security
- Information Quality Assurance and Management
- National Data Security Standards

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

All staff sign up to the Confidentiality Code of Conduct on commencement with the Trust and complete Data Security Awareness e-learning annually. The Trust met the 2022-23 mandatory 95% DSA training compliance requirement included in Assertion 3 of the Toolkit. Bespoke training packages are developed in areas where knowledge gaps are identified.

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

The Trust proactively reacts to cyber notifications from NHS Digital's CAREcert service, ensuring patching is completed and reported within necessary timeframes. The Trust is in the process of working towards Cyber Essentials+. During 2022-23 an internal audit review of Cyber Security - Threat and Vulnerability Management provided a Substantial Assurance opinion, with all recommendations implemented immediately.

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

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

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

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

The Trust is registered as a Data Controller with the ICO, registration number - **Z2567487**.

The Trust complied with the mandatory requirement of the What Good Looks Like/Digital Maturity Assessment (DMA) launched by NHS England in September 2021. This assessment provides all providers and systems across England with access to a consistent DMA to help understand levels of maturity with digital technology. The Trust submitted evidence against the framework as required for 2022-23 with good levels of digital maturity demonstrated in most areas. Furthermore, in late 2022-23 the Trust participated in a Healthcare Information and Management Systems Society (HIMSS) eMRAM (Electronic Medical Record Adoption Model) assessment which gave a strong Level 4, with clear actions to move to Level 5 compliance in the next 3 months. The Trust's intention is to progress to validation at Level 6 in the next 12 months.

In 2022-23, the Trust notified the Information Commissioner's Officer of 2 incidents.

Both incidents were initially reported on Datix, the Trust's reporting system.

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

One incident was reported following ICO guidance relating to a national external cyber-attack on a third-party software supplier. The incident was deemed low risk and closed by the ICO with no further action required by the Trust.

The ICO did not take further action against the Trust in relation to the second incident. The following action and learning was taken by the Trust:

- Data subject notified of data breach
- Review of professional standards and legitimate access to records

Data quality and governance

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

The Annual Reporting Manual (ARM) from NHSE/I published in March 2023 removed the requirement for NHS Foundation Trusts to produce a Quality Report and only requires the production of a quality account (by 30 June 2022) and without it needing to be included in the Annual Report or be subject to local auditor assurance.

The Trust is developing a Quality Account in accordance with the latest published guidance which will present a balanced view of quality performance during 2022-23.

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

The Quality Account is not required to be reviewed by external auditors Grant Thornton.

Elective waiting time data does not apply to the Trust.

Review of effectiveness

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

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

In accordance with Public Sector Internal Audit Standards, the Director of Internal Audit has provided an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e., the organisation's system of internal control) during 2022-23. This is achieved through a risk-based plan of work, developed with the Executive Leadership Team and approved by the Audit Committee.

The purpose of the Head of Internal Audit (HoIA) Opinion is to contribute to the assurances available to the Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control. As such, it is one component that the Board takes into account in making its Annual Governance Statement (AGS).

The basis for forming the opinion during 2022-23 was as follows;

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

This opinion is provided in the context that the Trust like other organisations across the NHS is facing a number of challenging issues and wider organisational factors particularly with regards to the ongoing pandemic recovery response, financial challenges and increasing collaboration across organisations and systems.

In providing this opinion MIAA has confirmed continued compliance with the definition of internal audit (as set out in the Trust's Internal Audit Charter), code of ethics and professional standards. We also confirm organisational independence of the audit activity and that this has been free from interference in respect of scoping, delivery and reporting.

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

The review coverage of the internal audit plan for 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)

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 <ul style="list-style-type: none"> - 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

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

It confirms that *“there is a good system of internal control designed to meet the organisation’s objectives, and that controls are generally being applied consistently”*.

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

The Trust is also aware of the national service audit completed by PWC on the Electronic Staff Record solution and the qualified opinion provided. The Trust will have regard to any subsequent guidance or requirement as a result of this nationally commissioned review.

The Trust has a robust programme of clinical audit in place and during 2022-23, 64 local, service or national audits (including CQUIN) were completed.

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

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

The Trust completed 0 national confidential enquiries during 2022-23 and there were 0 national clinical audit reports published in which the Trust participated.

The Council of Governors plays an important part in the governance structure within Wirral Community Health & Care NHS Foundation Trust, ensuring through their interaction with the Board of Directors the interests of members and the public is heard and at the fore when reviewing the Trust’s performance and future ambitions. The Council of Governors continued to meet with the Trust during 2022-23 via virtual platforms and face to face meetings, to ensure key updates were reported and significant business transacted.

The Lead Governor has remained in close contact with both the Chairman and the Director of Corporate Affairs. The governors have led some important business for the Trust, in accordance with their statutory duties, during 2022-23 including the procurement of new external auditors, Grant Thornton.

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

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

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

Conclusion

As Accounting Officer, I confirm that there were no significant issues to report in 2022-23 and internal control systems are fit for purpose and being further developed to ensure sustainability.



Karen Howell OBE
Chief Executive

27 June 2023

Independent auditor's report to the Council of Governors of Wirral Community Health and Care NHS Foundation Trust

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of Wirral Community Health and Care NHS Foundation Trust (the 'Trust') for the year ended 31 March 2023, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2023 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accounting Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the Accounting Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2022-23 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to

continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS foundation trust annual reporting manual 2022/23 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with the requirements of the NHS foundation trust annual reporting manual 2022/23; and
- based on the work undertaken in the course of the audit of the financial statements the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer of Wirral Community Health and Care NHS Foundation Trust, the Chief Executive, as Accounting

Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2022/23, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23).
- We enquired of management and the Audit Committee, concerning the Trust's policies and procedures relating to:
 - the identification, evaluation and compliance with laws and regulations;
 - the detection and response to the risks of fraud; and
 - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls. We determined that the principal risks were in relation to:
 - High risk or unusual journal entries as identified by our risk assessment
 - Key accounting estimates
- Our audit procedures involved:
 - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
 - journal entry testing, with a focus on high risk or unusual journals;
 - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and building valuations;
 - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to

fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.

- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and expenditure recognition, and the significant accounting estimates related to land and building valuations.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
 - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
 - knowledge of the health sector and economy in which the Trust operates
 - understanding of the legal and regulatory requirements specific to the Trust including:
 - the provisions of the applicable legislation
 - NHS England's rules and related guidance
 - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
 - The Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
 - The Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2023.

We have nothing to report in respect of the above matter.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether

all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of Wirral Community Health and Care NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

Sarah L Ironmonger

Sarah Ironmonger, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Manchester

29 June 2023



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

**WIRRAL COMMUNITY HEALTH AND CARE
NHS FOUNDATION TRUST**

**FINANCIAL STATEMENTS FOR THE YEAR
ENDED 31 MARCH 2023**


FOREWORD TO THE ACCOUNTS

Wirral Community Health and Care NHS Foundation Trust

Accounts for the year ended 31 March 2023

The following presents the accounts for Wirral Community Health and Care NHS Foundation Trust for the year ended 31 March 2023.

