

Compassion Open Trust



# Annual Report | 2024/25

Wirral Community Health and Care NHS Foundation Trust  
Annual Report and Accounts  
1 April 2024 - 31 March 2025

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

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## Table of contents

	Page No
Performance Report	1
Performance Overview from the Chief Executive - A Review of our Performance during 2024-25	2
Performance Analysis	17
Accountability Report	69
Remuneration Report	84
Staff Report	96
Compliance with NHS Foundation Trust Code of Governance	106
NHS Oversight Framework	130
Statement of the Chief Executive's Responsibilities as the Accounting Officer of Wirral Community Health and Care NHS Foundation Trust	131
Annual Governance Statement	133
Independent Auditor's Report	153
Financial Statements	158

The Annual Report and a full copy of the Annual Accounts 2024-25 will be made available on our website at [www.wchc.nhs.uk](http://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](mailto:yourexperience@nhs.net)

# Performance Report

## Performance overview from the Chief Executive - a review of our performance during 2024-25

Welcome to our Annual Report and Accounts for 2024-25 which describe the Trust's ongoing commitment to delivering high quality community health and care services. This report describes our sustained service delivery, and key achievements all of which have been possible thanks to the continued resilience, determination, and compassion of our staff.

During 2024-25, the Trust has continued to work closely with our partners at many levels and actively contribute to the 'system' both at a Place level and the Cheshire & Merseyside ICS.

Our continued commitment to support the people in our communities and the health and social care system in Wirral has resulted in new developments and ways of working across our services, many of which are detailed in this report.

In 2024-25, our services collectively delivered over 1,222,426 contacts. With over 1.2 million patient contacts each year, the Trust plays a crucial role in keeping people well and out of hospital.

The feedback from our service users has remained very positive with 93% of people recommending the Trust, from 33,145 responses. The Trust offers a range of accessible ways for people to share experience about their care, including via a QR code. Throughout 2024-2025, people have scanned the QR code 1,511 times.

We have significantly reduced the waiting times for our services based on the previous year, despite a 1.47% increase in referrals across all services compared to 2023-24. Waiting times for first appointments for all but one service is under 52 weeks, with a significant number of services having waiting times under 18 weeks.

Our urgent care services including the Urgent Treatment Centre (UTC), Walk-in Centres and the Minor Injuries Unit at Victoria Central Health Centre have continued to deliver a high quality service and managing waiting times in these settings is an important part of ensuring patients receive a good experience. In the past year 97% of all patients attending the Trust's urgent care services were seen and treated within four hours.

Our teams continue to work collaboratively with colleagues at Wirral University Teaching Hospital NHS Foundation Trust (WUTH), to ensure an effective streaming system between the UTC and the Emergency Department (ED) is in place. This system ensures patients are directed to the most appropriate service for their clinical needs alleviating pressures on the ED. From 1 April 2024 - 31 March 2025 a total of 15,892 patients were streamed from ED to the UTC. This is an increase of 7.5% compared to 2023-24.

Our Two-Hour Urgent Community Response (UCR) Service provides urgent assessments, care and treatment within two hours for people living in Wirral and personalised support in place within two days (usually 24 hours). The service has exceeded activity targets throughout 2024-25 seeing around 294 patients each month, against a target of 210 patients/ month with a response rate of 89.8%, exceeding the national response target of 70%.

The service is one of the highest performing teams for Northwest Ambulance Service (NWAS) referrals across Cheshire and Merseyside and each one of these referrals has meant patients can remain in their own home and ambulance crews are released to attend other calls across the region.

Building on the relationship with NWAS the Trust commenced a test of change pilot called *Call Before Convey* supported by WUTH. The pilot focussed on patients over 65 years of age who

called 999 but were not assessed as having life threatening illness or a mental health complaint.

Throughout a four-month period (December 2024 - March 2025) 329 referrals were received, an average of 82 referrals per month. During this period 329 people in Wirral either received care from a community service or remained home instead of being conveyed to the Emergency Department.

The HomeFirst Service continued to go from strength to strength during 2024-25, with 63% of discharges from the service resulting in independence for the patient and 21% of patients being discharged with some form of long-term care at home. During the year, the service has also incorporated a nursing element which enables the team to support a wider cohort of people at home.

Delivered by the Community Integrated Response Team (CIRT), HomeFirst is a multidisciplinary and highly specialised team of therapists, care assistants and adult social care staff. Together they enable people to be discharged from hospital quickly and continue their recovery and rehabilitation in their own surroundings.

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

The CICC offers a 'step-down' provision for hospital discharge. That is, patients who are in hospital and have been assessed as 'medically optimised' but are not ready to be discharged home due to on-going therapy requirements. The CICC also offers a temporary 'step-up' provision for people living in their own homes who may need short-term or urgent support.

In December 2024 the team introduced a new medical team to enhance the existing provision. The new team ensures continuity of care, whilst positively impacting on the knowledge and learning of clinical staff through their support and education. They work cohesively as one team to provide a seamless journey for patients.

The CICC maintained high occupancy levels throughout the year (92.4%) and a median Length of Stay (LoS) of 18 days.

The Trust continues to provide 0-19+ / 0-25 services across Wirral, Knowsley, St Helens and Cheshire East to deliver the National Healthy Child Programme. Key performance indicators across the core 0-19+ and 0-25 service contacts have improved significantly in 2024-25 further strengthening access and our offer to our communities.

In 2024-25, the Trust was awarded the contract for Wirral's new NHS risk and resilience service, providing support to young people to prevent ill health in later life. The team engaged with local young people to co-design a service name - *Let's Talk*, which launched in September 2024.

During 2024-25, the Trust's paediatric Speech and Language Therapy Service reduced the average waiting time from 29 weeks to 15 weeks. This was achieved through Quality Improvement Initiatives (Qis) and working with partners across Wirral to invest in additional therapists and embed a graduated response. Innovative approaches to support this improvement, including remote clinical monitoring which enabled parents/carers to submit videos of their child communicating in a home environment as part of the assessment.

The Trust retained its outstanding Sexual Health Wirral Service and relaunched it with new partners from Liverpool University Hospitals NHS Foundation Trust and Axess Sexual Health. The new contract reflects the outstanding care the service delivers to the people of Wirral every day and is a perfect example of the vital role community services play in supporting our local communities. The team launched a new service and clinic area for young people aged

19 and under called 'ourPlace', developed through engagement and co-design with local young people. Engagement included face to face sessions and a survey which received 100 responses, representing young people from across the community, in terms of gender, sexual orientation, ethnicity and disability status.

The Trust recognises its role as an Anchor Institution and has embedded the principles of the Cheshire and Merseyside Social Value and Anchor Institution Charters in its strategic approach. The Trust is committed to adding social value through our approach to employment, procurement, and sustainability to support stronger, healthier communities.

The community cafés operating in St Catherine's Health Centre and Marine Place Health & Wellbeing Centre in West Kirby, in partnership with Age UK continued to go from strength to strength during 2024-25 with 18 regular volunteers, contributing over 2,500 hours of their time and serving approximately 70,000 customers.

The Trust was the first NHS Community Trust to partner with NHSE and St John's Ambulance to deliver the NHS Cadets Programme and, during 2024-25, the programme was expanded to St Helens and Knowsley enabling young people from wider localities to participate and develop their leadership skills and volunteer in the NHS. Between January - July 2024, 52 sessions were delivered with young people, totalling 6,292 hours across five locations.

The Trust's top risks were reviewed monthly by the Safety Risk and Learning Review Panel Members. A series of training sessions were facilitated around medicines management, the implementation of new systems, procurement of new equipment in relation to falls and the implementation of new national guidance for pressure ulcer categorisation.

This has led to numerous improvements across the Trust to support patients and staff and ultimately improve safety.

The Trust is committed to promoting an open and transparent culture across the organisation to ensure that all members of staff feel safe and confident to speak up. During 2024-25 the number of Freedom to Speak Up (FTSU) concerns reported increased by 50% on the previous year. This increase mirrors a national upturn in the number of concerns reported to FTSU Guardians, highlighting the growing awareness and confidence in the FTSU process.

A FTSU strategic plan launched outlining the Trust's vision to create an environment and culture in which speaking up and listening up are business as usual for all staff. Across the Trust there are 135 FTSU Champions and during the last 12 months 94.47% of staff completed the national Speak Up, Listen Up, Follow up training.

The response rate for the Staff Survey was 51% with the Trust being one of the highest performing community trusts in the country for having an appraisal (95%) and for staff feeling their work is valued by their immediate manager (81%). A Trust-wide action plan is being developed to address overarching themes along with action plans at team level designed for local issues.

Throughout 2024-25 the Trust has made significant progress in strengthening data security and cyber resilience with strong compliance against national data security standards. The organisation's Cyber Security Officer was awarded the Individual of the Year Award at the Cyber Associates Network (CAN - NHS England) Awards 2025.

In October 2024 the Trust's public website was randomly selected to be audited by the Government Digital Service (GDS) and following the implementation of identified actions the Trust was ranked in the top 10 of all NHS Trusts scoring 97 out of 100 for web accessibility.

The Trust's 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 2024-25.

## Statement of the purpose and activities of Wirral Community Health and 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 and 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](http://www.wchc.nhs.uk)

The accounts for the year ended 31 March 2025 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 and 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 1,800 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, 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 (CICC) on the Clatterbridge site in Wirral, providing 71 beds across 3 wards, offering reablement care and support to the local community.

Our 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, children's centres and Family Hubs.

In total, we deliver community services from around 50 sites plus many thousands of individual homes, in areas that covers around 40% of the Cheshire and Merseyside population.

## Who we serve

Wirral, where we provide the widest range and number of 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 320,200 people (Census 2021). This is a 0.1% growth in population since the previous Census in 2011. 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. In Wirral there has been an increase of 15.5% in people aged 65 years and over, a decrease of 3.9% in people aged 15 to 64 years, and a decrease of 1.6% in children aged under 15 years.

Wirral's population is forecast to increase by 4% to around 336,300 by 2043. Older age groups will see the biggest increase, the number of people aged 90+ is estimated to increase from 3,400 in 2018 to 6,700 in 2043, an increase of 96%. The number of children aged 0-19+ is projected to decrease in Wirral by 7% between 2018 and 2043.

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 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.

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: small pockets 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. One in four households in Kirkby live in income deprivation.

## Our business environment

We value our excellent working relationships with all of our partners and commissioners. These 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:

NHS Cheshire and Merseyside  
 NHS England  
 Wirral Borough Council  
 Cheshire East Council  
 St Helens Council  
 Knowsley Council

The 'Provider Selection Regime' was introduced in January 20024 and is the mechanism by which Wirral Community Health and Care NHS Foundation Trust provides and buys services.

The summary below details contracts awarded by the Trust using the Provider Selection Regime between 1 January 2024 - 31 March 2025.

Contract Name	Supplier	PSR award	Notice Published	Award Date
Provision of Echocardiograms	E-Logica Ltd	Direct Award C	26/06/2024	24/07/2024
Weight Management Counselling	Beacon Counselling Trust	Direct Award C	09/04/2024	24/04/2024
Weight Management Consultant Support	Countess of Chester Hospital NHS Foundation Trust	Direct Award C	18/04/2024	31/05/2024
Long Covid Social Prescribing	Wirral Citizens Advice Bureau Limited	Direct Award C	13/04/2024	24/05/2024
Emergency Hormonal Contraception	Wirral Pharmacies	Direct Award B	N/A	25/04/2024
Long Acting Reversible Contraception Services	Wirral General Practices	Direct Award B	N/A	25/04/2024
Multiple Support Services	Wirral University Teaching Hospital NHS Foundation Trust	Direct Award C	21/10/2024	31/10/2024
Cardiology Consultant Support	Liverpool Heart and Chest Hospital NHS Foundation Trust	Direct Award C	22/08/2024	16/10/2024

Services to support the delivery of Paediatric Exodontia and Adult Special Care Dental Services	Wirral University Teaching Hospital NHS Foundation Trust	Direct Award C	31/05/2024	24/06/2024
Dental - Adult and Children's Special Needs (Cheshire West and Chester)	Bridgewater Community Health Care NHS Foundation Trust	Direct Award C	13/05/2024	31/04/2024
Dental - Paediatric Exodontia (Cheshire West and Cheshire)	Bridgewater Community Health Care NHS Foundation Trust	Direct Award C	13/05/2024	31/04/2024

## Strategic and operational risk and opportunities

The Risk Identification Management Policy (GP45) sets out the Trust's approach which is preventative, aimed at influencing behaviour and developing a culture within which risks are recognised early and addressed promptly. 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.

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 induction programme and regular informal guidance is provided on risk identification, management and learning from good practice to managers and staff at all levels of the Trust by the Risk Manager.

The organisation uses a web-based incident reporting and risk management system, Datix, to record risks at service, divisional and organisational level, providing clear oversight of the organisational risk register.

The Risk Policy also 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 October 2024 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 2024-25 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 maintained governance arrangements and risk escalation processes to ensure that new, emerging and existing risks were identified and managed. The internal audit plan included a Risk Management Core Controls review during 2024-25 confirming *‘overall a good system of intern control is in place in relation to the risk management process’*. The management of strategic risks was also assessed through the Annual Assurance Framework 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.

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.

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 2024-25 the BAF tracked 8 strategic 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.

The CQC inspection report in 2023 recognised that *“there was clear evidence that the BAF was fully embedded by the Trust as an effective tool for leaders to identify issues, monitor, mitigate or minimise risks. The BAF detailed the Trust’s priority areas of risk”*.

Major strategic risk themes related to:

- Delivery of safe services
- Equity of access, experience and outcomes
- Financial settlement impact on 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

Further information is included in the Annual Governance Statement.

## Operational planning - joint forward plans and capital resource plans

The NHS Priorities and Operational Planning Guidance has a reduced number of national priorities for 2025-26, reflecting the Government's commitment to streamline objectives for the NHS. The intention is that this will give local systems greater flexibility about how funding is deployed and support them to focus on outcomes for patients and communities. Key priorities include reducing the time people wait for planned care, improving long accident and emergency waiting times and ambulance response times, and improving access to mental health services, particularly for children and young people. In the longer term, the Government remains committed to transforming the health service by delivering on its three shifts from hospital to community, sickness to prevention and analogue to digital.

The guidance sets out the need for a 'financial reset' in 2025-26. It states that systems must develop plans that are affordable within the allocations that have been set, taking every opportunity to improve productivity and tackle waste.

Priorities for system-level joint forward planning reflect the need to deliver the three shifts and operate within set allocations.

WCHC has a vital role to play in prevention, improving health and joining up care to address the most significant causes of morbidity and premature mortality, and improve the co-ordination of services in the community, including steps to:

- expand evidenced-based approaches to population health, focusing on a healthy start to life, prevention, self-care and better management of long-term conditions.
- join up care closer to home including through integrated neighbourhood teams and place-based arrangements with local authorities and other system partners.
- integrate and streamline Urgency and Emergency Care (UEC) pathways, with a particular focus on the management of older people with complex needs and frailty.
- continue to drive improvements in productivity and operational effectiveness.

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

For 2025-26, this planning was produced for the whole system by Cheshire and Merseyside Integrated Care Board (ICB) colleagues. Whilst finance plans were submitted for each organisation, the Trust plan was combined with the ICB and the 15 other Trust submissions to form part of a combined Cheshire and Merseyside plan.

## Achieving Key Performance Indicators (KPIs) during 2024-25

### Headlines

The Trust is monitored against a large number of NHS England, Integrated Care Board (ICB) and Local Authority key performance indicators (KPIs) which are reported through formal contract monitoring meetings.

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

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

**The Trust demonstrated consistently strong performance against key performance indicators ending the year on 75 green, 9 amber and 7 red.**

**There has been an increase from 86 KPIs in 2023-24 to 91 in 2024-25.** This relates to contractual changes to new services.

- The Urgent Community Response (UCR) performance was consistently above the national 70% target with a year-to-date position of 89.8%.
- Urgent Treatment Centre (UTC) and Walk-in-Centre 4-hour performance was 97.1%.
- The Community Intermediate Care Centre (CICC) maintained high occupancy levels throughout the year and a median Length of Stay of 18 days compared to 22 days in 2023-24.
- The GP Out of Hours (GPOOH) service demonstrated sustained improvements in urgent response times- CAS 20, CAS 120 and UCAT. For the most urgent responses, improvements have been made in several areas - CAS 20 YTD position of 60% in 2023-24 to 76% YTD in 2024-25.
- At the end of 2024-25 average waiting times were less than 18 weeks for 19 out of 20 services. The only service outside of this target was Dental, with an average waiting time of 21 weeks.
- 16 out of 20 services saw 92% of patients within 18 weeks and 10 services reduced the size of their waiting list. Eleven services reduced 'Did Not Attend' (DNA) rates during 2024-25.

The KPI summary table on the next page provides a high-level position against key system targets.