These accounts have been prepared by Wirral Community Health and Care NHS Foundation Trust in accordance with the requirements set out in paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 (the 2006 Act) in the form which NHS England has, with approval of the Treasury, directed.



Karen Howell OBE, Chief Executive

27 June 2023

Statement of Comprehensive Income (SoCI)

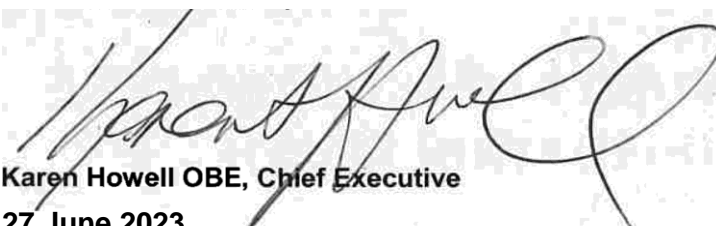
		2022/23	2021/22
	Note	£000	£000
Operating income from patient care activities	4	110,098	91,403
Other operating income		5,750	5,624
Total operating income		115,848	97,027
Operating expenses of continuing operations	5	(115,631)	(98,102)
Impairments net of (reversals)	9	1,679	972
Operating surplus/(deficit)		1,896	(103)
Finance costs			
Finance income	8	367	13
Finance expense	8	(336)	0
PDC dividend expense		(561)	(51)
Net finance costs		(530)	(38)
Surplus/(deficit) for the year		1,366	(141)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	9	(87)	0
Revaluations		430	145
Remeasurement of net defined benefit pension scheme assets/(liabilities)	7.3	13,608	3,261
Total comprehensive income/(expense) for the period		15,317	3,265

The notes on pages 7 to 44 form part of these accounts.

Statement of Financial Position (SoFP)

	Note	31 March 2023 £000	31 March 2022 £000
Non-current assets			
Intangible assets	10	322	453
Property, plant and equipment	11	39,069	30,221
Right of use assets	12	33,861	0
Receivables	15	61	73
Other assets	7.3	971	0
Total non-current assets		74,284	30,747
Current assets			
Inventories	14	623	543
Receivables	15	9,791	5,846
Cash and cash equivalents	16	19,525	23,830
Total current assets		29,939	30,219
Total Assets		104,223	60,966
Current liabilities			
Trade and other payables	17	(24,809)	(19,306)
Borrowings	18	(2,688)	0
Provisions	20	(124)	(115)
Other liabilities	17	(1,689)	(1,359)
Total current liabilities		(29,310)	(20,780)
Total assets less current liabilities		74,913	40,186
Non-current liabilities			
Borrowings	18	(30,998)	0
Other liabilities	7.3	0	(11,588)
Total non-current liabilities		(30,998)	(11,588)
Total assets employed		43,915	28,598
Financed by taxpayers' equity			
Public dividend capital		3,150	3,150
Revaluation reserve		2,429	2,086
Income and expenditure reserve		38,336	23,362
Total taxpayers' and others' equity		43,915	28,598

The financial statements and notes on pages 3 to 44 were approved by the Audit Committee, on behalf of the Board, on 27 June 2023. They are signed on its behalf by:


 Karen Howell OBE, Chief Executive
 27 June 2023

Statement of Changes in Taxpayers' Equity (SoCITE)

	Total Taxpayers' Equity £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000
Taxpayers' and others' equity at 1 April 2022 - brought forward	28,598	3,150	2,086	23,362
Surplus/(deficit) for the year	1,366	0	0	1,366
Net impairments	(87)	0	(87)	0
Revaluations - property, plant and equipment	430	0	430	0
Remeasurements of defined net benefit pension scheme liability/asset	13,608	0	0	13,608
Taxpayers' and others' equity at 31 March 2023	43,915	3,150	2,429	38,336
Taxpayers' and others' equity at 1 April 2021	24,407	2,224	1,941	20,242
Surplus/(deficit) for the year	(141)	0	0	(141)
Revaluations - property, plant and equipment	145	0	145	0
Remeasurements of defined net benefit pension scheme liability/asset	3,261	0	0	3,261
Public dividend capital received	926	926	0	0
Taxpayers' and others' equity at 31 March 2022	28,598	3,150	2,086	23,362

Statement of Cash Flows (SoCF)

	Note	2022/23 £000	2021/22 £000
Cash flows from operating activities			
Operating surplus/(deficit)		1,896	(103)
Non-cash or non-operating income and expense:			
Depreciation and amortisation	5	5,360	2,381
Impairments and reversals	5	(1,679)	(972)
Income recognised in respect of capital donations (cash)		(9)	(42)
On SoFP pension liability - employer contributions paid less net charge to the SOCI	7.3	1,049	1,087
(Increase)/decrease in receivables		(4,265)	(1,145)
(Increase)/decrease in inventories		(80)	17
Increase/(decrease) in trade and other payables		4,710	2,304
Increase/(decrease) in other liabilities		330	704
Increase/(decrease) in provisions		9	(77)
Net cash generated from/(used in) operations		7,321	4,154
Cash flows from investing activities			
Interest received		367	13
Purchase of intangible assets		0	(172)
Purchase of property, plant and equipment		(9,027)	(7,551)
Receipt of cash donations to purchase capital assets		9	42
Net cash generated from/(used in) investing activities		(8,651)	(7,668)
Cash flows from financing activities			
Public dividend capital received		0	926
Capital element of lease liability repayments		(2,508)	0
Interest element of lease liability repayments		(336)	0
PDC dividend (paid)/refunded		(131)	229
Net cash generated from/(used in) financing activities		(2,975)	1,155
Increase/(decrease) in cash and cash equivalents		(4,305)	(2,359)
Cash and cash equivalents at 1 April - brought forward		23,830	26,189
Cash and cash equivalents at 31 March		19,525	23,830

Notes to the Accounts

1. Accounting policies and other information

1.1. Basis of preparation

NHS England (NHSE) has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2022/23, issued by the DHSC. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DHSC GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.2. Accounting convention

These accounts have been prepared under the historical cost convention, modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3. Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The Directors have a reasonable expectation that this will continue to be the case.

The Directors of the Trust have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust is a member of the Cheshire and Merseyside ICS (The ICS or integrated care system came into effect from 1 July 2022). The Trust continues to provide community services that are part of the ICS forward looking plans. No circumstances were identified causing the Directors to doubt the continued provision of NHS services.

In 2022/23, the Trust is forecast to report a pre-adjustments surplus of £768k. As disclosed in note 3, the impact of impairments, non-cash elements of the Local Government Pension Scheme costs and the net impact of centrally procured DHSC inventory will determine the final underlying trading position.