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

## KPI Summary Table 2024-25

Month	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	2023/24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	2024/25
<b>Urgent Care Attendances</b>	7,124	7,608	7,600	7,454	7,702	7,586	7,699	7,363	7,914	7,516	7,445	7,887	<b>90898</b>	7,206	7,948	7,481	7,282	7,065	7,069	7,945	7,554	7,620	7,186	6,966	8,060	<b>89,382</b>
<b>Urgent Care 4hr Performance</b>	95.6%	96.4%	96.1%	96.9%	97.3%	97.1%	98.4%	98.0%	96.2%	96.3%	94.8%	95.3%	<b>96.5%</b>	97.9%	97.9%	98.1%	98.8%	98.6%	98.4%	97.9%	97.6%	95.6%	95.4%	96.8%	93.1%	<b>97.1%</b>
<b>UCR Total Referrals</b>	210	208	225	208	280	231	244	285	229	318	263	250	<b>2951</b>	367	456	418	529	549	458	448	470	688	564	422	473	<b>5,842</b>
<b>UCR Performance % Within 2 Hrs</b>	83%	80%	80%	81%	85%	90%	90%	87%	83%	83%	88%	87%	<b>85%</b>	89%	91%	94%	86%	91%	91%	86%	92%	90%	89%	89%	89%	<b>90%</b>
<b>CICC Median LoS</b>	22.4	26.7	23.1	25.1	20.1	23.8	21.7	19.5	17.1	20.7	20.1	22.0	-	19.7	16.4	18.5	17.2	22.0	17.1	16.5	16.8	16.5	17.9	16.6	15.8	-
<b>Total CAS 20 Referrals</b>	220	178	157	190	205	201	211	199	253	214	182	214	<b>2424</b>	212	201	231	191	197	177	174	191	262	214	161	192	<b>2,403</b>
<b>% Seen Within 20 mins</b>	37%	48%	64%	68%	46%	52%	53%	60%	63%	71%	75%	81%	<b>60%</b>	73%	75%	80%	76%	83%	77%	82%	80%	68%	68%	79%	71%	<b>76%</b>
<b>Total CAS 120 Referrals</b>	73	68	63	65	47	53	34	39	54	47	32	76	<b>651</b>	49	60	46	46	44	50	45	45	42	36	37	53	<b>553</b>
<b>% Seen Within 120 mins</b>	93%	82%	84%	86%	74%	77%	74%	85%	70%	72%	88%	86%	<b>82%</b>	80%	88%	91%	91%	93%	78%	87%	71%	60%	58%	65%	60%	<b>78%</b>
<b>Total UCAT Referrals</b>	162	167	149	164	164	139	160	123	153	150	149	150	<b>1830</b>	165	178	138	151	151	160	152	154	189	186	171	169	<b>1,964</b>
<b>% Seen Within 15 mins</b>	53%	58%	66%	57%	67%	55%	49%	60%	59%	69%	66%	67%	<b>61%</b>	75%	70%	69%	72%	71%	68%	69%	67%	66%	59%	62%	66%	<b>68%</b>
<b>Home First Activity</b>	64	84	93	90	96	111	117	130	130	158	179	176	<b>1428</b>	176	187	169	233	179	150	224	184	174	185	162	175	<b>2,198</b>

Wirral Community Health and Care NHS Foundation Trust Annual Report and Accounts 2024-25

In 2024-25, Trust staff and services were also recognised regionally and nationally including;

**Together Award 2024** - The STAR (Supporting Treatment in Additional-needs Requirements) Team from the Surgical Elective Admissions Lounge (SEAL) unit at Wirral University Teaching Hospital (WUTH) won the award for Equality, Diversity and Inclusion award at the Together Awards 2024 (WUTH Staff Awards) for their ongoing work with the sensory room and support pathway for adults with complex needs attending for day case surgery.

**QNI Excellence Award** - In May, our Chief Nurse Paula Simpson was shortlisted for the Queen's Nursing Institute (QNI) William Rathbone X Award for Excellence in Nurse Leadership of Community Services Award. The Award gives recognition of the impact of strategic nursing leadership, including support for colleagues and positive outcomes for patients.

**HPMA in People Awards** - In June, the NHS Cadets programme was highly commended in the Hill Dickinson award for excellence in organisational development in the HPMA Excellence in People Awards 2024. To commemorate this achievement a tree was planted in our honour.

**HSJ Patient Safety Awards** - This year, two of our teams were shortlisted in the HSJ Patient Safety Awards - recognising safety, culture and positive experience in patient care:

The IPC Team and partners were shortlisted for the Best Use of Integrated Care and Partnership Working in Patient Safety Award.

Children's Dietetics and Speech and Language Therapy Services were shortlisted for the Virtual or Remote Care Initiative of the Year. Both services attended the prestigious awards in Manchester in September.

**Queen's Nurse Institute** - One of our Clinical Team Leaders, from the Liscard Community Nursing team, was awarded the title of Queen's Nurse in September, recognising her high level of commitment to patient care and nursing practice.

#### **Practice Excellence Awards**

Three of our colleagues from the South 0-19+ Team (St Helens) attended the University of Chester 'Celebrating achievements in practice excellence' (CAPE) awards to present the new student allocation model for our South 0-19+ Team.

#### **Virtual Cyber Associates Network (CAN) Awards 2025**

Our Cyber Security Officer won the 'Individual Award' – Cyber Associates Network (CAN – NHS England) Awards 2025! The individual award is for someone who has gone beyond the call of duty - provides exceptional care and support for colleagues, showing outstanding dedication, competence, conscientious performance or integrity.

## Developing Place-Based and Intermediate Care models

During 2024-25 the Trust continued our work to define and test place-based care models with partners in primary care. This work began in late 2023-24 with a fully integrated primary-community team pilot project, working on a Primary Care Network (PCN) footprint in Moreton and Meols PCN.

Having confirmed that this model improved communication and care coordination on the PCN footprint, reduced duplication, and enabled focus on people most needing proactive support, we started to roll it out with other PCNs in Wirral.

These teams are focused on more proactively identifying and supporting people with moderate and severe frailty. Our model has been included in examples of best practice for this type of service nationally.

## Looking forward

The coming year represents a significant step forward for the Trust. In 2024, Cheshire and Merseyside Integrated Care Board (C&M ICB) commissioned an independent review of collaboration and integration opportunities across NHS provider services in Wirral.

The recommendations from the review included further integration of key service areas and pathways in Wirral, and the appointment of joint leadership roles across Wirral Community Health and Care Trust NHS Foundation Trust (WCHC) and Wirral University Teaching Hospital NHS Foundation Trust (WUTH).

Recognising the potential to improve NHS services for people in Wirral, the Boards of both organisations have set out an ambitious plan to fully deliver and maximise the benefits of organisational integration. Plans have been approved to move towards becoming a single organisation over the next two financial years (2025-26 and 2026-27).

Based on this, a two-year integration plan has been developed, focussed on key areas of integration of services and functions across both Trusts. A joint strategy and vision will be developed, and this work will be supported by joint governance functions that enable shared decision-making.

A significant focus of the coming year will be reviewing and improving the services that we are able to jointly offer. In many cases, this will progress work already underway.

We will continue to work collaboratively towards the implementation of a single front door for urgent and emergency care on the Arrowe Park Hospital site. Alongside other projects, such as the continued refinement of urgent community response pathways, this will ensure people needing urgent care are supported in the most appropriate place.

Working with Primary Care Networks (PCNs), we will continue to build integrated neighbourhood health teams. This has been part of our Trust's strategic development since 2022 and is fully aligned with national direction.

Joint developments in both clinical and corporate areas, including therapies, and digital services, will support the strategic national shifts to move care from hospital to community, sickness to prevention and analogue to digital.

## 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, liquidity, relationships with key commissioners, risks and uncertainties plus some 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.

## Performance Analysis

### Trust performance during 2024-25

#### Service delivery

Wirral Community Health and Care NHS Foundation Trust (the Trust) provides a wide range of services across 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 2024-25, our services collectively delivered **1,222,426** contacts. Full details of the contacts for the year are shown below:

Service contacts 2024-25		
<b>0-19+ / 0-25 services</b>	Health Visiting and School Nursing Service - 0-19+ Service Cheshire East	80,275
	0-25 Service Knowsley	36,880
	Let's Talk Service Wirral	236
	School Nursing - 0-19+ Service Wirral	17,976
	0-19+ Service St Helens	31,979
	Health Visiting Service - 0-19+ Service Wirral	43,538
<b>Community Response</b>	Community Intermediate Care Centre (CICC)	221,525
	Community Integrated Response Team (CIRT)	94,689
	Single Point of Access (SPA)	27,280
	Teletriage	2,684
<b>Nursing</b>	Community Nursing	335,221
	Parkinson's / Alzheimer's	2,254
	Specialist Palliative Care	9,427
	Tissue Viability	631
<b>Specialist Medical</b>	Community Cardiac Service and Diagnostics	34,772
	Deep Vein Thrombosis	10,895
	Dental Service	6,307
	Long Covid Service	1,802
	Ophthalmology	2,464
	Sexual Health Wirral	16,056
	Urgent Treatment Centre / Walk-in Centres	89,417
<b>Therapies</b>	Adult Bladder and Bowel	11,011
	Adult Dietetics	8,574
	Adult Speech and Language	4,539
	Ageing Well and Frailty	9,124
	Musculoskeletal and Pelvic Health	43,988
	Paediatric Bladder and Bowel	4,229
	Paediatric Dietetics	2,506
	Paediatric Speech and Language	8,189
	Podiatry	37,327
	Rehabilitation at Home	17,004
	Weight Management Service	6,809
Wheelchair Service (West Cheshire and Wirral)	2,818	
<b>Total</b>		<b>1,222,426</b>

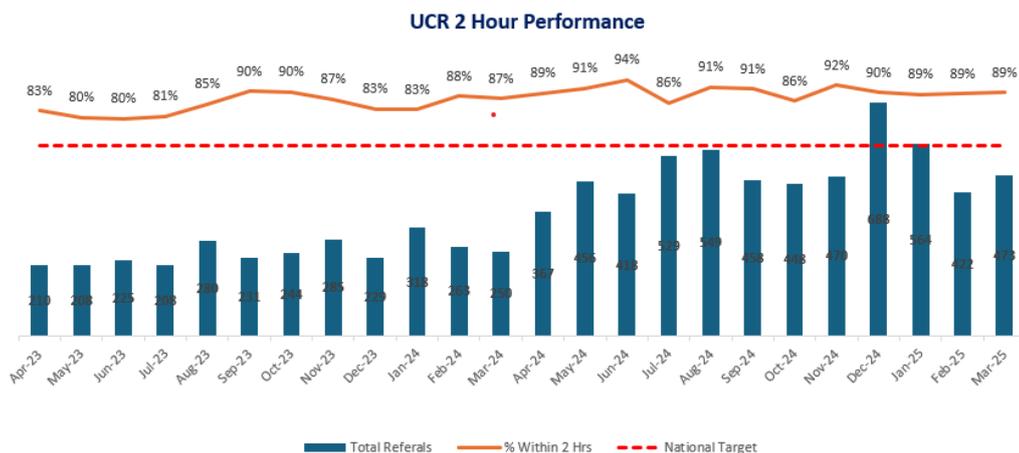
## Key achievements of 2024-25

- The Trust is monitored against a large number of Local Authority, Integrated Care Board (ICB) and NHS England (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/System SAFE/OPG meetings to the Safe Operations Group, Integrated Performance Board and finally the board-level Quality & Safety and Finance & Performance Committees. See page 133 for further details on the governance arrangements.
- All performance data is captured and monitored on the Trust Information Gateway (TIG) system.
- The Trust demonstrated consistent good performance against key performance indicators ending the year on 75 green, 9 amber, 17 red KPIs.



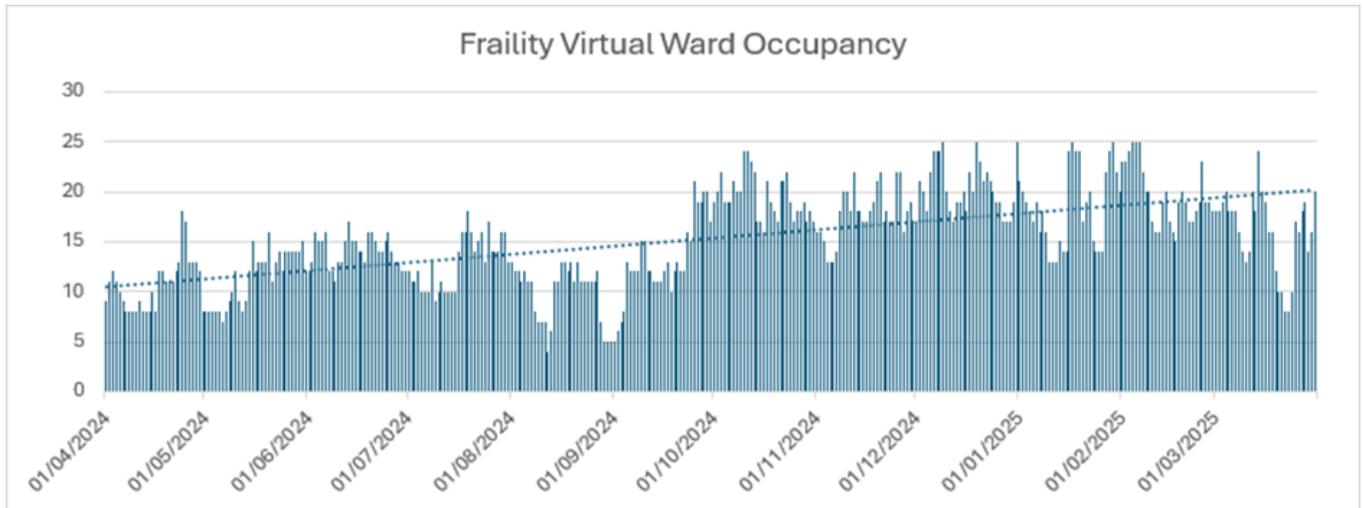
### Comparison of KPI performance based on RAG rating between 2023-24 and 2024-2025

- Urgent Crisis Response (UCR) performance was consistently above the national 70% target at 90%, despite increased activity.



- Urgent Treatment Centre (UTC) and Walk-in Centre 4-hour performance was 97.1%.
- Community Intermediate Care Centre (CICC) maintained high occupancy levels throughout the year and a median Length of Stay of 18 days.
- GP Out of Hours Service demonstrated month on month improvements in CAS.

- 20\* (multidisciplinary Clinical Assessment Service - 20-minute response time), CAS120\* (multidisciplinary Clinical Assessment Service 120 minute response time) and CAT15\*\* (15 minute response time) performance.
- Frailty virtual ward utilisation has demonstrated an improved position in 2024-2025 with increased bed utilisation from an average of 10 beds to 21 beds being utilised. Increased bed utilisation enables patients to be cared for in the community, preventing the need for admission to hospital.



- At the end of 2024-25 average waiting times were less than 18 weeks for 19 out of 20 services. The only service outside of this target was Dental, with an average waiting time of 21 weeks. 16 out of 20 services saw 92% of patients within 18 weeks and ten services reduced the size of their waiting list. Eleven services reduced 'Did Not Attend' (DNA) rates during 2024-25.
- The Children's Speech and Language Service has made significant improvements in waiting list volume, longest wait and average waiting times. The service started 2024-25 with 1,611 children waiting for an initial assessment with an average waiting time of 29 weeks. In March 2025 the waiting lists reduced to 440 children waiting for initial assessment with average waiting time of 15 weeks. The service is on track for all initial assessments to be seen within 18 weeks by August 2025. This has been achieved through quality Improvement Initiatives (QIs) and working with partners across Wirral to invest in additional therapists and embed a graduated response. This means that children receive the support at the earliest opportunity.

## Urgent Treatment Centre (UTC) and Walk-in Centres

Urgent care services, including urgent treatment centres (UTC), walk-in centres (WIC) and minor injuries units provide medical help when it's not a life-threatening emergency. They can diagnose and deal with many of the common problems people go to the Emergency Department (ED) for.

The Trust's Urgent Care services deliver across three sites: Eastham Walk-in Centre, Victoria Central Walk-in Centre and Minor Injuries Unit and the Urgent Treatment Centre at Arrowse Park Hospital (Wirral University Teaching Hospital NHS Foundation Trust - WUTH) which incorporates 24/7 UTC including GP Out of Hours.

Managing waiting times is key to ensuring patients receive a good experience with timely access to treatment. We are actively working with colleagues at WUTH with the planning and implementation of the Urgent and Emergency Care Upgrade Programme (UECUP) to operate a single front door for an urgent and emergency department on the Arrowe Park site. Significant developments throughout 2024 include an eight-space resuscitation area, versatile clinical spaces and improved facilities for staff.

Our team continues to work closely with WUTH colleagues to ensure a well-structured streaming system between the UTC and ED is in place. The streaming process accurately matches patients with the most appropriate service for their clinical needs - such as the UTC, alleviating pressures on the ED.

Outcomes of the streaming process can include:

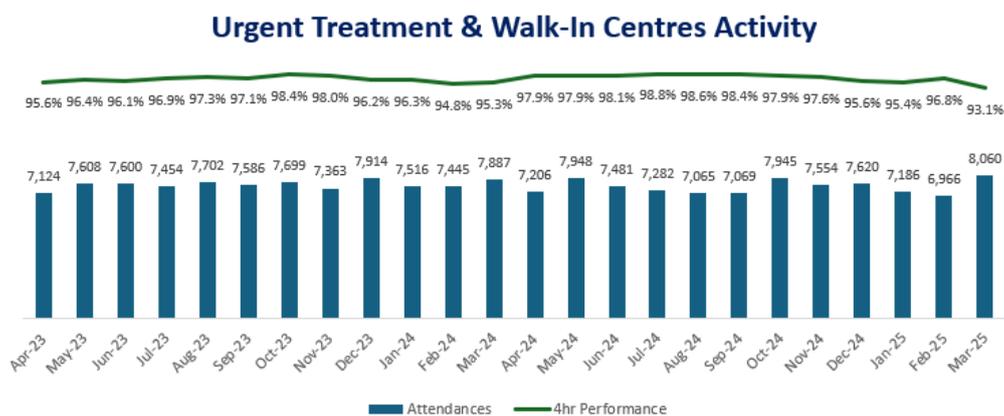
- Referral to the UTC
- Referral to other services eg specialty assessment units - medical, surgical, gynaecology, paediatrics
- Referral to off-site services

From 1 April 2024 - 31 March 2025 a total of 15,892 patients were streamed from ED to the UTC. This is an increase of 7.5% compared to 2023-2024.