Income from Commissioners was largely based on a block payments system. Payment flows equally in 12ths across the year allowing the Trust to maintain a strong liquid cash position to support the sustainability of the Trust. Key assumptions include:

- The overarching framework from NHSE
- National support provided to ICS to be allocated via system top-ups
- Achievement of cost improvement savings

The Trust has refreshed its strategic plan to ensure sustainability and these plans are consistently refreshed incorporating the new funding mechanisms so long-term sustainability of the Trust is maintained.

The Trust has produced its financial plans based on these assumptions and were approved by the Trust Board. The pre-adjusted financial plan for 2022/23 was agreed at a £684k surplus.

This was agreed with the ICB. This included a savings/operational efficiency target of £4.1m for the full year. This represented a 4.1% efficiency target. The Trust has a proven track record of consistently meeting the performance and control totals set by the regulator and over the last 6 years has delivered surpluses to support the sustainability of the Trust. Therefore, the Trust is reasonably assured of the achievability of future targets.

Our going concern assessment is made up to 30 June 2024. This includes assessment of the first quarter of 2024/25 financial year. NHS operating and financial guidance is not yet issued for that year, and so the Trust has assumed that;

- Service requirements will remain broadly unchanged over the period,
- The Trust expenditure to meet these requirements will remain stable,
- The income received from commissioners and the ICS will match the funding received in 2023/24,
- Savings will be on similar levels,
- Capital development plans and capital expenditure cash requirements will progress in line with the current timetable.

The Trust has maintained strong liquidity throughout 2022/23. As at the end of March 2023, the available cash in the Trust's bank exceeded £19.5m. Taking into account the capital plans of the Trust, cash levels will remain robust to support the needs of the Trust. The Trust has prepared a cash forecast modelled on the above expectations for funding during the going concern period to 30 June 2024. The cash forecast shows sufficient liquidity for the Trust to continue to operate during that period.

Interim support can be accessed if it were required, but there is currently no such identified requirement.

These factors, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts.

1.4. Critical accounting judgments and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make various judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.5. Critical judgments in applying accounting policies

In the process of applying the Trust's accounting policies, management has not been required to make any judgements, apart from those involving estimations, which have had a significant effect on the amounts recognised in the financial statements.

1.6. Key sources of estimation uncertainty

Under these conditions, the following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in estimation uncertainty in the carrying amounts of assets and liabilities within the next financial year:

- Valuation and impairment of non-financial assets – the Trust assesses whether there are any indicators of impairment for all non-financial assets at each reporting date. The key area of uncertainty relates to the Trust's valuation of its land and buildings. Further details are provided in note 11. The land and buildings were

revalued by Cushman and Wakefield (DTZ Debenham Tie Leung Ltd) as at 31 March 2023.

The uncertainty over future changes to estimations of the carrying amount of land and buildings is mitigated by the independent annual valuation of these assets in accordance with the terms of the RICS Valuation – Global Standards, insofar as these terms are consistent with the requirements of HM Treasury, the NHS and the DHSC. A simple sensitivity analysis indicates that a 1% movement in these estimations would increase or decrease the valuation of assets by £0.2m. In comparison, a 10% movement in values is £2.3m. This would result in an increase or decrease in PDC dividend payable of £0.04m

- Asset lives – the Trust estimates the asset lives of intangible and tangible assets. For buildings, the Trust uses the estimate of remaining useful economic life provided by the Trust’s valuer. For medical equipment and IT intangible and tangible assets these are reviewed within the Trust by the Chief Information Officer and relevant departments.
- Pension liabilities – the Trust estimates the potential pension scheme liability arising from membership of the Merseyside Pension Fund. This is based on estimated life expectancy of members and current and future performance of investments and is therefore subject to significant uncertainty. The Pension Fund has reported that there are various factors that affect the complexity of valuation and the realisable value of assets. The Trust has considered the stated valuation range provided by the Pension Fund and consider that the assets are reported on the best available information and that the impact of maximum increases and decreases within the range would not have a material impact on the Trust share of Pension Fund assets.

1.7. Revenue

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The DHSC GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust’s entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The main source of income for the Trust is contracts with commissioners for health care services. In 2022/23, the majority of the Trust’s income from NHS commissioners was in the form of block contract arrangements. Funding envelopes are set at an Integrated Care System (ICS) level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust’s entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard the Trust does not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less;
- The DHSC GAM does not require the Trust to disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date;
- The DHSC GAM has mandated the exercise of the practical expedient offered in C7A of the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

NHS Injury Cost Recovery Scheme

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

1.8. Employee Benefits

1.8.1. Short-term employee benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.8.2. Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes (the scheme). Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it were a defined contribution scheme and the cost to the NHS body of participating in a scheme is taken as

equal to the employer's pension contributions payable to the scheme for the accounting period. Employer's pension cost contributions are charged to operating expenses as and when they become due.

For early retirements other than those due to ill-health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

The scheme is subject to a full actuarial valuation every four years and an accounting valuation every year.

Local Government Pension Scheme

Some Adult Social Care employees are members of the Local Government Pension Scheme (LGPS), which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. Re-measurements of the defined benefit plan are recognised in the Income and Expenditure reserve and reported as an item of other comprehensive income.

1.9. Expenditure on other goods and services

Expenditure on other goods and services is recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable. Expenditure is recognised in the Statement of Comprehensive Income except where it results in the creation of a non-current asset such as property, plant and equipment.

1.10. Property, plant and equipment

1.10.1. Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes
- It is probable that future economic benefits will flow to, or service potential will be supplied to the Trust
- It is expected to be used for more than one financial year
- The cost of the item can be measured reliably, and either
 - the item has cost of at least £5,000; or
 - collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
 - items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their individual useful economic lives.

1.10.2. Valuation

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

1.10.3. Revaluation

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset (MEA) basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on an MEA basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except where, and to the extent that, it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there.

Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

1.10.4. Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or

service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred. Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised.

1.10.5 Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.11. Intangible assets

1.11.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights.

They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably; and where the cost is at least £5,000.

Software which is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use
- The intention to complete the intangible asset and use it
- The ability to sell or use the intangible asset
- How the intangible asset will generate probable future economic benefits or service potential
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.11.2. Measurement

Intangible assets acquired separately are initially recognised at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised

replacement cost (MEA basis) and value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

Revaluations and impairments are treated in the same manner as for property, plant and equipment.

1.12. Depreciation, amortisation and impairments

Freehold land, assets under construction or development and assets held for sale are not depreciated/amortised.

Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible assets, less any residual value, on a straight-line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end.

At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

1.13. Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

1.13.1. The Trust as lessee

Initial recognition and measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments include fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

1.13.2. The Trust as lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

1.13.3. Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and any deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17, the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22, lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight-line basis.

1.14. Inventories

Inventories are valued at the lower of cost and net realisable value, using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

In 2022/23, the Trust continued to receive inventories including personal protective equipment from the DHSC at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a

deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

1.15. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.16. Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

1.17. Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed in note 20 but is not recognised in the Trust's accounts.

1.18. Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.19. Contingent liabilities and contingent assets

A contingent liability is a possible obligation that arises from a past event and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from a past event and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.20. Financial assets

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by the Office of National Statistics.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories:

- Financial assets at amortised cost
- Financial assets at fair value through other comprehensive income and
- Financial assets at fair value through income and expenditure.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.20.1. Financial assets at amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable and other simple debt instruments. This is the only category of financial assets relevant to the Trust.

The Trust's financial assets at amortised cost comprise:

- Cash and cash equivalents
- NHS receivables
- Other receivables and
- Accrued income.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.20.2. Impairment

For all financial assets measured at amortised cost, lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For any other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk

on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

Additionally, the DHSC provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not normally recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.21. Financial liabilities

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been extinguished, that is, the obligation has been discharged or cancelled or has expired.

1.21.1. Other financial liabilities

All of the Trust's financial liabilities are classified as other financial liabilities.

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability.

1.22. Value Added Tax

Most of the activities of the Trust are outside the scope of value added tax (VAT). Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.23. Public Dividend Capital (PDC) and PDC dividend

PDC is a type of public sector equity finance, which represents the DHSC's investment in the Trust. HM Treasury has determined that, being issued under statutory authority rather than under contract, PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable to the DHSC as PDC dividend. The charge is calculated at the real rate set by the Secretary of State with the consent of HM Treasury (currently 3.5%) on the average relevant net assets of the Trust. Relevant net assets are calculated as the value of all assets less all liabilities, except for:

- Donated and grant funded assets
- Assets under construction for nationally directed schemes
- Average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility and
- Any PDC dividend balance receivable or payable.

The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

The PDC dividend policy issued by the DHSC can be found by following the link below:

<https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the DHSC, the dividend for the year is calculated on the actual average relevant net assets as set out in the pre-audit version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.24. Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note (note 24) is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.25. Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

1.26. Standards, amendments and interpretations in issue but not yet effective or adopted

There are no standards, amendments and interpretations in issue but not yet effective or adopted by the Trust.

2. Operating Segments

The services provided by the Trust are interdependent and therefore the Board considers that the Trust has only one operating segment, that of the provision of health and social care.

3. Reconciliation from the Statement of Comprehensive Income to the recognised system financial position

	2022/23 £000	2021/22 £000
Surplus/(deficit) for the period	1,366	(141)
Normalising adjustments:		
Add back all I&E impairments/(reversals)	(1,679)	(972)
Remove capital donations I&E impact	5	(34)
Remove non-cash element of on-SoFP pension costs	1,049	1,087
Remove net impact of DHSC centrally procured inventories	27	157
Trading (deficit)/surplus for the period	768	97

4. Operating income

4.1. Operating income (by source)

	2022/23 £000	2021/22 £000
Income from patient care activities received from:		
NHS England (including central funding for AfC pay offer)	11,412	6,384
Clinical commissioning groups	14,595	53,257
Integrated care boards	47,914	0
NHS Foundation Trusts	2,829	3,600
NHS Trusts	0	12
Local authorities	33,228	28,023
Department of Health and Social Care	42	0
Injury cost recovery scheme	78	101
Non-NHS: other	0	26
Total income from patient care activities (by source)	110,098	91,403
Other operating income		
Education and training (excluding notional apprenticeship levy income)	3,796	3,121
Non-patient care services to other bodies	0	667
Other (recognised in accordance with IFRS 15)	7	2
Reimbursement and top up funding	66	0
Cash donations for the purchase of capital assets - received from NHS charities	0	42
Cash grants for the purchase of capital assets - received from other bodies	9	0
Charitable and other income	249	168
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	110	115
Rental revenue from operating leases	1,513	1,509
Total other operating income	5,750	5,624
Total operating income	115,848	97,027

4.2. Operating income (by nature)

	2022/23 £000	2021/22 £000
Community services		
API contract income/system block income*	67,379	56,946
Income from other sources (e.g. local authorities)	36,099	31,635
All services		
Agenda for Change pay award central funding***	3,420	0
Additional pension contribution central funding**	3,122	2,695
Other clinical income	78	127
Total income from patient care activities (by nature)	110,098	91,403
Total other operating income	5,750	5,624
Total operating income	115,848	97,027

*Aligned payment and incentive (API) contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National Tariff payments system documents.

<https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/>

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

*** In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the DHSC and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

4.3. Income from activities arising from commissioner requested services

Under the terms of its provider license, the Trust is required to analyse the level of income from activities that has arisen from Commissioner requested and non-Commissioner requested services. However, unlike Acute Trusts, as a Community Trust, no Commissioner requested services are defined in the provider license. The table below reflects the core contracts to Local Authorities, ICBs, CCGs and NHS England.

	2022/23 £000	2021/22 £000
Core contracts		
CCGs	14,595	50,307
ICBs	47,914	0
Local authorities	33,228	27,903
NHS England	11,478	5,789
Total core contracts	107,215	83,999
Other services	8,633	13,028
Total operating income	115,848	97,027

5. Operating expenses

	2022/23	2021/22
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	1,458	1,197
Purchase of healthcare from non-NHS and non-DHSC bodies	333	619
Staff and executive directors' costs	87,685	74,314
Non-executive directors	98	99
Supplies and services – clinical (excluding drugs costs)	6,452	4,725
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	133	271
Supplies and services – general	2,062	1,253
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	622	589
Inventories written down (including consumables donated from DHSC group bodies for COVID response)	72	57
Consultancy	451	600
Establishment	2,001	2,296
Premises – business rates collected by local authorities	497	295
Premises – other	4,173	2,615
Transport (business travel only)	191	141
Depreciation on property, plant and equipment and right of use assets	5,229	2,165
Amortisation	131	216
Movement in credit loss allowance: contract receivables/assets and other receivables	10	86
Provisions arising/released in year	111	(18)
Audit fees payable to the external auditor:		
– Audit services – statutory audit	114	87
Internal audit – non-staff	63	62
Clinical negligence – amounts payable to NHS Resolution (premium)	190	211
Legal fees	91	102
Insurance	96	92
Education and training – non-staff	2,710	2,311
Expenditure on short-term leases (current year only)	1	0
Variable lease payments not included in the liability (current year only)	54	0
Operating lease expenditure (comparative only)	0	2,988
Car parking and security	436	422
Hospitality	1	0
Other losses and special payments – non-staff	4	4
Other services (e.g. external payroll)	162	303
Operating expenditure	115,631	98,102
Impairments net of (reversals)	(1,679)	(972)
Total operating expenditure	113,952	97,130

The external auditors' liability is limited to £2,000,000.