Digital screens in waiting areas continue to support patients who require urgent care, displaying live data on waiting times and sharing public information on the types of conditions seen, signposting to alternative services (NHS 111, pharmacy), seasonal campaigns and who our staff are.

The out-of-hours service has continued to adopt a digital approach to triage and assessment of patients where clinically appropriate therefore reducing the number of patients needing to attend the centre.

97.1% of all patients attending the Trust’s urgent care services were seen and treated within 4 hours for 2024-25.



## Two Hour Urgent Crisis Response (UCR)

Wirral’s Two-Hour Urgent Community Response Service (2hr UCR) ensures people receive the right care, at the right time, in the right place. In March 2024, the team **responded to 479 calls in under two hours with 89.4% compliance against the national target of 70%.**

The 2hr UCR service is part of the Community Integrated Response Team (CIRT).

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.

The multi-skilled team includes call handlers, community paramedics, nurse practitioners, physiotherapists, occupational therapists, social care practitioners and health care assistants. The team respond to urgent referrals, completing assessments and delivering personalised care, treatment and support for people living in Wirral.

Excellent relationships have developed with primary care, mental health and community services, acute services, the social and voluntary sector organisations, and Northwest Ambulance Service (NWAS).

The service is one of the highest performing teams for NWAS referrals across Cheshire and Merseyside and each one of these referrals has meant patients can remain in their own homes and has released ambulance crews to attend other calls across the region.

Patients accessing the 2hr UCR service have benefited from:

- quick assessment and treatment
- care and treatment in their own home or place of residence
- avoiding an unnecessary admission to hospital
- reduced stress and anxiety associated with hospital admissions
- extra support when they get home from hospital

The current activity target is to see circa 210 patients per month. This target has been significantly exceeded throughout 2024-25 with circa 294 patients a month and achieving a response rate of 89.8% which exceeds the national response target of 70%.

The team sits alongside HomeFirst and the Virtual Frailty Ward, a collaboration between WCHC and WUTH. Collaboratively they deliver a service that wraps around the patients to ensure that they are safely cared for without the need for conveyance to the Emergency Department or the Assessment Areas.

The case study below details the service's collaborative working:

*Following a referral from NWAS into the 2hr UCR service, a joint clinical assessment was carried out by a specialist nurse and community paramedic after a patient, who lives alone, was found on the floor at home and unable to stand. Prior to the assessment there was no support package in place and the patient was determined to stay at home.*

*The joint assessment included taking patient bloods which revealed raised inflammatory markers and intravenous antibiotics were prescribed, meaning the individual received acute care, monitoring, and treatment in their own home.*

*The team wrapped around the patient at home ensuring they were safe. A treatment plan was created, and a package of care introduced, including a downstairs bed, chair, commode and walking aid. The patient was also referred to the Virtual Frailty Ward.*

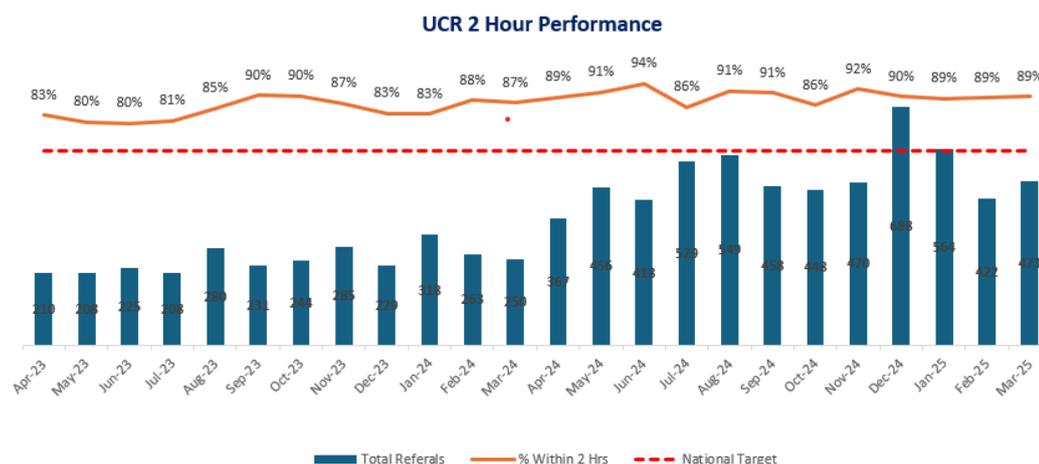
*Health Care Assistants (HCA) were also put in place to support the patient's social needs, visiting three times a day.*

*The team liaised with the patient's GP and arranged for community nurses to continue with the individual's care until the patient improved and was discharged from the service.*

Had joint treatment plans not been put in place by the 2hr UCR service the patient's mobility would have deteriorated, putting them further at risk in their own home.

Further deterioration would have resulted in the patient becoming immobile and may have required medical intervention in an acute setting via a 999 call to A&E.

The team's specialist, responsive and holistic approach was a key factor in keeping the patient well at home and preventing an avoidable admission to hospital.



Activity from Apr-24 includes former Teletriage Service

## Call Before Convey

During Quarter 3 the Trust commenced a test of change pilot called *Call Before Convey*. In partnership with Northwest Ambulance Service (NWAS) and Wirral University Teaching Hospital (WUTH) the pilot focussed on patients over 65 years of age who called 999 but were not assessed as having life threatening illness or a mental health complaint.

How Call Before Convey works...paramedics call The Right Care Hub to speak to a clinician who considers the most appropriate alternative to the Emergency Department (ED). This could be one of multiple Trust community services, for example - Two Hour Urgent Community Response (UCR), Virtual Ward, Urgent Treatment Centre (UTC), Community Nursing, Palliative Care or the Bladder and Bowel Service.

The pilot has given the Trust the opportunity to improve the experience of our frailest patients by ensuring they can access the right service as early as possible in their patient journey.

From 1 December 2024 - 31 March 2025 the team received 329 referrals, an average of 82 referrals per month. During this period 329 people were not conveyed to the Emergency Department and have either remained at home or accessed another community service.

The top four referral reasons include:

- Fall
- Suspected infection
- Social crisis
- Dyspnoea (shortness of breath)

Wirral was the first locality in Cheshire and Merseyside to adopt the Call Before Convey pilot. Referral data and feedback from patients and staff is helping to shape the future roll out and development of the service.

Patient feedback:

*“Very happy with the wonderful service from paramedics and very happy that I did not have to be taken to hospital.”*

*“All treatment has been fantastic - seen by nurses and other healthcare professionals, all at home and all brilliant - much better than waiting in a busy A&E.”*

*“Couldn’t fault the way I’ve been treated, ambulance staff were very considerate, caring, and thoughtful.”*

## HomeFirst

HomeFirst provides therapy and personal care for people returning home from an inpatient ward. The service assesses patients for long-term care needs at home and this continues to play a significant role in the reduction of No Criteria to Reside (NCTR) within Secondary (Hospital) Care.

Following hospital discharge, HomeFirst provides care and support for up to 6 weeks, though average time on the service is around 2 weeks.

On average across the year, 63% of discharges from the service conclude with independence for the patient, 21% of patients conclude with some form of long-term care at home and a small proportion end in long term care after a thorough assessment in their own environment.

During the last year, HomeFirst has incorporated a nursing element which enables the team to support a wider cohort of people at home.

During 2024-25, HomeFirst has:

- Supported over 2,300 discharges, in comparison to approximately 1,400 discharges in the previous year.
- Consistently achieved the target 170 discharges each month (average of 183 referrals per month).
- Continued to revise pathways to improve speed and efficiency of discharges and continued to refine hybrid models to work more flexibly with domiciliary care.
- Made new links with other agencies, such as Medequip, to triangulate data. This ongoing work supports a lower rate of readmissions by exploring the use of new technology in the community.

The HomeFirst team works collaboratively with staff across the system, attending quality improvement meetings and workshops. This has improved coordination and built on the shared goal of HomeFirst discharges.

National interest in the HomeFirst model continues, and the team have enthusiastically engaged with other providers to discuss the journey of our successful service.

The activity and outcomes seen during 2024-25 showed that:

- Wirral has continued to be among the best in Cheshire and Merseyside for bed days being used for people who don’t need to be in hospital.
- Sustained outcomes where people have finished their HomeFirst journey independently, without ongoing care needs, when compared to other local areas.

Feedback from patients and their families has been positive and as an example, one person stated that the care and support they had received had been second to none, and they could not thank the team enough for the encouragement they gave to improve their confidence and independence.

WCHC staff have lots of praise for HomeFirst too, in particular for their support this year in a national study investigating reablement models. The HomeFirst team engaged with service users, and members of the team shared their experiences. The results of this study will identify which approaches to reablement best support people leaving hospital after an unplanned admission. HomeFirst's support will enable evidence-based approaches to service delivery and improved health and social outcomes for patients.

## 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 system. The CICC opened in January 2021.

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 or further assessment needs. The CICC unit 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 clinical support workers and ward clerks. Together with our colleagues within the Trust from our own specialist services we can support patients to their discharge destination.

To enhance the existing provision and improve the continuity of care for patients a new Community Trust Medical Team was introduced in December 2024. The team consists of two GPs, a Clinical Pharmacist and Clinical Lead Nurses. The new medical team has allowed patients to be supported at CICC by our own staff ensuring continuity and review of their care, whilst positively impacting on the knowledge and learning of our clinical staff through their support and education. Working cohesively as one team provides a seamless journey for patients in our care.

The CICC maintained high occupancy levels above 92% throughout 2024-25 and the median length of stay (LoS) has remained consistent throughout 2024-2025 at 18 days.

83% of patients are sufficiently re-abled to return home on discharge.

Feedback from patients and their families has been outstanding. Here are a few examples of the great feedback the centre receives.

*"We just want to say a huge THANK YOU to all the staff on Bluebell Ward for literally getting our Mum back on her feet and back to her usual self."*

*"Thank you all very much for your care during my stay with you in Aster Ward. Having arrived still pretty weak from a major operation on my right hip, you enabled me to build up my strength and gain my independence in less than a week."*

*"Thank you so much for your support, kindness and patience during my stay on Bluebell Ward. My Family and myself have appreciated it so much."*

CICC was also rated as Good across all domains of Safe, Caring, Responsive, Effective and Well-led in a CQC inspection in late 2023.

## GP Out of Hours

GP Out of Hours Service provides GP led urgent care for patients in the hours that GP practices are not open, i.e. 18:30 - 08:00 Monday to Friday, 24 hours over the weekends, all bank holidays, and set midweek afternoon dates through the year when GP practices are closed for Protected Learning Time (PLT). This is accessed through various means including NHS 111, Northwest Ambulance Service, and referrals and transfers of care from Allied Health Professionals.

The service is strengthened by the expertise of Advanced Nurse Practitioners (ANPs), whose advanced skills in urgent care play a vital role in supporting both GPs and Walk-in Centre staff. Their input has been instrumental in enhancing patient care and ensuring smooth, efficient service delivery.

The team work closely with colleagues in the Emergency Department (ED) at Arrowe Park Hospital, particularly through the streaming process, which identifies patients attending the ED with non-emergency conditions and redirects them to our urgent care service where they can be seen more appropriately and often more quickly. This collaborative approach helps relieve pressure on ED while ensuring patients receive timely, suitable care. We also continue to make improvements in our response times, particularly for the most urgent cases, to maintain high standards of patient care.

Following on from the success of a pilot project, a GP Coordinator role was introduced to the service in late 2023/early 2024. The dynamic and flexible role has three areas of focus:

- Responding to Urgent Care and Assessment Team (UCAT) / Clinical Assessment Service (CAS) 20 / < 60 minute 111 calls.
- Clinical support for shift leaders to manage demand.
- Waiting room oversight - both physical and virtual.

The service experiences many benefits from the role, including support for shift managers in making decisions about patient flow, alleviating staffing pressures and prioritising service delivery.

The overall year-end position for GP Out of Hours:

- CAS\* (20 minute) response time was 76%.
- CAS\* (120 minute) response time was 78%.
- UCAT\*\* (15 minute) response time was 68%.

*\*CAS (Clinical Assessment Service)*

A Clinical Assessment Service (CAS) is a healthcare model designed to assess, triage, and manage patients referred for specialist care, often before they reach hospital or specialist clinics. It aims to streamline patient pathways, reduce unnecessary hospital referrals, and ensure individuals receive timely care in the most appropriate setting. CAS involves clinicians reviewing referral information and medical history to determine whether a patient can be managed in primary care, needs further tests, or requires specialist input. Assessments may be done remotely or in person, with the ability to offer virtual consultations to improve access and efficiency.

*\*\*UCAT (Urgent Clinical Advice and Treatment)*

This type of consultation involves Urgent Care services, including the GP Out of Hours Service, being contacted by paramedics who have attended to a patient at home after an ambulance call. If the paramedics determine that a trip to the Emergency Department may not be

necessary, they reach out to the service for further consultation. The Urgent Care team then works with the paramedics, assessing whether the patient requires hospital transport or can be treated in a more appropriate setting. Both services have been specifically commissioned to reduce unnecessary Emergency Department visits for patients who may not need emergency care.

Feedback from service users:

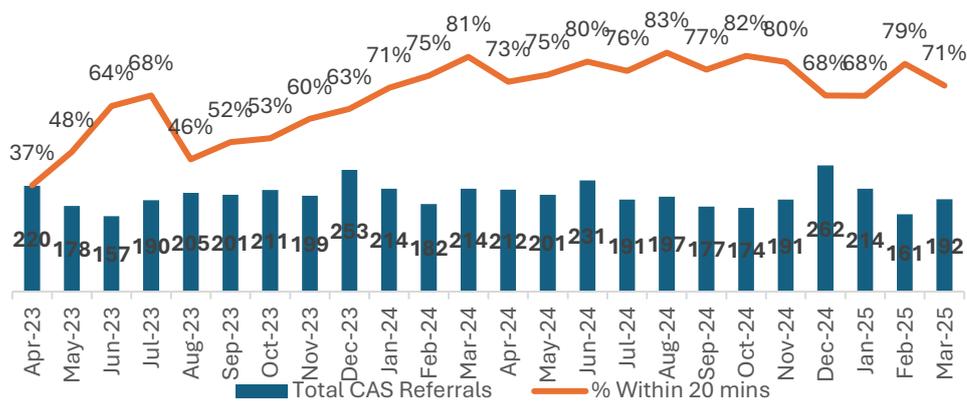
*“Your service was absolutely excellent. My care was efficient and perceptive. Also, my husband was welcomed throughout.”*

*“Excellent service, it was busy, but I was seen after one hour and it was thought best, I saw the doctor. He gave a thorough examination, called the gynae on-call reg and referred me to Arrowe.”*

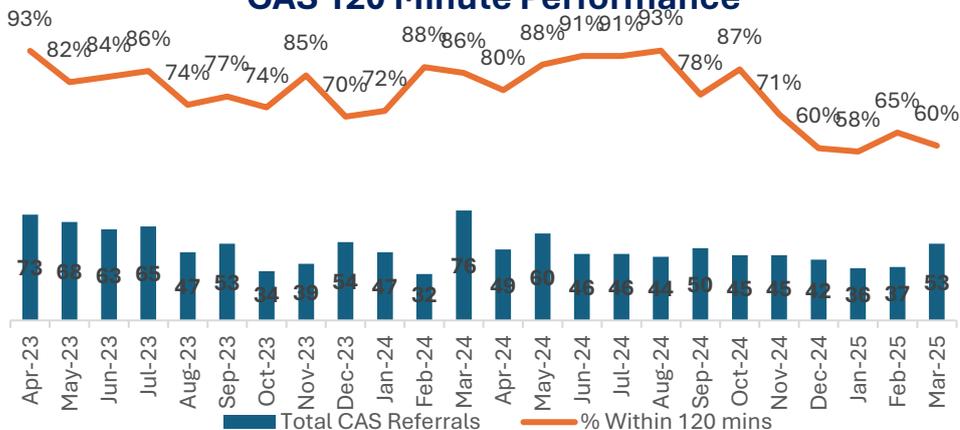
*“I felt listened to and taken seriously. The lady doctor explained clearly what assessment she was doing with my son’s ankle and why. She gave advice and support. In addition, due to receiving treatment after contacting 111, we were seen very quickly.”*

*“The waiting time to see the doctor was around 30mins which exceeded all expectations. The doctor was very thorough and took spent time tracking down a pharmacy who were able to dispense the medication as I am on sugar free. Excellent service all round.”*

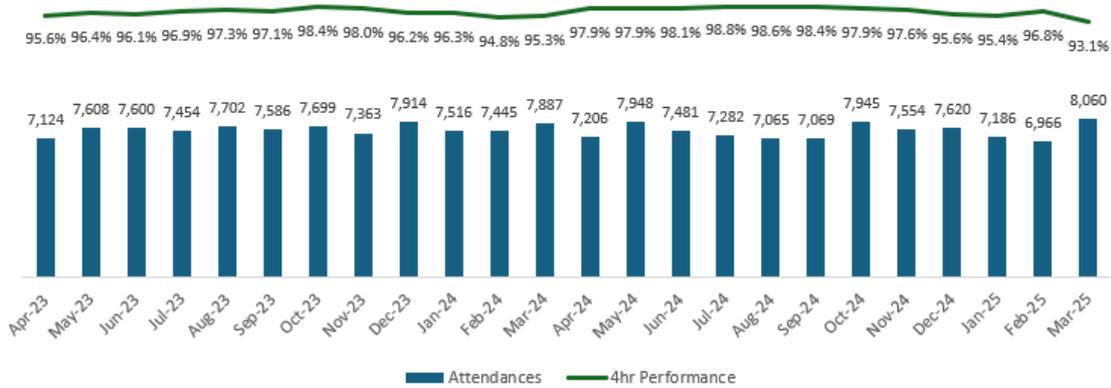
### CAS 20 Minute Performance



### CAS 120 Minute Performance



## Urgent Treatment & Walk-In Centres Activity



## Waiting List Review

At the end of 2024-25 average waiting times were less than 18 weeks for 19 out of 20 services. The only service outside of this target was Dental, with an average waiting time of 21 weeks. 16 out of 20 services saw 92% of patients within 18 weeks and 10 services reduced the size of their waiting list. Eleven services reduced 'Did Not Attend' (DNA) rates during 2024-25.