6. Operating leases

6.1. Trust as lessor (operating lease income)

This note discloses income generated in operating lease agreements where the Trust is the lessor. The majority of rental agreements are in respect of Trust-owned properties occupied by other NHS organisations. Several contracts are now negotiated on a rolling basis with up to one years' notice and therefore there is no contractual obligation after one year

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

	2022/23 £000	2021/22 £000
Operating lease revenue		
Minimum lease payments	1,513	1,509
Total	1,513	1,509

6.2. Future lease receipts

	31 March 2023 £000
Future minimum lease receipts due at 31 March 2023:	
- not later than one year	1,165
- later than one year and not later than two years	211
- later than two years and not later than three years	194
- later than three years and not later than four years	194
- later than four years and not later than five years	166
- later than five years	471
Total	2,401
	31 March 2022 £000
Future minimum lease receipts due at 31 March 2022:	
- not later than one year	1,124
- later than one year and not later than five years	816
- later than five years	631
Total	2,571

7. Employee benefits

	2022/23	2021/22
	£000	£000
Salaries and wages	66,842	55,825
Social security costs	5,839	4,911
Apprenticeship levy	296	261
Pension cost - employer contributions to NHS pension scheme	7,089	6,216
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	3,122	2,695
Pension cost - other	1,999	2,068
Temporary staff - agency/contract staff	2,856	3,027
Total staff costs	88,043	75,003
Included within:		
Costs capitalised as part of assets	358	689
Total employee benefits excl. capitalised costs	87,685	74,314

7.1. Exit packages

During 2022/23, no voluntary redundancies were agreed (2021/22: none, £nil). There were also no compulsory redundancies agreed during the year (2021/22: none, £nil).

7.2. Pension costs – NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

7.3. Pension costs – Local Government Pension Scheme

On 1 June 2017 Wirral Metropolitan Borough Council transferred its Adult and Social Care services to the Trust. As part of this agreement 206 staff were transferred under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). Of these employees 135 are active members of the Merseyside Pension Fund. Therefore, with effect from 1 June 2017 the Trust became an admitted member of the pension scheme.

The Merseyside Pension Fund is a multi-employer scheme operated under the regulatory framework for the Local Government Pension Scheme (LGPS). The governance of the scheme is the responsibility of the Fund Pensions Committee, which comprises representatives from participating employers. Policy is determined in accordance with the Public Service Pensions Act 2013. Unlike the NHS Pension Scheme this is a funded defined benefit final salary scheme where the scheme assets and liabilities of each scheme member can be separately identified. The Trust and employees pay contributions into a fund, calculated at a level intended to balance the pension's liabilities with investment assets. This is subject to actuarial review by the fund's actuaries, Mercer.

Wirral Metropolitan Borough Council has provided guarantees to the Trust, indemnifying them against pension liabilities over the period of the contract (except for early retirements where the Trust will bear any additional costs arising from these specific arrangements). Therefore, the Trust will recognise a contingent asset for the total liabilities arising from an actuarial review.

The Pension Fund have reported that there are various factors that affect the complexity of valuation and the realisable value of assets. The Trust considered the stated valuation range provided by the Pension Fund and concluded that the assets were reported on the best available information and that the impact of maximum increases and decreases within the range would not have a material impact on the Trust share of Pension Fund assets.

7.3.1 Changes in the defined benefit obligation and fair value of plan assets during the year

	2022/23 £000	2021/22 £000
Present value of the defined benefit obligation at 1 April	(40,750)	(39,143)
Current service cost	(1,635)	(1,739)
Interest cost	(1,137)	(822)
Contribution by plan participants	(291)	(304)
Remeasurement of the net defined benefit (liability)/asset:		
- Actuarial (gains)/losses	16,500	1,054
Benefits paid	671	204
Present value of the defined benefit obligation at 31 March	(26,642)	(40,750)
Plan assets at fair value at 1 April	29,162	25,381
Interest income	824	546
Remeasurement of the net defined benefit (liability)/asset:		
- Actuarial gains/(losses)	(2,892)	2,207
Administration expenses	(22)	(25)
Contributions by the employer	921	953
Contributions by the plan participants	291	304
Benefits paid	(671)	(204)
Plan assets at fair value at 31 March	27,613	29,162
Plan surplus/(deficit) at 31 March	971	(11,588)

7.3.2 Reconciliation of the present value of the defined benefit obligation and the plan assets to the assets and liabilities recognised in the SoFP

	31 March 2023 £000	31 March 2022 £000
Present value of the defined benefit obligation	(26,642)	(40,750)
Plan assets at fair value	27,613	29,162
Net defined benefit (obligation)/asset recognised in the SoFP at 31 March	971	(11,588)
Total net (liability)/asset after the impact of reimbursement rights as at 31 March	971	(11,588)

7.3.3 Amounts recognised in the SoCI

	2022/23	2021/22
	£000	£000
Current service cost	(1,635)	(1,739)
Interest expense/income	(335)	(301)
Total net (charge)/gain recognised in SoCI	(1,970)	(2,040)
Comprising:		
Contributions made by the Trust recognised in SoCI	(921)	(953)
Liability arising from actuarial adjustments guaranteed by Wirral MBC	(1,049)	(1,087)
	(1,970)	(2,040)

7.3.4 Actuarial assumptions

	2022/23		2021/22	
	Start of period	End of period	Start of period	End of period
Financial assumptions				
Inflation	3.3%	2.7%	2.7%	3.3%
Rate of salary increase	4.8%	4.2%	4.2%	4.8%
Rate of pensions increase	3.4%	2.8%	2.8%	3.4%
Discount rate	2.8%	4.8%	2.1%	2.8%
Post retirement mortality assumptions (normal health)				
Non-retired members				
Female	25.9 years	25.5 years	26.0 years	25.9 years
Male	22.4 years	22.6 years	22.6 years	22.4 years
Retired members				
Female	24.0 years	23.7 years	24.1 years	24.0 years
Male	20.9 years	21.2 years	21.0 years	20.9 years

7.4. Retirements due to ill-health

During 2022/23 there were two early retirements from the Trust on the grounds of ill-health at a total cost of £281,537 (2021/22: none, £nil). The cost of early retirements is borne by the Trust, but where this is due to ill-health these costs are met by the NHS Pension Scheme. There were no early retirements from the Local Government Pension Scheme (2021/22: one).

8. Finance and other

8.1 Finance income

Finance income represents interest received on assets and investments in the period.

	2022/23	2021/22
	£000	£000
Finance income		
Interest on bank accounts	367	13
Total	367	13

8.2 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2022/23 £000	2021/22 £000
Finance expenditure		
Interest on lease obligations	336	0
Total	336	0

9. Impairment of assets

During 2022/23, the Trust reviewed its non-current assets and, following the advice of the Trust's valuers, made the following impairment adjustments to the Trust's land and buildings. No impairments were identified in any other class of tangible or intangible assets.