## Paediatric Speech and Language Therapy waiting list improvements

Children's Speech and Language Therapy actioned a recovery plan in 2024-25 to reduce waiting times in line with national targets, resulting in a reduction in average wait time from 29 weeks to 19 weeks. This was achieved through Quality Improvement Initiatives (QIs), innovative approaches and working with partners across Wirral to invest in additional therapists and embed a graduated response.

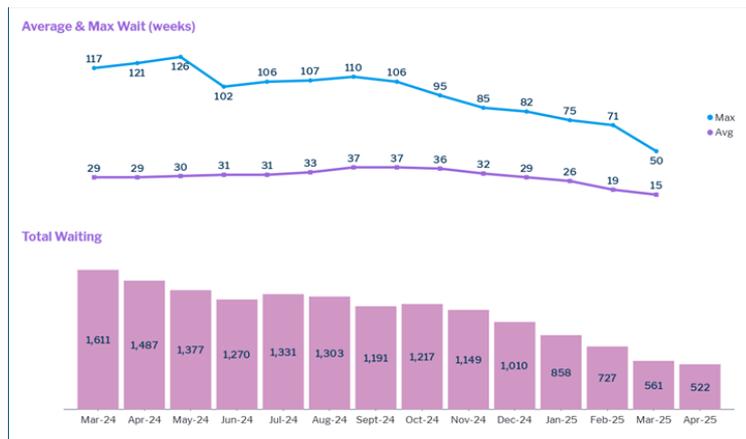
A key element was remote clinical monitoring. This enables parents/carers to send in videos of their child communicating in a home environment, to be used as part of the child's assessment. This has reduced the time needed in a face-to-face appointment and sometimes removed the need for assessment appointments altogether.

Other key approaches the team took include:

- Prioritisation and triage: sending questionnaires to parents/carers to gather updated information so that they can be directed into the most effective appointment type from the start.
- Outreach and knowledge-sharing across the system, including focus groups with Family Hubs on preventative work that can be done.
- Facilitating small support groups with children and their parents/carers – providing an opportunity for support networks, while maximising time and resource by seeing more children in one session.
- Reviewing service structure, focusing on recruitment to increase capacity, and utilising bank and additional hours support.
- Updating web content and referral guides, to better inform service users and wider colleagues before the point of referral.
- Additional team training, which led to developing a new care plan, highlighting what those close to a child can do to support their development.

To illustrate the improvement over the last 12 months, see the below table and graph:

	<b>April 2024</b>	<b>March 2025</b>
<b>Total waiting list</b>	1487	561
<b>Longest waiting time for an initial assessment (weeks)</b>	121	71
<b>Total caseload</b>	4478	3612



## Centralised booking service (CBS) transformation

CBS has undergone a period of change this year, with its transformation resulting in:

- Improved productivity
- Boosted morale
- Improved patient experience
- Less bank/overtime to be used
- Measurable performance

CBS has supported services for many years, however over recent years the objective of the service had been diluted. A new direction was needed to move the service to a more structured call centre environment with clear objectives. The operational elements of the service were reviewed, and a new focus put on referral management, call handling, booking services and patient communication. Referral and call data was analysed to determine how staff were to be realigned.

Referral input and call handling KPIs were put in place and a clear outline of the team's capability for supporting each service was agreed. This more strategic approach has helped maximise the service's output, in turn improving the patient experience. For example, the target for CBS call handlers was to achieve 80% of calls answered within 60 seconds, which is being met, helping to keep abandoned call levels to less than 5% (less than 3% in March 2025).

The team handles on average 7,500 calls per month with most being handled within 2 minutes and 30 seconds. The maximum call time has reduced significantly, from a maximum call time of 25 minutes in February 2024 to 13 minutes in March 2025.

CBS currently supports 11 services, with plans to bring a further three on board.

The team is continually improving and developing in response to the nature of each service's call requests - some calls presenting more complexity than others.

CBS now has a strong foundation from which to operate. If a service wants the support of CBS, there is a clear way to calculate the resource required. This clever use of resource means the team can work in a less reactive way than before, forecasting demand and planning accordingly. This model also creates opportunity for the future way of working, to continue to improve the balance of administrating patient call handling, referral management, communication and localised, specialist work for each service.

Jayne Naughalty and John Haycock, CBS Service Support Managers, shared: *"This transformation has marked a turning point for our service - evolving from a reactive, stretched system into a high-performing, structured call centre model. Through realignment, performance monitoring, and data-driven decision-making, the team now handles thousands of calls each month, answering the majority within just one minute. Call abandonment has dropped to under 3%, reflecting a faster, more efficient service and a better experience for patients. CBS has helped to significantly improve slot utilisation ensuring that appointment capacity is maximised, reducing wasted time and helping patients access care more quickly"*.

## Patient Safety Incident Response Framework (PSIRF)

During 2024-25 the Safety Risk and Learning Review Panel Members met monthly to review the organisation's top risks and a series of training sessions have been facilitated around key areas such as:

- Medicines management
- Implementation of new systems
- Procurement of new equipment in relation to falls
- Implementation of new national guidance in relation to pressure ulcer categorisation

This has led to numerous improvements across the Trust. We are proud of our achievements and the improvements we have made to support patients and staff and ultimately improve safety. We are currently reviewing our PSIRF agreed key priorities for 2025-26 with a focus on improvement and outcomes for the patients we care for.

We have been audited by Mersey Internal Audit Agency (MIAA) who were pleased with progress for the implementation of PSIRF.

Patient Safety Training for the Trust has remained within compliance levels across all areas and two patient safety leads have completed level 3 and 4 national patient safety training.

We have launched our quarterly patient safety champions meetings. During 2025/2026 a key piece of work for our cohort of champions is to support the embedding of systems learning culture and psychological safety and resilience within teams. We will also be looking at further training to support each team to have a champion in post.

## Data Security and Protection Toolkit (DSPT) and Cyber Resilience

Over the past year, we have made significant progress in strengthening our data security and cyber resilience as we strive to maintain strong compliance with national data security standards.

In May 2024, the Phase 2 Data Security Protection Toolkit (DSPT) audit for 2023-2024 was completed with auditors from Mersey Internal Audit Agency (MIAA). The annual audit reviews the assertions and evidence submitted as part of our DSPT. The outcome, received in June 2024, awarded us a substantial rating in the assessment.

Following a cyber incident at Wirral University Teaching Hospital in December 2024, we introduced a focused vulnerability management approach. A dedicated task and finish group was established to identify and address vulnerabilities, which now meets weekly. To date, the group has successfully remediated over 80 vulnerabilities ensuring our continuing cyber resilience.

In December 2024, we completed the first interim DSPT submission under the new Cyber Assessment Framework, outlining our intended compliance position for the end of June 2025. In March, the Phase 1 DSPT audit took place with MIAA. Representatives from Procurement, Information Governance, and IT took part in detailed discussions around our assertions and supporting evidence, with more than 300 documents submitted for review.

This year we celebrated the recognition of Cyber Security Officer, Phil Lang, who was awarded the Individual of the Year Award at the Cyber Associates Network (CAN - NHS England) Awards 2025.

## Web accessibility

All public sector organisations must meet Web Content Accessibility Guidelines (WCAG 2.2 AA standards). In October 2024 we were randomly selected to be audited by the Government Digital Service (GDS). Following the audit, we created an action plan to fix all accessibility issues identified in the GDS report within the 12-week deadline. Websites that are deemed not to meet the standards are reported to the Equality and Human Rights Commission (EHRC) for further action.

All web development accessibility issues were resolved by our website developer agency within allocated support hours. The Communications and Marketing Team worked to resolve PDF accessibility issues, converting over 100 documents in our Resource Library to page content. We also met with the Trust's third-party supplier to explore accessibility issues on the feedback form.

The Accessibility Statement on the website was amended to reflect the accessibility improvements made and give assurance to public and stakeholders around how accessible our website is and our ongoing improvements.

The Government Digital Service has determined that our website is compliant, and no further action will be taken by the EHRC. Since resolving accessibility issues outlined in the report, the Trust's ranking in the UK NHS Silktide index has jumped up 4 positions into the top 10 of all NHS Trusts (from 12th in October 2024 to 8th in January 2025). Silktide analyses all (over 200) NHS websites, ranking them based on their web accessibility score. The Trust scores 97 out of 100 for web accessibility.

## Super MaDE multi-agency event

The Trust was proud to participate in the Cheshire and Merseyside seven-day Super MaDE events in August and December in 2024. The multi-agency events brought partners together from our Trust, WUTH, Cheshire and Wirral Partnership NHS Foundation Trust and Wirral Council to safely discharge patients to the place they call home before bank holiday periods.

The events focussed on supporting patient flow across the system, unblocking barriers or delays to discharge and learning lessons.

Trust colleagues from Community Integrated Response Team, Community Intermediate Care Centre, HomeFirst, Virtual Wards and Urgent Care were based on a rota at the hospital to maximise every opportunity with partners and build on the already great work taking place supporting patient discharge and preventing admissions where possible.

These events created unique opportunities to work collaboratively to address discharge challenges in real time.

## Sir Julian Hartley, NHS Providers CEO visits the Trust

On Friday 26 April 2024 the Trust welcomed Sir Julian Hartley, Chief Executive at NHS Providers to the Trust. Sir Julian visited the Community Integrated Response Team (CIRT), where the team were delighted to showcase their fantastic work, including HomeFirst. The Community Cardiology Service, the younger persons sexual health service, 'Our Place' and the Right Care Hub team were also paid a visit.

A marketplace session was held, where Sir Julian heard from staff from different services, including community nursing, long covid, tissue viability, end-of-life, frailty services, bladder and bowel service, urgent care and our staff networks, which champion inclusion.

In his blog after the visit, Sir Julian shared:

*"My time at Wirral Community Health and Care NHS Foundation Trust gave me just a small glimpse into the huge breadth of services delivered across the community, from birth right through to the end of life. Staff working within the community acutely recognise the privilege of supporting people throughout their lives and are eager to scale up the innovative work they are providing across significant geography."*

## 0-19+ and 0-25 Services



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

Cheshire East and Wirral services deliver the Family Nurse Partnership Programme to young first-time parents to support relationships, attachment and bonding for young families.

Knowsley and St Helens services deliver 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. A journey of change tool has allowed for some fantastic outcomes to be measured within this service.

Wirral and Cheshire East services delivered the Childhood Immunisation programme for school aged children throughout 2024-2025 and maintain a high level of immunisation uptake.

Key Performance Indicators (KPIs) across the core contacts in all our 0-19+ and 0-25 services have been maintained after a significant improvement in 2024, further strengthening access and our offer to our communities. All areas have a good community offer which includes the drop-in Healthy Child Clinic across all locations. A key development in all areas for 2024-2025 has been establishing and developing connections and expanding service delivery into the Family Hubs across Wirral, Cheshire East, St Helens and Knowsley.

During quarters 3 and 4 staff have supported the UNICEF accreditation process in Knowsley, Wirral and Cheshire East and whilst outcomes pending, initial feedback presented has been extremely positive.

Special Educational Needs and Disabilities (SEND) has been a challenge across all areas with unprecedented demand within areas for support for families with children presenting with SEND. In January 2025, there was a Local Area SEND Partnership (LASP) inspection of all the SEND services for children and young people in Wirral by OFSTED and the Care Quality Commission. Leads and staff continue to work in partnership to deliver against the priority areas and action plan stemming from the inspection.

## Let's Talk



Following a competitive tender process the Trust was awarded the contract for Wirral's risk and resilience service for local young people.

Prior to the service launch the team engaged with local young people to co-create a service name and gain insight into perceptions of risk and resilience. The Let's Talk Service launched in September 2024 with the aim to help children and young people develop knowledge, skills, and confidence to make informed decisions about their health and wellbeing.

Let's Talk is structured around:

- Relationships and sex education
- Drugs and alcohol
- Understanding anger
- Healthy weight
- Empowering informed choices
- Awareness of risk-taking behaviours

The team work closely with partners and local platforms to ensure children and young people access the right support at the right time.

Bringing staff together from different organisations has offered different perspectives and shared thinking to be able to deliver optimal care within this contract. Shaping service delivery to meet the needs of children and young people from a risk and resilience lens has required creativity with a different focus than our 0-19+ contracts.

## Sexual Health Wirral / ourPlace

Sexual Health Wirral (SHW) is a partnership between our Trust and Liverpool's access sexual health service run by Liverpool University Teaching Hospitals NHS Foundation Trust (LUHFT). It is a highly specialised and valued service which helps to improve the sexual health and wellbeing of local people. SHW offers outstanding sexual health services in the community and is a brilliant example of the vital role community services play in supporting our local

communities. Throughout 2024-2025 the service has supported 8,667 patients, delivered 14,468 appointments to support people with their contraception needs, STI testing and sexual health and wellbeing.

During quarter one, the team launched a new sexual health service for young people aged 19 and under called ourPlace. The service offers free, confidential and non-judgemental support and advice in a discreet and young person friendly clinic area. Prior to the launch, the team engaged with local young people to help coproduce a service name and brand identity and to understand how to create the right clinic area. Through face-to face-engagement sessions and an online survey, young people were able to share their thoughts and opinions. As a result, 'ourPlace' was chosen as the name for Wirral's new sexual health offer for 19-year-olds and under.

Feedback from young people accessing ourPlace includes:

*"It's very welcoming and I felt comfortable."*

*"It was very welcoming, especially to younger people who might be intimidated talking about those topics."*

*"Very welcoming, lovely staff more than happy to help with anything you need."*

SHW provides flexibility of access, free and confidential information and advice, screening and treatments regardless of age, ethnicity, gender or sexuality. The team continually listen and respond to local need and work in partnership with local organisations and groups to ensure the service is accessible and responsive to all communities. They are committed to providing an inclusive and non-judgemental service, ensuring people can access sexual health support and advice in clinics, online and via our tailored outreach in community settings and groups.

#### **Key developments in 2024-25 include:**

- The creation of two clinic walk-through videos to promote the service offer and clinic locations and to enhance the service user experience when accessing sexual health services. The videos also provide service users with reassurance about accessing our confidential services. The videos have received 1,086 views between August 2024/March 2025.
- Development of a discreet A5 feedback form to encourage service users to share their experience of accessing the services.
- Launch of a new mobile friendly website in April with a vibrant design and is a fantastic hub of information and support. Over the past 12 months there have been 243,623 page views across the website.
- Delivery of community outreach and engagement. Following a recent pop-up clinic at an inpatient residential treatment centre, feedback from staff and clients has highlighted the clear value and impact of delivering sexual health services in this setting. The team currently attends the centre every 8 weeks, offering consistent and accessible care for clients during a crucial stage in their recovery journey. Feedback about community outreach is included below:

*"All clients felt so comfortable and put at ease, I can't thank them enough. So happy we can now offer this service to clients and the amazing team can offer education and screenings."*

*"The condom distribution scheme has been an invaluable tool for the team and brought sexual health to the forefront in discussions with young people during detached sessions."*

*“A lot of these young people struggle to access services, and the scheme has enabled us to take both Condoms and STI testing to them, ensuring they have the information and tools to have safe sex. Young people are confident to come to staff directly to access condoms and ask for support when they need it.”*

The team also facilitate educational events throughout the year for health and care professionals, focussing on key topic areas including long-acting contraception, HIV testing kit and condom distribution schemes. Over 100 professionals have attended events throughout 2024-25.

The feedback from service users is testament to the hard work and commitment of the service.

*“I took my daughter to the Victoria Centre for a procedure. She has autism. I have been to hundreds of appointments, and I must say Jo the nurse and Faye the supporting person were the most understanding and knowledgeable on how to proceed with my very stressed daughter, I have encountered. Jo was patient, supportive and extremely professional. These situations often finish in meltdown, but Jo has a natural ability to calm. Faye was totally understanding and reassuring. I wish all health care professionals offered the same impressive service. I cannot thank them enough.”*

*“A huge improvement in Wirral services over the last few years with greater access to services, I used to use Liverpool however Wirral is more accessible and now feels like it's offering a city centre service it's great to see the progress.”*

*“I was looking for a male doctor to whom I could show my problem, but only a female nurse was available at that time. This nurse handled it exceptionally well, and I was impressed; I had no hesitation in telling and showing her my problem. I totally appreciate the service provided.”*

## 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?’*

Understanding the experiences of our patients and service users is extremely important, as it tells us how we are doing and helps us to improve services.

Response options range between extremely likely to extremely unlikely and

people can leave anonymous comments too.

**During 2024-25 service user feedback was very positive with 93% of people recommending the Trust, from 33,145 responses.**

This is an increase on the 2023-24 response rate of 2,677 over the year.

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.

The Trust recognises that people want to give feedback in different ways and offer a range of accessible ways to tell us about their experience of care. Patients and service users can feedback by text, telephone, email or via an online form and we continue to offer a paper form ensuring we meet the needs of everyone who uses our services.

The launch of QR code stickers rolled out across our mobile workforce has proved incredibly popular, making it even easier for patients and service users to give feedback. Throughout 2024-2025, the QR code has been scanned 1,511 times.

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

**FFT comments:**

*“You couldn’t have done more. An efficient, kind staff, excellent facility and service. I could not have had better help.” (VCH MIU)*

*“Waiting times are great. People are lovely and professional, and the building is clean, light and airy.” (MSK)*

*“When I was seen by the staff, they were very courteous and helpful with me as I am slightly disabled. I have always had a good service at the clinic and hospital.” (Adult Bladder and Bowel Service)*

*“We’ve had an excellent service from the Health Visiting Team since Arthur was born. The weigh-in clinic has been fantastic- I’ve really appreciated having a place to go where I can discuss any little concerns. I’m really grateful.” (0-19+ Service Wirral)*

*“The nursing staff that came out to do my daily injections were very good as I am needle phobic and I say thank you so much.” (Community Nursing)*

*“The service was and always are amazing, staff are patient, knowledge and understanding. They always take time to listen to any concerns and do their utmost to resolve them. Leanne in particular was amazing at our last appointment; she turned an otherwise stressful.” (0-19+ Service St Helens).*

## Recognising the importance of Social Value

The Trust has embedded the principles of the Cheshire & Merseyside Social Value and Anchor Institution Charters in its strategic approach, with a social value framework that is tracked within the Trust's governance structure.

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

Social value is playing a significant role in the everyday work of the Trust with clear evidence of how social value is making a tangible difference to local people.

Working in partnership with Age UK Wirral and building on the success of Marine Place, a community café in our health and wellbeing centre in West Kirby, a similar set up launched in St Catherine's Health Centre in 2024. Based on the social value principles of Marine Place, the community cafés continue to go from strength to strength and has 18 regular volunteers, who have contributed over 2500 hours of volunteering time to date. Throughout 2024-2025 the café has served approximately 70 thousand customers.

*"Volunteering gives me a reason to get out and a sense of purpose now that I'm retired. I enjoy being part of a team and knowing that I'm giving something back to the community."*  
Derek, volunteer

In May the team engaged with local people and staff at the health centre to help choose a name for the new café. The votes were counted and 'The Cathy' was announced as the new name.

The team is also looking to develop similar social activities to those held at Marine Place as well as a drop in facilitated by other organisations to ensure customers have access to information and advice around health and wellbeing, career support and social prescribing.

*"Our partnership with the health centres and the development of community cafés like 'Marine Place' is a fantastic example of how we can come together to support people in a more holistic way. These welcoming spaces not only offer a friendly face and a cup of tea, but also help us reach a wider community with vital information, support, and opportunities to connect. It's about bringing people together and making wellbeing accessible to everyone."* Age UK Wirral.

In December 2024, St Catherine's Health Centre welcomed the Mayor and Mayoress of Wirral and local young artists from West Kirby Grammar School to officially open the Trust's biennial art exhibition which gives local young people the opportunity to showcase their artistic talents.

Since 2014 the Trust has invited pupils from a Wirral school to display their best artists. Work is displayed across all four floors of the health centre - everywhere you turn you are greeted by creative artwork from local talented artists!

The school also gave an outstanding musical performance featuring a string quartet, a saxophone medley and an uplifting performance from members of the school choir. Thirty local young people were involved in the exhibition.

The health centre is a community asset, so the Trust is delighted that each exhibition creates a bright and stimulating healthcare environment for patients, visitors and staff to enjoy. Every year the Trust receives lovely feedback from people who say how much they enjoy seeing the health centre used in such a way.

### Therapy Dogs UK - Our Trust Therapy Dog, Spartacus

We are thrilled to celebrate another year with our therapy dog Spartacus and his handler Eileen. Spartacus has brought comfort and inspiration to countless lives since beginning his volunteering journey a decade ago, and this marks his sixth year with our Trust, where he continues to spread joy.

This year Spartacus has visited over 30 services and met hundreds of staff, service users and patients along the way. His impact has been felt most deeply with children in our 0-19+ / 0-25 services and with older patients at our Community Intermediate Care Centre (CICC). Eileen shared, *“One unforgettable moment was when a patient who hadn’t spoken in weeks began talking the moment she saw Spartacus... These moments are both humbling and inspiring.”*

In addition to Spartacus’ arranged visits to services, our Canine Therapy Co-ordinator organised wellbeing events to mark Valentine’s Day and Spartacus’ birthday - using them as opportunities to bring people together. For patients and staff attending St Catherine’s Health Centre, it was a chance to meet Spartacus, talk to his handler, take photographs and connect with others, all in the pursuit of boosting wellbeing.

Spartacus is an asset to our Trust and as such he had his own stall at our Celebration and Sharing event in June, where services showcase their work.

Over the past year, among the 34 different services that requested a visit from Spartacus, were the wards at the Community Intermediate Care Centre (CICC), Urgent Care Services and Children Dietetics. He also visited adults with disabilities at Day Centres, attended Family Nurse Partnership events and was part of Allied Health Professions Day.

To round off another fantastic year working with Spartacus and Eileen, they were recently recognised by BBC One’s The One Show’s feature One Big Thank You, which celebrates someone who has gone the extra mile to help others in their community. This was aired on BBC One in April.



*Photographs of Spartacus, his handler and members of staff*

## NHS Cadets Programme celebrating success

WCHC is the first Community Trust in the country to deliver the NHS Cadets pilot programme for 14- 16-year-olds. During 2024-25 the programme expanded into St Helens and Knowsley enabling young people from wider localities to participate, develop their leadership skills, volunteer in the NHS.

In August the NHS Cadets came together to celebrate their remarkable achievements and completion of the NHS Cadets Programme. It was wonderful to see young people from Wirral, St Helens and Knowsley come together to celebrate their achievements and share experiences of the NHS Cadets Programme.

Throughout their journey our Cadets have excelled in so many ways - they have engaged in sessions on transferable skills such as communication and teamwork, participated in workshops on mental wellbeing and first aid awareness and gained insight into clinical services such as Community Cardiology and Physiotherapy.

The NHS Programme has given local young people, aged 16-18, a flavour of what it is like to volunteer and work in the NHS, as well as giving them the confidence and tools they need to develop and prepare for life.

The programme was also shortlisted for the Excellence in Organisational Development at the HPMA in People Awards.



## Infection Prevention and Control (IPC)

The Trust's Chief Nurse is also the Director of Infection Prevention and Control and has overall responsibility for the service. IPC is integral to quality and safety for our patients, staff and visitors. All staff play a part in helping to reduce the risk of infection through effective IPC practices. In addition to our internal provision, the Trust also delivers an integrated IPC service to the wider Wirral health and care community, and we have continued to work collaboratively with external partners.

Aligned to system priorities, IPC supported the development of a Clostridioides difficile (C.diff) four pillar plan, leading the community and complex care pillar. The team worked with partners to reduce cases of C.diff across the local population. In 2024-25, there have been no Healthcare Associated Infections apportioned to Trust services, the Trust remains committed to patient safety across the system. A revised IPC Board Assurance Framework has been used to provide internal assurance that quality standards have been maintained.

IPC has continued to provide specialist advice and education to staff. Improving quality and safety of care has been at the forefront for the IPC team and we are extremely proud to have been shortlisted for a Health Service Journal Patient Safety award, for the system-wide quality improvement work to manage Urinary Tract Infections, reduce the risk of Antimicrobial Resistance and improve hydration in those aged 65 years and older.

During 2024-25, the IPC Team has been instrumental in:

- Completing a thorough review of IPC environmental standards across all managed premises
- Developing the IPC digital hub - a central repository for all IPC resources needed within community services
- Providing expert advice for outbreaks in Trust services
- Providing a responsive and proactive service to Trust staff and the wider
- Community
- Working collaboratively with WUTH's IPC team to engage with the local community through a series of community events

## Pressure Ulcers

The Trust continues to provide specialist assessments, treatment and monitoring for patients with complex wounds or leg ulcers, as well as specialist advice to other healthcare professionals. The team reviews patients within their own homes, nursing or residential homes, leg ulcer clinics and GP surgeries. During 2024-25 our Trust's Patient Safety Partners have visited leg ulcer clinics across Wirral and engaged with patients regarding their leg ulcer treatment and care, finding out what matters, what works well and areas for improvements.

During 2024-25 the Trust has been working on a community nursing transformation plan in relation to wound care and management. This involves working more closely with patients and their carers around wound care, tailoring care plans which involves patients' individual needs for shared care. This work will be included in our 2025/26 wound quality improvement plan.

## Safeguarding

We are committed to ensuring that all staff are aware of their role in Safeguarding Children and Adults at risk, promoting safeguarding within everyday practice and focusing on prevention and early intervention. Compliance with safeguarding training and supervision remains positive across all services.

During 2024-25, the Trust has submitted evidence of compliance to commissioners and Designated Professionals in relation to the following:

- Section 11 of the Children Act 2004 for Cheshire East, Wirral, Knowsley and St Helens.
- The Safeguarding Assurance Framework for Safeguarding Children, Looked After Children and Safeguarding Adults, receiving positive feedback from the Integrated Care Board and our Public Health Commissioners.
- Our two-year Commissioning Standards document remains in date with the Trust having a compliance RAG rating of 62 green areas and 1 amber area against 63 standards.
- Other key achievements for the service across our four localities include:
- 14 audits, and two inspections with Local Authority Children's Services, that have led to clear plans to further improve services.
- Continued to work with Merseyside Police to support safer sleep.
- Represented the Trust at a number of events, including an event on the use of Systemic Practice, Safeguarding Adults Partnership Board, Safeguarding Partnership Learning Week and National Child Exploitation Day.
- Hosted a training event with guest speaker Ian Porter on Hoarding, for Safeguarding Adults Week.
- Completed a Trust-wide Mental Capacity Act Audit with an overwhelming 541 responses, showing a strong level of understanding.
- Hosted a Safeguarding Champion Celebration for staff that have achieved their competency. Certificates presented by the Deputy Chief Nurse.
- Developed and delivered training packages on: Neglect, Mental Capacity Act, Voice of the Child, Redaction of Records for Court Orders, Domestic Abuse, and Graded Care Profile and Unconscious Bias.
- Delivered child exploitation training to over 120 multi-agency professionals.
- Implemented a quality initiative to support data collection, collaborating with Business Intelligence and System Support to improve local and national reporting.
- Participated in a NSPCC Child Sexual abuse scoping exercise. We were recognised as having a 'gold standard' approach to data collection and interpretation.

## 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 and Health Inequalities, People, Quality, and Digital strategies which can be found on the [Trust website](#).

The model detailed in our strategies, highlights how we 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 2024-25.

This success has included:

- Continued growth and development of our 5 staff networks
- Delivery of our Equality Delivery System (EDS) assessment which graded the Trust as 'achieving' overall in our equality
- Diversity and Inclusion work
- Work supporting positive allyship within the workforce linking it to our Behavioural Standards Framework

We have continued to develop and evolve our approach to improve and enhance our recording of disabilities and long-term conditions, communication needs and other reasonable adjustments and the protected characteristics of our service users, patients and carers. We have reviewed and strengthened our processes for collecting this data, including using digital techniques to allow service users and patients to complete an online questionnaire before attending for their first appointment. As a result of this work, we are now able to implement and monitor the reasonable adjustments we make across our services to support people in accessing our services and improving their experience.

Further digital developments include the development of walk-through videos to promote services and clinic locations and to enhance the service user experience. Videos also provide service users with reassurance about accessing our confidential services.

Throughout 2024-25 we have further developed our health inequalities waiting list tool, which is aligned to the National Core20Plus5 model, and the Patient Safety Incident Response Framework (PSIRF). This tool supports waiting list management, by guiding clinical decisions based on a risk stratification and a prioritisation process. This process in turn helps our services ensure those with the greatest health inequalities can be seen sooner to prevent widening inequalities. Data collection for this tool is now completed at the same time as the data collection described above, supporting us in asking patients once.

Our work in engaging with stakeholder organisations who provide support and advocacy to vulnerable or disadvantaged groups has also continued throughout the year.

A further two sharing and celebration events provided opportunities for our services to demonstrate the quality improvements, and to directly network with each other and external key stakeholders, strengthening our partnership working and collaboration.



Photograph: Team WCHC staff at sharing and celebration event

*“It was wonderful to see the sense of community and togetherness. Everyone came together to share their experiences, achievements, and stories, creating a warm and supportive atmosphere. The variety of activities and presentations kept things exciting and engaging. Whether it was listening to speeches or participating in interactive sessions, there was always something interesting happening. The event provided a great opportunity to recognize and celebrate the hard work and accomplishments of individuals and teams, a sense of pride and motivation. Overall, the event was a perfect blend of celebration, learning, and community spirit.”* WCHC staff member supporting the wellbeing stand.

## Enhanced Experience



We have continued the support and development of our staff network groups, BAME, Pride, Ability, Working Careers and the menopause group. In total our staff networks have nearly 120 members from across the organisation, who regularly attend a network meeting every 4-6 weeks.

Each of the staff networks has an identified executive sponsor, helping us make the Trust an inclusive and welcoming place to work and receive care through inclusive senior leadership. Network sponsors rotate between the executive team in order to develop a deeper understanding of the barriers faced by and lived experience of the different groups.

*“As a leader I constantly reflect and consider my areas for growth and development. As an executive director I have a desire to promote equality and inclusion and actively seek new learning opportunities to effectively influence important issues surrounding health and workforce inequalities.”*

*“I have been fortunate and privileged to be executive sponsor for the Black Asian and Minority Ethnic (BAME) network and currently I am the executive sponsor for the Trust’s PRIDE network. It is important as a member of the Board we understand people’s lived experiences and take that learning to make a positive difference for our staff and people we serve.”*  
Tony Bennett, Chief Strategy Officer.

In December 2024 we held our second annual intersectional celebration event across all the staff networks, focussing on sharing our successes, recognising our shared agendas and celebrate the work we started 12 months earlier to support a culture of positive allyship in the organisation. This was an opportunity for the Trust board to engage directly with the staff network chairs/co-chairs and hear firsthand about the work of the networks, the experience of their members and to jointly make plans for the development of the role and influence of the networks across the organisation.

Our staff networks have also supported a range of awareness days and campaigns including Neurodiversity Celebration Week, Disability Month, LGBTQ+ Pride, Black History Month and Carers Week.

We have built on the success of 2023’s attainment of the Veteran Aware status and successfully attaining Silver Defence Employer Recognition Scheme (DERS) accreditation. This year has seen the Trust prepare for its reaccreditation to veteran Aware status with the submission of its annual progress report, and plans are being developed to work more closely with our NHS partners across Wirral and Cheshire to build on this work.

Our patient engagement and involvement groups, Your Voice and INVOLVE have continued to support members of the public and our patients to help improve the experiences of people and their families who access Trust services. For example, the Your Voice Group has supported several quality improvement projects with opportunities for coproduction.

Projects include:

- Home Hazards Checklist - Rehabilitation at Home
- Wound Care Management Leaflet - Community Nursing
- TV screens and promotion of key messages in waiting areas - MSK Physiotherapy
- Launch of Instagram page - 0-19+ Service St Helens
- Introduction of mental health practitioner led assemblies in high schools.
- Introduction of digital school age entry questionnaires for Year 7 students
- Introduction of Special Educational Needs and Disabilities (SEND) drop in sessions for all ages within Family Hubs

In addition, the groups have been involved with:

- Planning International Nurses Day celebrations for 2025
- Judging the “People Choice” award category - Team WCHC Awards
- Developing member biographies to promote on the public facing website to encourage recruitment to the community engagement group, Your Voice
- Regular updates on key themes from your experience feedback including concerns and complaints and key learning
- Involved in naming Wirral’s newly commissioned NHS Risk and Resilience Service

## Equitable outcomes

The Trust continues to expand and develop our team of over 60 Inclusion Champions who act as inclusion and health inequality advocates and facilitators across our services and corporate teams. The Inclusion Champions have been an integral part of our Quality Improvement Initiative to improve our Interpretation and Translation Service offer to service users, patients and their families and carers. Champions are the ‘eyes and ears’ within our services, highlighting issues and best practice and sharing these ideas with others in their services and the wider organisation. This has helped identify and diagnose issues and develop and target solutions in the services affected.

The Trust has continued its commitment to the Cheshire and Merseyside Prevention Pledge, adding the 3 remaining commitments to our pledge throughout the year. The pledge ensures that prevention is embedded in our core activity and that we maximise opportunities to impact positively on the health and wellbeing of the population we serve and our own workforce. The pledge is wide-ranging and includes commitments around, for example, ‘Making Every Contact Count’ across all of our services. This training is being refreshed by a collaboration of health, social care and Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations working across Wirral Place and building on some existing key assets such as the Wirral Info bank (online portal) to support Wirral residents to find local advice, guidance, support and activities around key wider determinant of health themes including, physical activity, financial hardship, substance misuse and gambling.

Other commitments within the pledge have supported work around the availability of healthy food and drink choices across the Trust. This has led to work on ensuring healthy options including low sugar drinks are available in all our catering provision including vending machines across our sites, through collaboration with our catering providers. We have also supported vegan staff to deliver the Veganuary campaign in the organisation including a range

of events and speakers showcasing the health benefits of plant-based food and how they can also reduce the environment impact of food production.