	2022/23		
	Net impairments £000	Impairments £000	Reversals £000
Impairments and (reversals) charged to operating surplus/deficit			
Changes in market price	(1,679)	156	(1,835)
Total impairments and (reversals) charged to operating surplus/deficit	(1,679)	156	(1,835)
Total net impairments charged to revaluation reserve	87	87	0
Total impairments and (reversals)	(1,592)	243	(1,835)
	2021/22		
	Net impairments £000	Impairments £000	Reversals £000
Impairments and (reversals) charged to operating surplus/deficit			
Changes in market price	(972)	0	(972)
Total impairments and (reversals) charged to operating surplus/deficit	(972)	0	(972)
Total impairments and (reversals)	(972)	0	(972)

10. Intangible assets

	Total (Software licences) £000
2022/23	
Valuation/gross cost at 1 April 2022 - brought forward	3,039
Disposals	(48)
Valuation/gross cost at 31 March 2023	2,991
Accumulated amortisation at 1 April 2022 - brought forward	2,586
Provided during the year	131
Disposals	(48)
Accumulated amortisation at 31 March 2023	2,669
Net book value at 31 March 2023	322
	Total (Software licences) £000
2021/22	
Valuation/gross cost at 1 April 2021 - brought forward	2,867
Additions - purchased	172
Valuation/gross cost at 31 March 2022	3,039
Accumulated amortisation at 1 April 2021 - brought forward	2,370
Provided during the year	216
Accumulated amortisation at 31 March 2022	2,586
Net book value at 31 March 2022	453

10.1. Economic life of intangible assets

The economic life of intangible assets is based on assessment of the individual asset within three to ten years.

11. Property, plant and equipment – 2022/23

	Total £000	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000
2022/23							
Valuation/gross cost at 1 April 2022 - brought forward	38,173	1,347	19,547	3,325	2,899	10,605	450
Additions - purchased	9,381	0	184	7,428	24	1,745	0
Additions - assets purchased from cash donations/grants	9	0	0	0	9	0	0
Impairments charged to operating expenses	(159)	0	(159)	0	0	0	0
Impairments charged to the revaluation reserve	(124)	0	(124)	0	0	0	0
Reversal of impairments credited to operating expenses	1,405	38	1,367	0	0	0	0
Revaluations	396	13	383	0	0	0	0
Reclassifications	0	0	251	(251)	0	0	0
Disposals	(214)	0	(36)	0	(58)	(106)	(14)
Valuation/gross cost at 31 March 2023	48,867	1,398	21,413	10,502	2,874	12,244	436
Accumulated depreciation at 1 April 2022 - brought forward	7,952	0	39	0	1,383	6,092	438
Provided during the year	2,564	0	504	0	256	1,803	1
Impairments charged to operating expenses	(3)	0	(3)	0	0	0	0
Impairments charged to the revaluation reserve	(37)	0	(37)	0	0	0	0
Reversal of impairments credited to operating expenses	(430)	0	(430)	0	0	0	0
Revaluations	(34)	0	(34)	0	0	0	0
Disposals	(214)	0	(36)	0	(58)	(106)	(14)
Accumulated depreciation at 31 March 2023	9,798	0	3	0	1,581	7,789	425

11.1. Property, plant and equipment – 2021/22

	Total £000	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000
2021/22							
Valuation/gross cost at 1 April 2021 - brought forward	32,099	1,256	18,597	1,517	1,857	8,422	450
Additions - purchased	5,386	0	395	1,808	1,042	2,141	0
Additions - assets purchased from cash donations/grants	42	0	0	0	0	42	0
Reversal of impairments credited to operating expenses	551	62	489	0	0	0	0
Revaluations	95	29	66	0	0	0	0
Valuation/gross cost at 31 March 2022	38,173	1,347	19,547	3,325	2,899	10,605	450
Accumulated depreciation at 1 April 2021 - brought forward	6,258	0	39	0	1,203	4,580	436
Provided during the year	2,165	0	471	0	180	1,512	2
Reversal of impairments credited to operating expenses	(421)	0	(421)	0	0	0	0
Revaluations	(50)	0	(50)	0	0	0	0
Accumulated depreciation at 31 March 2022	7,952	0	39	0	1,383	6,092	438

11.2. Property, plant and equipment financing – 2022/23

	Total £000	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000
2022/23							
Net book value (NBV) at 31 March 2023							
Owned - purchased	39,040	1,398	21,410	10,502	1,284	4,435	11
Owned - donated / granted	29	0	0	0	9	20	0
NBV total at 31 March 2023	39,069	1,398	21,410	10,502	1,293	4,455	11

11.3. Property, plant and equipment financing – 2021/22

	Total £000	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000
2021/22							
Net book value (NBV) at 31 March 2022							
Owned - purchased	30,187	1,347	19,508	3,325	1,516	4,479	12
Owned - donated / granted	34	0	0	0	0	34	0
NBV total at 31 March 2022	30,221	1,347	19,508	3,325	1,516	4,513	12

11.4. Property, plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

	Total £000	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000
2022/23							
Net book value (NBV) at 31 March 2023							
Not subject to an operating lease	34,041	1,398	16,382	10,502	1,293	4,455	11
Subject to an operating lease	5,028	0	5,028	0	0	0	0
NBV total at 31 March 2023	39,069	1,398	21,410	10,502	1,293	4,455	11

11.5. Valuation of land and buildings

The Trust's land and buildings comprise several health centres and clinics across the Wirral. As disclosed in note 1, the estate was revalued by Cushman and Wakefield (DTZ Debenham Tie Leung Ltd) as at 31 March 2023. The valuation has been based on existing use value using the depreciated replacement cost approach as certain properties are specialised in nature. The valuers have assumed that the replacement would be with a modern equivalent asset, which may in some cases be a smaller property.

The property valuations provided on a depreciated replacement cost basis, with the exception of any land components, were based on comparable build cost information published by the RICS Building Cost Information Service (BCIS) up to and including the valuation date of 31 March 2023. The valuer has continued to exercise professional judgement in providing their valuations and this remains the best information available to the Trust.

The UK and other countries continue to experience heightened uncertainty due to a number of factors. Inflationary pressures continue to weigh on the economy and whilst having peaked still remain at high levels having a very material effect on higher cost of living expenses. Base rates have increased rapidly to combat the inflationary conditions and the expectation is for further rises still to come.

The cost of debt has risen and its availability reduced which, together with the outward movement in gilt yields from historically low levels, has weighed on investor sentiment and had an adverse impact on property values. Confidence in the banking sector is fragile and this is likely to result in the further tightening of debt available to investors.

Accordingly, and for the avoidance of doubt, the current valuation provided by Cushman and Wakefield (DTZ Debenham Tie Leung Ltd) is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

The aftermath of the Grenfell Fire on 14 June 2017 also resulted in a wholesale review of the regime relating to building safety. Market participants continue to be affected by details of construction, health and safety, and particularly fire prevention, mitigation and means of escape from buildings where people sleep. The Government's proposed legislation is far reaching and will provide a new regime for building regulations compliance. In the light of these circumstances, the valuation was undertaken in the context of a changing regulatory environment and this must be kept under regular review.

This explanatory note has been included to ensure transparency and to provide further insight as to the market context under which the valuation opinion was prepared. In recognition of the potential for market conditions to move rapidly in response to wider political and economic changes the importance of the valuation date is highlighted.

11.6. Economic life of property, plant and equipment

The economic life of property, plant and equipment, is based on assessment of the individual asset or, in the case of buildings, the advice of the Trust's valuers.

	Min life Years	Max life Years
Buildings	5	44
Plant & machinery	5	25
Information technology	3	10
Furniture & fittings	5	24

12. Leases – Trust as a lessee

This note details information about leases for which the Trust is a lessee. The majority of the Trust's operating leases are in respect of properties which are owned by NHS Property Services.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

12.1. Right of use assets – 2022/23

	Total: Property (land and buildings) £000	Of which: leased from DHSC group bodies £000
2022/23		
Recognition of right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2022	36,820	11,388
Remeasurements of the lease liability	(294)	0
Valuation/gross cost at 31 March 2023	36,526	11,388
Provided during the year	2,665	1,366
Accumulated depreciation at 31 March 2023	2,665	1,366
Net book value at 31 March 2023	33,861	10,022
NBV of right of use assets leased from other NHS providers		106
NBV of right of use assets leased from other DHSC group bodies		9,916

12.2 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 18.

	2022/23 Lease liabilities £000
Carrying value at 31 March 2022	0
Impact of implementing IFRS 16 as at 1 April 2022	36,488
Lease liability remeasurements	(294)
Interest charge arising in year	336
Lease payments (cash outflows)	(2,844)
Carrying value at 31 March 2023	33,686

Lease payments for short term leases, leases of low value underlying assets and any variable lease payments not dependent on an index or rate are recognised in operating expenditure. These payments are disclosed in note 5. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

12.3 Maturity analysis of future lease payments at 31 March 2023

	Total	Of which: leased from DHSC group bodies
	31 March	31 March
	2023	2023
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year	2,688	1,274
- later than one year and not later than five years	9,339	3,762
- later than five years	24,696	5,573
Total gross future lease payments	36,723	10,609
Finance charges allocated to future periods	(3,037)	(540)
Net lease liabilities at 31 March 2023	33,686	10,069
Of which:		
Leased from other NHS providers		106
Leased from other DHSC group bodies		9,963

12.4 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the Trust previously determined to be operating leases under IAS 17.

	2021/22
	£000
Operating lease expense	
Minimum lease payments	2,988
Total	2,988
	31 March
	2022
	£000
Future minimum lease payments due:	
- not later than one year	3,153
- later than one year and not later than five years	10,812
- later than five years	26,959
Total	40,924

12.5 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 1.13.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022 £000
Operating lease commitments under IAS 17 at 31 March 2022	40,924
Impact of discounting at the incremental borrowing rate 0.95%	
IAS 17 operating lease commitment discounted at incremental borrowing rate	37,679
Less:	
Commitments for short-term leases	(1,743)
Commitments for leases of low value assets	(1)
Irrecoverable VAT previously included in IAS 17 commitment	(47)
Other adjustments:	
Differences in the assessment of the lease term	(65)
Rent increases/(decreases) reflected in the lease liability, not previously reflected in the IAS 17 commitment	659
Correction of immaterial prior period error in IAS 17 disclosure	6
Total lease liabilities under IFRS 16 as at 1 April 2022	36,488

13. Capital commitments

At 31 March 2023 the Trust had £432,671 capital commitments (31 March 2022: £7,262,092).

14. Inventories

	2022/23 Consumables £000	2021/22 Consumables £000
Carrying value at 1 April - brought forward	543	560
Additions	3,813	3,429
Additions (donated) - from DHSC	110	115
Inventories consumed (recognised in expenses)	(3,771)	(3,504)
Write-down of inventories recognised as an expense	(72)	(57)
Carrying value at 31 March	623	543

15. Trade and other receivables

	31 March 2023 £000	31 March 2022 £000
Current		
Contract receivables (IFRS 15): invoiced	3,754	4,695
Contract receivables (IFRS 15): not yet invoiced/non-invoiced	4,995	694
Allowance for impaired contract receivables/assets and other receivables	(897)	(913)
Prepayments (revenue)	1,675	1,106
VAT receivable	264	264
Total current receivables	9,791	5,846
Non-current		
Contract receivables (IFRS 15): not yet invoiced/non-invoiced	101	115
Allowance for impaired contract receivables/assets and other receivables	(40)	(42)
Total non-current receivables	61	73
Of which receivable from NHS and DHSC group bodies:		
Current	5,093	598
Non-current	0	0

15.1. Provision for impairment of receivables

	Total £000
Allowance for credit losses at 1 April 2022 - brought forward	955
New allowances arising	584
Reversals of allowances (where receivable is collected in-year)	(574)
Utilisation of allowances (where receivable is written off)	(28)
Total allowance for credit losses at 31 March 2023	937
Allowance for credit losses at 1 April 2021 - brought forward	872
New allowances arising	701
Reversals of allowances (where receivable is collected in-year)	(615)
Utilisation of allowances (where receivable is written off)	(3)
Total allowance for credit losses at 31 March 2022	955

16. Cash and cash equivalents

	2022/23 £000	2021/22 £000
At 1 April	23,830	26,189
Net change in year	(4,305)	(2,359)
At 31 March	19,525	23,830
Broken down into:		
Cash at commercial banks and in hand	1	1
Cash with the Government Banking Service	19,524	23,829
Total cash and cash equivalents as in SoFP	19,525	23,830
Total cash and cash equivalents as in SoCF	19,525	23,830

17. Trade and other payables

	31 March 2023 £000	Restated 31 March 2022 £000
Current		
Trade payables	4,043	3,803
Capital payables (including capital accruals)	363	0
Accruals (revenue costs only)	16,931	12,132
Annual leave accrual	469	995
Social security costs	848	856
Other taxes payable	637	577
PDC dividend payable	481	51
Pension contributions payable*	1,033	892
Other payables	4	0
Total current trade and other payables	24,809	19,306
Of which payable to NHS and DHSC group bodies:	3,200	1,915
	31 March 2023 £000	31 March 2022 £000
Other current liabilities		
Deferred income: contract liability (IFRS 15)	1,689	1,359
Total other current liabilities	1,689	1,359
Other non-current liabilities		
Net defined benefit pension scheme liability	0	11,588
Total other non-current liabilities	0	11,588
Total other liabilities	1,689	12,947

*The position at 31 March 2022 has been restated following additional requirements from NHSE for employer and employee pension contributions owed to the NHS pension scheme or other pension scheme at year-end.