## Delivering year three of the Trust’s Organisational Strategy 2022-27

The Trust’s Five-Year Organisational Strategy (2022-2027) was approved by Board in April 2022 and has been updated annually since then, to reflect completed initiatives and new priorities.

The Strategy includes six key sections, each of which includes ‘We Will...’ statements against which delivery can be measured:

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

The enabling strategies (Quality, Inclusion, Digital and People Strategies) are supporting the organisational vision with clear demonstration of their contribution to the Organisational Strategy, with delivery plans tracked by Trust committees.

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



Highlighted below are some key achievements within each of these areas. The end of year three position shows significant achievement across every strategy area, delivering against all ‘We Will’ statements planned for 2024-25, including work that is providing examples of best practice and influencing nationally, regionally and locally.

The complete list of ‘We Will’ statements and developments / updates can be found within public Board papers on the Trust’s website.

## Operational development

We Will...	Project or development	Updates
<p>Develop integrated care models for 0-19+ /0-25 services in Cheshire and Merseyside.</p>	<p><b>0-19+/0-25 Centralised Contact Hub project</b> Enabling locality teams in all four areas to focus on more specialist and targeted offer with continuity of relationships with families and professionals.</p> <p>Support the launch and delivery of Family Hubs in all Places where WCHC delivers 0-19+/25 services.</p>	<p>Centralised Hub went live in 2023-24 working across all four 0-19+/0-25 localities. In 2024-25, digital screening tools were introduced to this model, to improve responsiveness.</p> <p>Family Hubs have launched across all 4 localities and 0-19+/0-25 services are an integral partner.</p>
<p>Continue to expand our Community Integrated Response Team model for 2-hour Urgent Community Response (UCR) and, with WUTH, Virtual Frailty Ward, to prevent unnecessary hospital admissions.</p>	<p><b>Ongoing UCR service development</b> Enabling people to be supported at home with a specialist MDT when they would previously have been admitted to hospital.</p>	<p>We launched Call Before Convey within UCR, which enabled paramedics to contact UCR from the patient's home, to discuss alternatives to ambulance conveyance. This prevented 235 conveyances to acute services (December 2024 - March 2025). UCR increased NWAS referrals by 81% in December 2024 when compared to December 2023 due to the Call Before Convey project.</p>

## Quality and innovation

We will...	Quality and innovation strategy priority	Updates	
Embed a framework for system-wide learning	Safe care and support every time	Patient Safety Incident Response Framework (PSIRF) policy and plan approved and implemented Quarterly Safety Champions meetings commenced.	Mechanism to support the continual monitoring, understanding and evaluation of work as 'prescribed', 'perceived' and 'done', embedded through divisions and Trust-wide groups.
Establish processes for systematically hearing from people / communities - coproduction of care pathways, to improve inclusivity, reduce inequalities, and ensure we meet people's needs.		Delivery of Tier 2 Oliver McGowan training to eligible staff.	Implementation of 4 codesigned care pathways aimed at reducing health inequalities and evidencing sustainability and spread.

More information can also be found within the Trust's Quality Account, published on the public website.

## Digital

We Will...	Digital Workplan Priority	Updates
Develop a range of ways for patients to engage with services and their care, to increase choice and minimise digital exclusion.	Drive digital transformation through introduction of new or existing technologies.	Implemented appointment text reminders across all services. Implemented Airmid (patient app for appointments), Video consultations.
Complete Electronic Health Record (EHR) future state design and implementation.	Develop and implement plans to optimise use and drive benefits from the Electronic Patient Record (EPR).	Achieved HIMSS* level 5 with areas identified for validation at level 6. Initiated workstream to integrate with Labs for orders and results. Developed and agreed plan for integrated digital solution for UECUP.

\*Electronic Medical Record Adoption Model

## People

We Will...	People Priorities	Updates
Train and develop managers to fully support the wellbeing of their staff.	Looking after our people - safe and healthy.	Wellbeing Conversation training delivered to 100 Managers during 2024/2025. Return to work interview compliance support provided to all managers to focus upon significance of support and recording. Attendance Management managers training redesigned and re-commenced rolling programme during Q3/4.

Provide career progression opportunities and enhance staff skills, knowledge and experience through experiential and formal learning and development.	Growing for our future - best practice preceptorship; New Ways of Working and Delivering Care - widening participation.	Successful Appraisal cycle with a 96% completion achieved, enabling developmental opportunities to be outlined.  Career conversations launched - opportunities for managers and staff through structured sessions, supported by resources and tools and feedback mechanisms. StaffZone resources promoted.
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## Inclusion

We will... / Inclusion Priority	Updates
Develop a culture of inclusiveness and empower positive allyship	<p>Allyship definition formulated and agreed.</p> <p>Approach to allyship launched during 2024 Leadership Events.</p> <p>Assessed and moderated outcome of 2024 Equality Delivery System.</p> <p>Continued support for and development of staff support networks eg Menopause network.</p>
Maximise our social value through local purchasing and employment.	<p>Local purchasing meant all relevant contracts tendered by WCHC included 10% social value weighting as a consideration in decision-making. 20% (£8.1m) of WCHC non-pay expenditure was within Cheshire and Merseyside.</p> <p>WCHC continued delivering work experience and pre-employment placements during 2024/2025.</p>

A separate Social Value report was presented to the Board of Directors in June 2025.

Further information on the delivery of the strategy can be found in public Board papers from June 2025.

# Quality Strategy



The third year of the Quality Strategy 2022-27 was implemented with great success and is available on the Trust website. The strategy is based around three Quality Ambitions:

- 1) Safe care and support every time - continuously nurturing a positive safety culture across the system, promoting safety, wellbeing and psychological safety.
- 2) People and communities leading care - ensuring we hear from all voices, involving people as active partners in their wellbeing and safety, and promoting independence and choice through collaboration and co-design.
- 3) Ground-breaking innovation and research - nurturing an improvement culture and achieving systemic scale and sustainability of developments and innovations.

Further details about the achievement of the Quality Goals during 2024-25 are available in the Annual Quality Account published on the Trust's website, together with the plans for the fourth year of the Strategy 2025-26.

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 2024/2025. However, the Quality Account is available on the Trust website.

The Trust was inspected by the CQC in 2023 and rated as Good overall with areas of Outstanding. Services were proud to showcase the significant improvements made since the last inspection in 2018 and will continue to sustain and further improve over 2025/26.

## Freedom To Speak Up (FTSU)



Our aim is for Speaking Up to be part of our organisation's DNA as a crucial part of the Trust's vision and values. We are committed to promoting an open and transparent culture across the organisation to ensure that all members of staff feel safe and confident to speak up. With the help of our staff, students, volunteers, service users and in line with our Trust values we aim to make speaking up business as usual by promoting a culture of inclusion, openness and learning.

### During 2024-25:

The number of concerns reported increased by 50% on the previous year. This increase mirrors a national upturn in the number of concerns reported to FTSU Guardians and supports the growing awareness and confidence in the FTSU process.

The Trust's FTSU strategic plan was launched. This document outlines the Trust's vision to create an environment and culture in which speaking up and listening up are business as usual for all our staff and where raising concerns results in improvements and learning.

94.47% of our staff have completed the national Speak Up, Listen Up, Follow up training which supports all staff to know how to Speak Up and supports Managers and Senior Leaders to listen and respond appropriately.

Our FTSU Guardian is supported by 135 FTSU Champions working in all areas of the Trust to promote the benefits of an open culture, increase awareness of raising concerns, to signpost to appropriate support and actively encourage colleagues to speak up safely. We are proud to have FTSU Champions available in all of our Staff Network Groups to promote Speaking Up for everyone and support breaking down any potential barriers to raising concerns.

This year our champions have had the opportunity to attend refresher training to ensure they feel confident in supporting their colleagues and understand the expectations of the Champion role.

To support our internal governance Freedom To Speak Up themes and learning are monitored through the quarterly FTSU Steering Group and a Bi-Annual report is presented at both Quality and Safety Committee and Trust Board.

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

## Supporting our staff

### National Preceptorship for Nursing

We continue to support new registrants to successfully transition to confident, autonomous practitioners, using the SOAR Preceptorship Programme. Building on the programme's strengths, and after being awarded the National Preceptorship Quality Mark in 2024, evaluation of the programme this year demonstrates that all preceptees agree that the programme met their learning and development needs.

We have launched the Accelerated Care Certificate Standard Operating Procedure, ensuring all clinical bands 2-4 undertake a standardised induction programme, investing in people development, improving the quality of care delivery, and ensuring the Trust meets its obligations to CQC regulation 18.

This year, we have enabled:

- 19 nurses and Allied Health Professionals to access the Non Medical Prescribing V300 programme.
- 14 nurses to complete the Specialist Practitioner Community and Specialist Community Public Health Nurse (SCPHN) programme, with 12 commencing the programme in September 2024.
- We supported 18 new clinical apprenticeships, including 1 Advanced Clinical Practitioner, 1 physiotherapist, 2 podiatrists, 7 SCPHNs and 2 Nursing Associates.
- Arranged 544 placements, with 84,855 hours of practice learning activity completed.
- Delivered 32 Welcome to Practice meetings (total of 132 hours) and 11 preparation for practice education workshops for nurses (63 hours of training) enabling the Trust to maintain quality of placement scores above regional average, including an overall positive score of 100% in quarter 3.

We published a research paper in the International Journal of Practice Based Learning in Health and Social Care, regarding the regional Targeted Placement Expansion Project funded by NHSE, researching travel and accommodation issues for students, universities and practice educators.

In July 2024, the Community Nights Team were nominated for 'placement of the year' at the University of Chester Celebrating Achievements and Practice Excellence Awards.

This year we continued to provide high-quality, high-volume student placements across the Trust. Some feedback from students includes:

*"I have had the best learning opportunities possible." "The staff went above and beyond to ensure I had the opportunity to experience as much as possible." "At times I felt like I was a nurse rather than a student as the team promoted us to take lead."*

### Appraisal training for managers

To improve the quality of appraisals, training sessions were delivered for appraisers and managers, who were equipped with the appropriate tools. Sessions included:

- Enhancing the Quality of Appraisals using a Coaching Approach

- Appraisal Objectives Masterclass

Feedback from delegates has been fantastic and included:

*“Great session, this course has been a real insight into delivering a quality appraisal.”*

*“I feel more confident to use the coaching approach to conduct my team’s appraisals.”*

## **Leadership Development**

Working with HR colleagues, there is a refreshed Manager Essentials programme providing face to face people skills training to new leads with revised online resources covering the key processes and systems to support new managers in their leadership role.

Successful cohort of Leading Teams programme, with Mary Seacole accreditation for 22 managers. Feedback from staff includes:

*“The programme has been revelatory for me, the first time I’ve fully reflected as a leader and I have learnt so much, would strongly recommend it to others.”*

*“Although the programme was very intensive, the content and learning, especially the support from other colleagues on the course, has been invaluable. I have already started using some of the learning in my role and am far more confident to lead my team.”*

## **Coaching**

We have continued to embed a coaching culture across the Trust, with coaching extended to all staff, by a pool of internal accredited coaches, who are supported through regular peer group coaching supervision. Coaching Skills for Managers training became available as part of the Manager Essentials programme.

### **Feedback from staff:**

*“Coaching has been a life changing experience for me. I can’t express enough how grateful I am for the coaching I received. My coach was amazing, and I would highly recommend coaching to all staff”.*

*“Coaching has helped me to explore my career, build my self-confidence and set meaningful goals for the future. It has been invaluable, positively impacting on both my current job and the team. Coaching has also helped me to recognise my knowledge and skills, motivating me to pursue further professional development”.*

*“Coaching has enabled and supported me in developing confidence as I continue to grow in my role. It has helped me to develop my own leadership style and skills and given me an opportunity to reflect on these”.*

## Leadership Forum



Continuing to support managers in how to best engage and support their staff and allow them space for reflection and learning with peers, a further series of events took place, incorporating a range of interactive workshops and key messaging presentations, capturing over 300 staff.

- Two Senior Leadership Forums (B8A+)
- Four Leadership Forums (capturing all people leaders up to B7)
- Celebration of Leadership for All event

All events were a huge success with consistently positive staff feedback.

100% of attendees enjoyed the events especially the opportunity to catch up with colleagues, share insights and contribute their ideas, and take away valuable tips and techniques to support self and teams.

*“Brilliant day with colleagues to reflect and share.”*

*“Informative and engaging day, welcomed Trust updates and workshops were valuable.”*

## National NHS Staff Survey Results



The national NHS Staff Survey results for 2024 were published in early March 2025. Overall figures have remained stable but, in some areas, we have seen a decline.

With a response rate of 51%, this was a lower response rate than the previous year, but in line with 2022 and 2021 response rates and above the NHS average of 50%. Nevertheless, it

provides us with a rich picture of our status, helping us continue our journey towards making the organisation a place people wish to work.

Our staff engagement score has remained the same with no significant change at 7.02, with the average for NHS Community Trusts being 7.20 and surpassing lowest community trust score of 6.87. Additionally, the percentage of staff who would recommend the Trust as a place to work has also stayed the same at 63%.

There was statistically no significant change in six of the seven People Promises and in the theme of staff engagement.

Notably, we are one of the highest performing community trusts in the country for having an appraisal (95%) and for staff feeling their work is valued by their immediate manager (81%), this was also representative in the 2023 staff survey.

A Trust-wide action plan is being developed to address overarching themes along with local action plans at team level designed for local issues.

### **Wellbeing support for staff**

We continue to provide a number of support mechanisms for staff including an enhanced employee assistance programme which provides 24/7 access to counselling support for all staff and their immediate family members. The staff benefits programme Vivup enables staff to access various financial initiatives including high street discounts and salary sacrifice for home and electronics resulting in significant savings. We offer both cycle to work schemes and car schemes through salary sacrifice and offer a Wagestream service, which allows staff to access their wages as and when they need to, which has also been well utilised.

This report highlights the achievements and progress of our Trust over the past year. Together, we will continue to build on this success, striving to make our Trust an exceptional place to work and receive care.

Further information is included in the Staff Report on page 96.

### **Mindful Employer - our ongoing commitment**

We recognise that in the UK, people experiencing mental ill health continue to report stigma and discrimination at work. In 2024 we renewed our commitment to the 'Charter for Employers Positive about Mental Health,' which highlights the work we are doing as a Trust to create a supportive and open culture, where colleagues feel able to talk about mental health confidently and aspire to appropriately support the mental wellbeing of all our staff.

Our Wellbeing Hub for staff is a valued resource, and offers a range of support, including:

- Mental wellbeing policy and toolkit
- Reasonable adjustments procedure
- Wellness recovery action plan
- Work related stress risk assessment
- Remploy - access to work - mental health support service

Wellbeing Conversations training is also available to staff to give them the confidence to help their colleagues, breaking down stigma and encouraging open conversations. Staff and managers are also signposted to the training provided by the Zero Suicide Alliance which is a prevention training resource that aims to raise awareness, empower, educate and equip staff.

## Recognising and celebrating our staff

In October 2024 the Trust held its 11th annual staff awards that celebrate and recognise the amazing work of teams across the Trust. This year we received the highest ever number of nominations with 145 submitted. We were thrilled to welcome over 360 staff to Team WCHC Awards, including representatives from our generous sponsors.

The event brings colleagues and partners together to recognise and celebrate the hard work and dedication of staff across the organisation, sharing best practice and thanking those who have delivered exceptional service for our communities across the Northwest. Teams and individuals were presented with a range of awards focusing on excellence in care, quality improvement, partnership working, leadership and inclusion. There were also team of the year, unsung hero and Chair and Chief Executive awards.

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 is below.

Category	Winner
<b>Excellence in Care</b>	Hannah Short, 0-19+ Service Wirral
<b>Excellence in Learning</b>	Katy Fisher, Learning and Organisational Development
<b>Excellence in Quality Improvement</b>	Gemma Tutill, Tissue Viability Service
<b>Excellence in Leadership</b>	Alison Hunt, Urgent and Primary Care
<b>Excellence in Inclusion</b>	David Williamson-Draper, 0-19+ Service Wirral
<b>Excellence in Partnership Working</b>	Amie Cavanagh-Williams, Urgent and Primary Care
<b>Team of the Year</b>	Neurodevelopmental Team Walk-in Centre Nurses
<b>Unsung Hero Award</b>	Tiffany Williams, Community Nursing, IV / nMABs Team
<b>Chair and Chief Executive Award</b>	Digital ICT Team
<b>People's Choice Award</b>	Community Cardiology

Colleagues who had achieved Long Service Awards for 25 years' and 40 years' dedication to the NHS were also recognised.

During 2024-25 over 650 Shout Outs were shared by staff in The Update, to thank and recognise colleagues.

The Monthly StandOut 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 StandOut. This year we received a total of 65 nominations, approximately 5 per month. In total, staff cast 1184 votes across the year, averaging 98 votes per month to generate our monthly StandOut winners.

## Patient-Led Assessments of the Care Environment (PLACE)

The 2024 Patient-Led Assessments of the Care Environment (PLACE) results have been released, with the Trust scoring above the national average in all six of the assessed areas, three of which scored 100%. The assessment, undertaken by patient assessors, took place at CICC in November 2024 and included the three wards, Bluebell, Aster and Iris.

Feedback from the assessors was overwhelmingly positive. They were impressed with the maintenance of the high standards from 2023, particularly given the increased focus on financial control and efficient use of resources. The dedication and compassion of staff on the unit was highlighted as a contributing factor to the impressive results. Once again, our patient assessors confirmed that the wards passed the 'friends and family test', as well as being a care environment that they would be grateful to use for themselves.

The results are published nationally each March following the assessment in the Health Service Journal. NHS trusts, GP Practices, Hospices and Independent healthcare providers take part and are ranked by both site and organisation. In the 2024 results, WCHC ranked 10<sup>th</sup> in the country for site scores, and 3<sup>rd</sup> for organisation scores. WCHC have been asked by ICB colleagues to share best practice and advice regarding PLACE assessments for the coming year.

## Financial performance

During 2024-25 financial planning and performance processes of the Trust were in line with the 2024-25 operational / planning guidance. The Trust again set a budget in line with national guidance. The Trust achieved a reportable surplus of £6,547k for the year, £46k ahead of plan.

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

	2024-25 £000
Net deficit for the year in the financial statements	6,365
<b>Adjustment for items excluded by NHSE</b>	
Net impairments of land and buildings	182
Adjust losses on transfers by absorption	0
Remove capital donations / grants	0
<b>Total</b>	<b>6,547</b>

The Trust submitted a capital programme for 2024-25 to match agreed internal depreciation levels of £2.3m minus the £0.5m utilised in 23/24 as part of the Lancashire contract, plus a planned capital invest of £2.8m towards the UECUP programme at WUTH as well as £1.6m against right of use assets (IFRS16). The Trust spent the planned £1.8m on its original internal depreciation programme plus £2.8m against the UECUP programme and £0.6m against IFRS16. Assessments under the Use of Resources rating continued to be suspended. However, the Trust maintained strong cash levels and good liquidity during the year.

## Cost Improvement Plans (CIP)

In 2024-25 the Trust delivered its efficiency target in full, supported by a structured Cost Improvement Plan Programme, one of three overarching programmes overseen by the Programme Oversight Group. This programme approved and tracked delivery of circa £4.6m CIP projects, which represented 74% of the value of the Trust's efficiency target.

## Governance arrangements during 2024-25

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

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.

During 2024-25, the Trust maintained governance arrangements and risk escalation processes to ensure that new, emerging and existing risks were identified and managed. 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). Merseyside Internal Audit Agency (MIAA) completed the annual Assurance Framework Review providing 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.

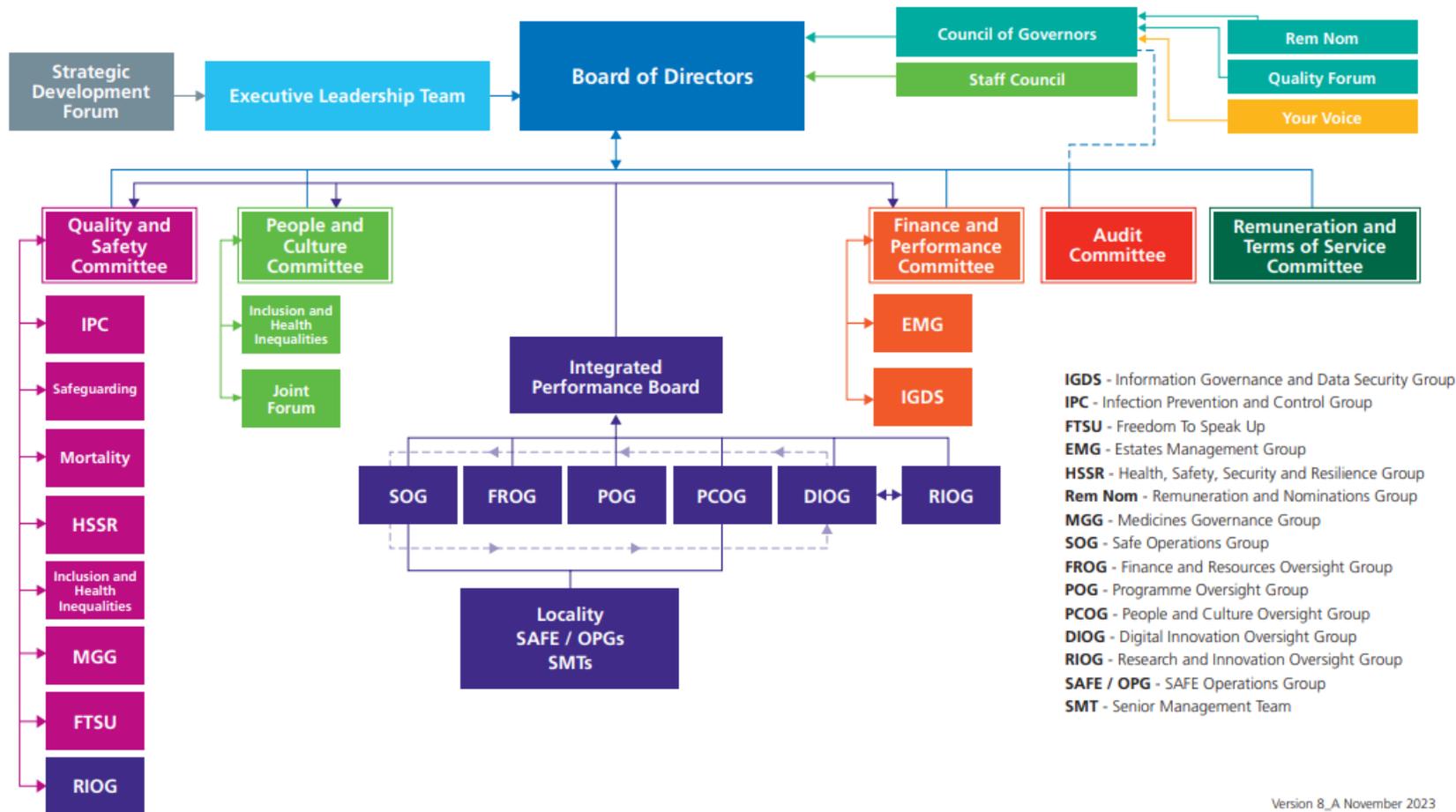
The Board of Directors received reports from the Chairs of the sub-committees on their areas of focus including any high-level risks for escalation. Further details are available on page 133.

The Integrated Performance Board (IPB) is central to the effective operation of the Trust's governance framework to monitor the delivery of performance across the Trust ensuring the appropriate flow of information and assurance from services to the Board (via the subcommittees) 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 2024-25 the SAFE Operations Group (SOG) continued to provide assurance to the Integrated Performance Board (IPB) in relation to compliance with regulatory standards including CQC, the delivery of high-quality services and strong operational performance across all services.

The Trust's governance structure is shown on the next page.

# Governance Structure



Version 8\_A November 2023

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 and 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 2024/245. The committee has a Non-Executive Chair, and the Chief Nurse is the Executive Lead.

The Trust is fully compliant with the registration requirements of the Care Quality Commission. The Trust was inspected by the CQC between July and September 2023 and received an overall Trust rating of Good. The Quality Account also includes further information on quality governance systems, processes and performance during 2024-25.

The Trust's annual financial plan is approved by the Board of Directors and submitted to NHS England. The performance against the plan is monitored at the Integrated Performance Board and the Finance and Performance Committee.

The Audit Committee receives the financial statements and considers any significant issues. There were no significant issues raised for the financial statements 2024-25.

The Trust's resources are managed within the framework of the Corporate Governance Manual which includes Standing Financial Instructions. In 2024-25 the internal audit plan included a review of Key Financial Controls which provided **Substantial Assurance**.

## Strategic and operational risk and opportunities

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 was updated and approved by the Audit Committee in 2024-25, and provides a systematic approach to the identification, management and escalation of risks within the Trust. It 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.

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

Staff at all levels have been supported and encouraged to identify, report and manage risks through the web-based incident reporting and risk management system, Datix.

The Risk Policy supports staff in the process of risk management following a five-step approach to risk assessment:

- Identify hazards/cause of risk.
- Identify who or what might be harmed/at risk.
- Evaluate the risks based on controls or precautions already in place.
- Record the findings.
- Review the process.

All risks are recorded on the Trust's Datix system. Risk management is everybody's business, and it is a requirement that all staff proactively identify risks, incidents, near misses or areas

for improvement. The objective of risk management is to provide a safe environment for all staff, service users, visitors and members of the public ensuring robust controls are in place to manage risk.

Effective risk management provides assurance to the Board of Directors that risks are being identified and managed appropriately and that a culture of safety and risk management is embedded across the organisation.

During 2024-25, 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 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 are;

- Has the risk been recently reviewed?
- Is the expected date of completion still in date?
- Is there evidence of recent progress and assurance notes to show actions taken and steps towards mitigation?
- Is there an action plan with forward dates of actions yet to be completed?
- Has the action plan had recent oversight at a Divisional level meeting?

During 2024-25 the average monthly risk health score for all organisational risks recorded on Datix, assessed as above, was 100%.

The risk dashboard 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 sub-committees of the Board and the Audit Committee. This dashboard has been enhanced during Q4, 2024-25 to include real-time trend data of risks increasing or decreasing in-month and in-year.

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 Trust uses a web-based incident reporting and risk management system, Datix. The use of Datix to record risks at service, divisional and organisational level has continued, providing clear oversight of the organisational risk register.

Throughout 2024-25, 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 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.

During 2024-25 the BAF tracked 8 strategic risks.

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

The highest scoring risk (ID04) related to the financial settlement for 2024/524 and remained at RR16 at the year-end. The Finance and Performance Committee maintained oversight of this risk providing updates, assurance and recommendations to the Board of Directors.

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.

Each of the committees of the Board had the BAF as a standing agenda item on their bimonthly 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 June, July, October 2024, and February 2025.

Major strategic risk themes related to;

- Delivery of safe services
- Equity of access, experience and outcomes
- Financial settlement impact on 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

MIAA completed the annual Assurance Framework Review providing 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.

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 133 and the section on compliance with the NHS Code of Governance on page 106.

## Sustainable Development Management Plan 2024-25 - The Green Plan

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

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.

The Green Plan for 2022-25 is due for refresh in 2025, and this will be approved by May 2025 for submission to ICB in July 2025.

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

### Dedicated Sustainability Resource

In line with NHS England directives, the Trust has given provisional approval to the creation of a dedicated Sustainability post. This will ensure that there is a dedicated resource who can manage the Green Plan, oversee compliance to the ISO 14001 standard, and lead proactively on Trust-wide initiatives to improve delivery of the Net Zero targets.

### 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 (11 properties in total). We were last audited in December 2024 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

- Encouraging sustainability considerations in processes such as policy reviews
- Maintaining our ISO 14001 accreditation

## Waste Management and Recycling

In line with updated national regulations on waste management, from April 2025 the Trust is required to segregate general waste from dry mixed recycling and food waste. Our waste carrier is supporting by supplying the correct bins and advice on optimal placement of internal bins.

By separating clinical waste and ensuring that only infectious clinical waste (such as dressings and bandages) is disposed of through a specialist route, we save money and help protect the environment. Waste such as 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 CO<sub>2</sub> created. Roll-out of the offensive waste stream has continued and been extended into locations with high volumes of waste generation such as VCH Walk-in Centre.

We have also engaged our clinical waste provider to demonstrate the benefits of re-usable sharps containers, to reduce the amount of plastic waste generated by our clinical teams, and to improve staff safety. The first pilot of these units is being facilitated by Sexual Health Wirral based in the Gemini Centre at St Catherine's Health Centre.

## Water Usage

Waterless urinals which were fitted in May 2018 in St Catherine's Health Centre, have saved in excess of six 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 encourage staff to report leaking taps in our buildings, allowing our engineers to repair them quickly. Staff are engaged with sustainability and regularly request additional recycling facilities when they identify the opportunity.

## Greener IT

In line with our compliance and security protocols, we collaborate with certified recycling companies to responsibly dispose of all IT waste, including laptops, desktop PCs, and cables. Unusable devices are either dismantled or repurposed for future use. Our dedication to recycling not only conserves valuable raw materials but also protects natural ecosystems for future generations. Over the past year, we have successfully recycled around 1,740 items, such as laptops, monitors, and mobile devices, that reached the end of their lifecycle. As a result, we have received approximately £982.00 in reimbursement 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 approximately 34% as well as providing economic benefits to the Trust. Capital funding has been granted for the 25/26 financial year to replace the gas boilers at St Catherine's Health Centre, which have been in operation since the building opened 2012. The new boilers will be more energy efficient and reliable, saving the Trust money and reducing carbon emissions.

## Electric Vehicle Charging Points

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

## LED Lighting

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

- Less Heat = Less Energy consumed. LED lights give off less heat than halogen bulbs.
- LED lighting is flicker-free which means it is less likely to cause 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.
- LED bulbs are brighter and produce better light quality than traditional lighting applications.

## Building Management System Upgrade

The Trust granted capital funding to enable the upgrade and overhaul of the building management system, which was uneconomical to repair and was approaching the end of its expected lifespan.

Following a comprehensive tender process, the works were awarded to a local company, Inteb, who completed the project within five weeks. The upgraded system allows the Estates department to control and monitor the heat, electricity and water systems within St Catherine's Health Centre and ensures the most efficient use of these utilities.

Of the project, Inteb said: *"As a local business, it is particularly rewarding to contribute to the ongoing success of such a flagship facility within our community. We look forward to continuing our support for the Trust, ensuring that St Catherine's Health Centre remains at the forefront of smart building innovation for years to come."*

## Procurement without Carbon

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 as detailed below.

A key achievement of the previous Green Plan (2022-25) has been the integration of environmental considerations into Procurement practices, particularly around responsible purchasing and incorporating sustainability into tender scoring processes. We continue to embrace social value within our procurements and include a minimum of 10% of the value weighting on areas including conservation and improvement of the environment.

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.

The Trust continues to engage with staff on green issues, acknowledging that the Green Plan cannot be implemented effectively without buy-in from all levels of the organisation.

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 eg 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 moved to a 'UK Renewable for Business' tariff from 1 April 2023, which means that our electricity will be sourced from a range of renewable technologies across the UK.

We continue to expand our network of electric charging points across locations in the Trust, thus reducing carbon emissions and providing cost effective driving for our employees.

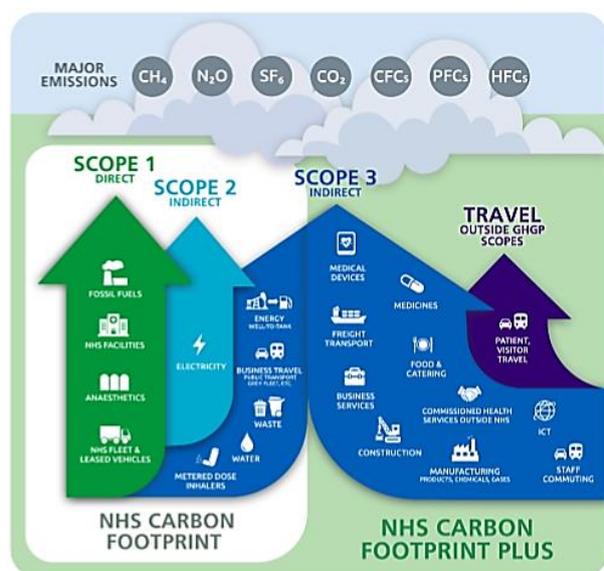
To assist with low carbon transport initiatives the Trust will continue to expand procurement of either ultra-low or zero emissions vehicles, as well as investing in the required infrastructure.

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

- 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 (intranet) 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 we are proud of our achievements to date, we recognise there is still more to be done, particularly in light of 'Greener NHS' commitments to be net zero in our own operations by 2040, and throughout the value chain by 2045 (NHS carbon footprint plus), and the renewed focus on reducing greenhouse gas emissions.

We 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 our sustainability journey over the three-year period (2025-26 to 2027-28).

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.

We have 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 which considers the burden NHS organisations place on the local transport infrastructure, whether through patient, clinical or other business activity. As part of our 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 used Digital Transformation to address challenges raised by the Covid-19 pandemic, which encouraged us to consider our approach to meeting stakeholder demands both internally and externally.

We have embedded sustainability into our new state-of-the-art healthcare development, Marine Lake Health and Wellbeing Centre in West Kirby, which opened in May 2023. The building has been designed to meet a minimum of BREEAM (Building Research Establishment Environmental Assessment Method) '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 now about consolidation of existing successes, with additional, small-scale schemes and initiatives to complement the progress the Trust has made since 2022. Our installation of solar PV panels, EV charging and LED lighting replacement are all projects which other ICB colleagues are only recently completing or starting, so we can be proud that we have been at the forefront of pushing the Green agenda and driving staff engagement in delivering sustainable healthcare services.

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**

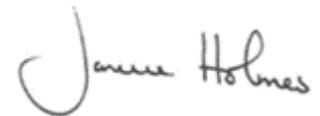
- The Trust's carbon emissions increased once again during the previous Green Plan period (2022-25), but this can be attributed to the opening of Marine Lake Health and Wellbeing Centre.
- Our energy procurement strategy continues to bear fruit, and we were again able to negotiate favourable terms for our energy costs.
- The Trust has continued to see savings in water and sewage costs by reducing water consumption across our premises, with the overall figure increasing due to the addition of Marine Lake Health and Wellbeing Centre.

## 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 we operate 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 and 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.



**Janelle Holmes**  
**Chief Executive**

**18 June 2025**

# 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 Chair, 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 Chair 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 Chair
- 4 Non-Executive Directors (all considered independent)
- 4 Executive Directors

There are a further five non-voting Directors.

The board structure for 2024-25 comprised of;

- Chair
- Chief Executive
- Chief Finance Officer/Deputy Chief Executive
- Medical Director
- Chief Nurse
- Chief People Officer (non-voting)
- Director of Corporate Affairs (non-voting)
- Chief Operating Officer (non-voting)
- Chief Strategy Office (non-voting)
- Chief Digital Information Officer (non-voting) (from January 2024 and previously an advisor to the Board)
- 4 x Non-Executive Directors (including Senior Independent Director)
- Associate Non-Executive Director (from August 2024)

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

During 2024-25, one member of the Board of Directors held the position of Non-Executive Director in another organisation. This member of the Board left the Trust in January 2025. No other members of the Board of Directors hold the position of Director or Governor of any other NHS Foundation Trust.