18. Borrowings

	31 March 2023 £000
Current	
Lease liabilities*	2,688
Total current borrowings	2,688
Non-current	
Lease liabilities*	30,998
Total non-current borrowings	30,998

* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 12.

19. Reconciliation of liabilities arising from financing activities - 2022/23

	Total (lease liability) £000
Carrying value at 1 April 2022 - brought forward	0
Cash movements:	
Financing cash flows - payments and receipts of principal	(2,508)
Financing cash flows - payments of interest	(336)
Non-cash movements:	
Impact of implementing IFRS 16 on 1 April 2022	36,488
Lease liability remeasurements	(294)
Application of effective interest rate	336
Carrying value at 31 March 2023	33,686

20. Provisions for liabilities and charges

	31 March 2023 £000	31 March 2022 £000
Legal claims	124	115
Total	124	115

Legal claims include individual cases relating to compensation claims, employment disputes and potential tax liabilities.

£492,770 is included in the provisions of NHS Resolution at 31 March 2023 in respect of clinical negligence liabilities (31 March 2022: £486,937).

20.1. Provisions for liabilities and charges - analysis

	2022/23
	Total
	(Legal Claims)
	£000
At 1 April 2022 - brought forward	115
Arising during the year	125
Utilised during the year - cash	(102)
Reversed unused	(14)
At 31 March 2023	124
Expected timing of cash flows:	
- not later than one year	124
Total	124

21. Contingencies

21.1. Contingent liabilities

The Trust has £327 contingent liabilities relating to NHS Resolution cases as at 31 March 2023 (31 March 2022: £11,750). There have been no other contingent liabilities recognised at 31 March 2023 (31 March 2022: nil).

21.2. Contingent assets

In 2021/22, the Trust identified a contingent asset of £11,588,000. This represented a contractual guarantee by Wirral Metropolitan Borough Council to underwrite losses to the Trust arising from actuarial valuation of the Merseyside Pension Fund relating to members of the scheme who transferred to the Trust on 1 June 2017. Following the latest actuarial valuation, there is now a surplus on the pension scheme as disclosed in note 7.3.

22. Financial instruments

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the Finance Department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

22.1. Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

22.2. Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2023 are in receivables from customers, as disclosed in the trade and other receivables note.

22.3. Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament and other public sector bodies. The Trust funds its capital expenditure from funds available from generated surpluses for the provision of public sector services. The Trust is not, therefore, exposed to significant liquidity risks.

22.4. Carrying value of financial assets and liabilities

IFRS 9 Financial Instruments as interpreted and adapted by the DHSC GAM was applied retrospectively from 1 April 2018 without restatement of comparatives. IFRS 9 replaced IAS 39 and introduced a revised approach to classification and measurement of financial assets and financial liabilities and a new forward-looking expected loss impairment model.

	Financial assets at amortised cost	
	31 March 2023	31 March 2022
	£000	£000
Financial assets per the SoFP:		
Receivables (excluding non-financial assets) - with DHSC group bodies	5,093	598
Receivables (excluding non-financial assets) - with other bodies	2,820	3,951
Cash and cash equivalents	19,525	23,830
Total as at 31 March	27,438	28,379

	Financial liabilities at amortised cost	
	31 March 2023	31 March 2022
	£000	£000
Financial liabilities per the SoFP:		
Obligations under leases	33,686	0
Trade and other payables (excluding non-financial liabilities) - with DHSC group bodies	2,719	1,864
Trade and other payables (excluding non-financial liabilities) - with other bodies	19,091	15,067
Total as at 31 March	55,496	16,931

22.5. Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2023 £000	31 March 2022 £000
Financial liabilities fall due in:		
In one year or less	24,498	16,931
In more than one year but not more than five years	9,339	0
In more than five years	24,696	0
Total financial liabilities	58,533	16,931

23. Related party transactions

Wirral Community Health and Care NHS Foundation Trust is a public interest body authorised by NHS Improvement, the regulator of Foundation Trusts.

The Department of Health and Social Care is a related party as the parent department of the Trust. The Trust has material transactions related NHS clinical commissioning groups, NHS Foundation Trusts and other NHS organisations in the normal course of business.

The table below includes material transactions with these bodies in the financial year:

Organisation	Income £000	Expenditure £000	Receivables Outstanding £000	Payables Outstanding £000
2022/23				
Wirral University Teaching Hospital NHS Foundation Trust	3,243	1,649	682	600
NHS Cheshire and Merseyside ICB	47,803	157	16	151
NHS Wirral CCG	13,696	0	0	0
NHS England	8,356	10	3,588	250
Health Education England	3,873	0	755	174
Total	76,971	1,816	5,041	1,175

Organisation	Income £000	Expenditure £000	Receivables Outstanding £000	Payables Outstanding £000
2021/22				
Wirral University Teaching Hospital NHS Foundation Trust	4,000	1,388	149	311
NHS Wirral CCG	50,743	0	0	313
NHS England	3,688	24	15	495
Health Education England	2,935	0	363	0
Total	61,366	1,412	527	1,119

Additionally, the Trust has material transactions with local government bodies – principally Wirral Metropolitan Borough Council and Cheshire East Council, the NHS Pension Scheme and HMRC.

Gerald Meehan became a non-Executive Director on 1 February 2019. He also undertakes work as an adviser for the Cheshire and Merseyside Health and Care Partnership. This is the

Integrated Care System (ICS) for Cheshire. The Advisory role is in relation to the involvement of Local Government within the ICS.

Chris Bentley became a non-Executive Director in February 2019. With effect from 1 September 2019, he has undertaken work as an advisor to the Equity and Health Inequalities Teams of NHS England/Improvement and Public Health England, separately and together. Both are related parties to the Trust.

Declarations of interest are given at the start of each meeting by staff members. No other related parties have been identified.

The Trust's Council of Governors are drawn from a range of local stakeholders including patient groups, the local councils, CCGs and other Trusts. Therefore many, by nature of their appointment, have interest in organisations with whom the Trust contracts. A register of interests is maintained and declarations of interest are given at each Governor meeting.

24. Losses and special payments

During the period the Trust made 26 special payments with a total value of £106,576 (2021/22: 41 at a value of £12,260). £101,805 of this total related to refunds of VAT on lease car payments and is disclosed as a single case. Of the remainder, none related to a case handled by NHS Resolution (2021/22: one). The Trust wrote off 10 receivable balances in the period with a total value of £33,319 (2021/22: 29 with a total value of £3,276) and incurred one further loss due to damage totalling £3,228.

25. Event after the Statement of Financial Position date

On 1 July 2023, the contract for Adult Social Care will transfer back to Wirral Council. As part of this agreement, staff who are active members of the Merseyside Pension Fund will transfer under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). Therefore, with effect from 1 July 2023, the Trust will no longer be an admitted member of the Local Government Pension Scheme. There will be a further actuarial valuation, where there is currently a plan surplus of £971,000 as disclosed in note 7.3, with the resulting net liability or asset being transferred to Wirral Council.