In October 2024, a new Chief People Officer was appointed following the departure of the Trust's previous Chief People Officer. This is a joint board-level post with Wirral University Teaching Hospital NHS Foundation Trust.

In November 2024, a new Chair and Chief Executive were appointed to the Trust Board each serving in joint roles as Chair and Chief Executive of Wirral University Teaching Hospital NHS Foundation Trust.

During 2024-25, the Board established its first Associate Non-Executive Director role; a development opportunity for an individual with lived experience to develop the right skills to apply for future Non-Executive Director roles. This was a 'should do' action agreed with the CQC following the inspection in 2023.

## Non-Executive Directors

Professor Michael Brown, CBE DL  
**Chair** (to September 2024)

Michael joined the Trust as Chair in September 2017 and was reappointed in September 2023 for a further one-year term of office to September 2024.

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 was 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).

Gerald Meehan  
**Non-Executive Director and Interim Chair**

Gerald was a Non-Executive Director and became the Trust's interim Chair from September 2024 to November 2024 before leaving the Trust at the end of his NED term of office in January 2025.

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

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

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

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

Sir David Henshaw  
**Chair** (from November 2024)

Sir David was appointed as Joint Chair for Wirral Community Health and Care NHS Foundation Trust (WCHC) and Wirral University Teaching Hospital NHS Foundation Trust (WUTH) in November 2024 having been previously Chair at WUTH since February 2019 and Interim Chair in February 2018.

Sir David was reappointed in February 2025 to both Trust Boards for a further two years following the end of his term of office. This reappointment was made with oversight by the Cheshire & Merseyside ICB and NHS England.

He was formerly Chair of Alder Hey Children's NHS Foundation Trust between February 2011 and February 2019.

Among his many achievements, Sir David was responsible for the review of the child support system in the UK in 2007. He was also involved in the Prime Minister's Delivery Unit Capability Review programme of central government departments.

Alongside his role at Alder Hey, Sir David was also a Non-Executive Director for a number of other public and private organisations including the Chair of Manchester Academy for Health Sciences and Non-Executive Director for Albany Investment PLC. He has various charitable Trustee roles

#### **Beverley Jordan**

##### **Non-Executive Director / Senior Independent Director**

Beverley was a Non-Executive Director from September 2017 to March 2025.

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 was the Deputy Chair of the Trust until September 2023 when she was appointed as the Senior Independent Director. Beverley was also the Chair of the Finance & Performance Committee and the Security Management NED Champion.

#### **Professor Chris Bentley**

##### **Non-Executive Director**

Chris joined the Trust as a Non-Executive Director in February 2019, was reappointed in January 2022 and was reappointed for a third term in January 2025.

Chris has worked at Board level in the NHS for over 25 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.

#### **Meredydd David**

##### **Non-Executive Director (from July 2024)**

Meredydd joined the Board in July 2024 and has over 25 years senior leadership experience in the further and higher education sector with 14 years as Principal and Chief Executive of Reaseheath College, near Nantwich. He has been a board member and also Chair of numerous national education, quality, and education strategy organisations during his career.

For the past six years he has been a Further Education Deputy Commissioner for England, a Ministerial appointment supporting quality and financial improvement across the sector. Meredydd is also currently Chair and President of the University of Chester board of governors.

Meredydd is the Audit Chair, the Trust FTSU NED Champion and the Wellbeing Champion. From February 2025, Meredydd also chaired the People & Culture Committee on an interim basis.

**Emma Robinson**  
**Associate Non-Executive Director** *(from August 2024)*

Emma joined the board as an Associate Non-Executive Director in August 2024. Born and brought up in Birkenhead, Emma brings her own and her families lived experience as a service user to the role.

Her substantive post is at Liverpool John Moores University where she leads on work-based learning, student startup and LJMU’s internal student recruitment agency. Emma has managed 11 structurally funded projects and brings skills in planning, stakeholder engagement and evaluating economic impact.

She has held a previous national role as Chair of the Association of Graduate Careers Advisory Services (AGCAS) Task Group on entrepreneurship and been recognised with multiple awards for excellence in innovation.

As an Associate NED, Emma is a non-voting member of the Board.

**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 2024-25 the Council of Governors made important appointments as follows;

- The first Associate Non-Executive Director,
- A new Audit Chair
- A new Joint Chair with Wirral University Teaching Hospital NHS Foundation Trust and
- Reappointed Professor Chris Bentley for a third term

<b>Non-Executive Director</b>	<b>Term</b>	<b>Term expiry</b>
<b>Sir David Henshaw</b>	2 years	February 2027
<b>Beverley Jordan</b>	3 years	September 2026
<b>Chris Bentley</b>	3 years	January 2028
<b>Meredydd David</b>	3 years	July 2027
<b>Emma Robinson</b>	2 years	August 2026

## 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 (to June 2024)**

*Voting member of the Board of Directors*

Karen was Chief Executive from August 2015 to June 2024.

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 master's in biomedical Ethics and Law.

**Mark Greatrex**

**Chief Finance Officer and Deputy Chief Executive / Interim Chief Executive (June - November 2024)**

*Voting member of the Board of Directors*

Mark is the Chief Finance Officer/Deputy Chief Executive and took up the role of Interim Chief Executive from June 2024 - November 2024.

Mark has over 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.

**Janelle Holmes**

**Chief Executive (from November 2025)**

Janelle was appointed as Joint Chief Executive for Wirral Community Health and Care NHS Foundation Trust (WCHC) and Wirral University Teaching Hospital NHS Foundation Trust (WUTH) in November 2024 having been previously Chief Executive at WUTH since June 2018.

Prior to this Janelle was Chief Operating Officer at WUTH for two years and was Director of Operations and Performance at Salford Royal Foundation Trust.

Janelle has worked in the NHS since qualifying as a Registered General Nurse in 1991. During her nursing career she worked in a variety of clinical areas, moving into operational management in 2004 following a spell as a 'health economy' service transformation lead.

Janelle is passionate about service improvement, staff development and whole system working to improve patient outcomes and experience. In 2011 she successfully integrated Salford Community Adult and Children's Services with the acute hospital as Managing Director for Salford Health Care. In 2015 she established the Better Care at Lower Cost programme as Director for Productivity and Efficiency with the specific focus of improving patient quality and safety to drive cost reduction.

**Eddie Roche**  
**Interim Medical Director** *(from April 2024)*

Eddie qualified as a doctor in 2002 and has worked as a GP since 2008. He is an experienced clinician who has worked in various GP roles in Wirral, and most recently as a GP partner between 2011 and 2023 in West Kirby. Alongside his clinical positions, he has worked in clinical governance and strategy roles allied to General Practice for over 10 years, in both the public and private sector. He gained an MSc in Healthcare Leadership in 2022.

Eddie brings a wealth of experience to the Trust. He has a passion for workforce development and support, with a clear vision that the highest quality patient care will be delivered by a well-supported and engaged workforce.

Eddie continues to be clinically active, working in urgent care in GP Out of Hours and the walk-in centres.

**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.

**Dave Miles**  
**Interim Chief Finance Officer** *(from June - November 2024, and February - March 2025)*  
*Voting member of the Board of Directors*

Dave was Interim Chief Finance Officer from June - November 2024 and from February 2025 - March 2025. His substantive post was Deputy Chief Finance Officer.

Dave joined the Trust in 2022 as Deputy Chief Finance Officer after spending six years at St Helens and Knowsley NHS Trust.

He has worked in NHS finance since 2001 where he started as a finance assistant working in the old Victoria Central Hospital site in Wallasey. Since then, he has worked for a range of NHS organisations in finance roles covering commissioning, mental health, community, primary care, acute and specialised services.

Dave is a keen advocate of finance staff development. He is a NHS Finance Value Maker, Finance and Clinical Educator and is a sponsor on the NHS Finance Sponsorship Programme supporting high potential finance staff from under-represented groups.

In his role as Deputy Chief Finance Officer, he led the Procurement Team and now has Estates and Facilities and Emergency Prevention, Preparedness and Response (EPPR) in his portfolio. Dave is also the Executive Lead for Counter Fraud.

**Claus Madsen**

**Chief People Officer (to October 2024)**

*Non-Voting member of the Board of Directors*

Claus was Chief People Officer from April 2023 to October 2024.

Claus has over two decades' experience as a senior people leader with a background in both the public and private sectors.

From 2016 until March 2023 Claus worked at Yorkshire Ambulance Service NHS Trust where he led on the development of the organisational values and behavioural framework and the development and implementation of their People Strategy and its alignment to the NHS People Plan and Promise. He also chaired the Culture and Leadership Network for Ambulance Services across the UK.

Nationally, Claus is involved in the 'Future of HR & OD in the NHS' as a member of NHS England's People Professional Development Board. He is also a member of NHS England's Apprentice Growth Strategy Implementation Oversight Group, contributing to the NHS workforce supply agenda, and the Department of Health and Social Care's Messenger Leadership Review Implementation Office focusing on translating the 7 key recommendations into tangible solutions to transform leadership and management across health and social care.

Claus is a Chartered Fellow of the CIPD and holds a BA (Hons) in Teaching, an MA in Educational Sociology and an MSc in Leadership and Management.

**Debs Smith**

**Joint Chief People Officer (from October 2024)**

*Non-voting member of the Board of Directors*

Deborah was appointed as Joint Chief People Officer for Wirral Community Health and Care NHS Foundation Trust (WCHC) and Wirral University Teaching Hospital NHS Foundation Trust (WUTH) in October 2024. Previous to this, Deborah held the position of Chief People Officer at WUTH since December 2021 after joining the Trust in March that year.

Deborah has worked in the NHS for over 10 years, coming through the NHS Graduate Management Training Scheme. Deborah has worked as a Human Resources and Organisational Development professional in several other NHS Trusts and prior to joining WUTH, she worked as the Deputy Chief People Officer at Warrington and Halton Hospitals NHS Trust.

Deborah is passionate about supporting and developing our staff to make WUTH a great place to work and to keep patients at heart of what we do.

Dr Joanne Chwalko  
**Chief Operating Officer** (to July 2024)  
**Director of Integration and Delivery** (from July 2024 - seconded post to WUTH)  
*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, specialising 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.

In July 2024, Jo was seconded to Wirral University Teaching Hospital NHS Foundation Trust as Director of Integration and Delivery supporting both WUTH and WCHC with the implementation of recommendations from the Wirral Review.

Bradley Palin  
**Interim Chief Operating Officer**  
*Non-voting member of the Board of Directors*

Bradley has 14 years' experience working in the NHS in clinical and operational roles. He qualified as an Orthoptist in 2011, helping to diagnose and treat eye movement disorders, before progressing to various operational leadership roles across the acute care sector in medicine, surgery and diagnostics.

Bradley joined the Trust in August 2022 as Deputy Chief Operating Officer after leaving his post as Deputy Divisional Director of Operations at Liverpool University Hospitals Trust and became Interim Chief Operating Officer in July 2024.

Bradley has been awarded various post graduate qualifications in healthcare leadership and gained an MBA in 2022.

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

Alison has worked in the NHS for over 15 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 Anti-Fraud Champion for the Trust and was the SIRO until March 2025.

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.

Dave Murphy

**Chief Digital Information Officer and SIRO**

*Non-voting member of the Board of Directors*

Dave has 33 years NHS experience, working across specialist acute, mental health, emergency services and community health providers.

He is a highly committed IM&T professional with significant experience influencing at Board and Executive-level in complex and fast-paced organisations.

Dave has significant experience covering the broad portfolio of digital strategy, service delivery, digital maturity, benchmarking and population health management. He is experienced at engaging with a wide range of internal and external stakeholders and has developed and led highly competent teams of diverse specialists to achieve innovative, transformational and sustainable change.

Dave became the Senior Information Risk Officer (SIRO) for the Trust in March 2025.

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

<b>Post</b>	<b>Governance roles</b>	<b>Responsible for</b>
Chief Nurse	Director of Infection Prevention & Control (DIPC)	Infection Prevention & Control Service and related policies. Publishing an annual IPC report.
	Safeguarding Lead Officer	Ensuring best practice principles are followed, appropriate recruitment processes followed, and job-specific training provided. Attends partnership boards. Publishing an annual safeguarding report.
	Executive Nurse	Helps the board make strategic decisions in view of their effect on the quality and safety of patient care.
	Registered Manager (CQC)	Overseeing compliance with the CQC.
	Caldicott Guardian	Protecting the confidentiality of service-user information, enabling and applying the highest standards for appropriate information sharing.
	Freedom To Speak Up Lead Director	Ensuring that colleagues can speak up about anything that might affect the quality of staff experience or patient care.
Medical Director	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.

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.

## 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](#).

## 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 2024-25 against the Better Payment Practice Code.

<b>Better Payment Practice Code - Compliance 2024-25</b>		
<b>Payables</b>	<b>Number</b>	<b>£'000</b>
<b>Non-NHS</b>		
Total invoices paid in the year	7,682	36,542
Total paid within the 30-day target	7,087	34,954
<b>Percentage paid within the target</b>	<b>92.3%</b>	<b>95.7%</b>
<b>NHS</b>		
Total invoices paid in the year	910	13,773
Total paid within the 30-day target	840	13,255
<b>Percentage paid within the target</b>	<b>96.3%</b>	<b>96.2%</b>

During 2024-25 the Trust paid £4,968 in late payment charges due to late payment of 67 invoices.

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 inspected by the CQC between July - September 2023.

The comprehensive inspection included a well-led inspection and three core services inspections as follows:

- Community Health Services for Adults
- Community Health Inpatient Service
- Community Health Sexual Health Services

All areas inspected during 2023 achieved a minimum rating of good and the Trust received an overall rating of Good.

Following the inspection in 2023, the Trust has maintained regular communication with the inspection team and are actively engaging with the CQC on the requirements of the new inspection regime methodology.

The Board of Directors remains committed to reviewing leadership and governance arrangements using the well-led framework as part of continuous improvement. It also welcomes the increased emphasis on organisational culture, improvement and system-working recognising the wealth of evidence available to demonstrate the Trust's contribution and progress in these areas.

The CQC inspection report also noted *'significant improvements especially regarding governance and information management since our last inspection' (in 2018)*.

The governance arrangements established in recent years are well embedded and subject to regular testing to ensure they remain fit for purpose, efficient and safeguard high standards of care whilst supporting delivery of the Trust's duties.

During 2024-25, other audits of governance arrangements included:

- Annual Assurance Framework Review (information the Head of Internal Audit Opinion)
- Risk management core controls review.

The Board of Directors also worked with the Northwest Leadership Academy (NWLA) in 2024-25 to develop a bespoke board development programme with three key objectives focused on sustaining a high-performing Board, personal leadership and bringing the Equality, Diversity and Inclusion agenda to life in the board room.

The NWLA worked with the Trust to identify expert facilitators and subject matter experts to support the delivery of the programme.

The first of three sessions was held in February 2024 with positive engagement from all members and excellent feedback. Further sessions were held in 2024-25 with a focus on anti-racism.

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 2024-25 was published by the national deadline date of 30 June 2025 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 and compliance with regulatory standards.

The Annual Governance Statement also describes quality governance arrangements in place and the work of the Quality & Safety Committee.

The Trust's performance against local and national targets is included in the Performance Report, together with key areas of service delivery.

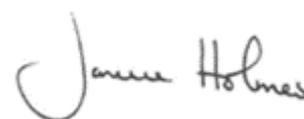
## Stakeholder relations

The Trust welcomes the opportunity to further enhance and strengthen partnership working and engagement at system and place level where it provides services.

During 2024-25 the Trust continued to work in partnership with people and communities, organisations from across primary care, secondary care, local authorities and the community and voluntary sector. Delivering more integrated and effective care in primary and community settings takes focus and expertise; the Trust has been able to do this with partners because it has a singular focus on what will provide the best experience and outcomes for patients in community settings whilst providing the greatest value for the wider system in terms of flow and outcomes.

During 2024-25, the Trust also supported the ICB commissioned Wirral Review and has engaged with key partners and stakeholders to implement the 17 recommendations from the review. One of the recommendations also included a review of the governance at Wirral Place to establish and Wirral Provider Collaborative; the Trust is actively engaged in this work with partners across the health and care system.

More information on some key programmes of collaborative working is detailed in the Performance section.



**Janelle Holmes**  
Chief Executive

**18 June 2025**

# Remuneration Report

## Annual statement from the Chair of the Remuneration Committee

I am pleased to present the Directors' Remuneration Report for the financial year 2024-25 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 (FRoM) and NHS England we have divided this report into the following parts:

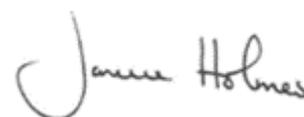
- The Directors' Remuneration Policy sets out Wirral Community Health & Care NHS Foundation Trust's senior managers' remuneration policy and,
- The Annual Report on Remuneration includes details about the Directors' service contracts and sets out governance matters such as the committee membership, attendance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

## Major decisions on remuneration

The Remuneration Committee approved the remuneration for the Interim Chief Operating Officer, at the lowest salary point in the peer benchmarking group, for a period of 12 months and the permanent appointment of the joint Chief People Officer and the associated remuneration level, on a 50:50 secondment basis with Wirral University Teaching Hospital NHS Foundation.

In line with national guidance, the committee approved the proposed 5% annual pay increase for staff on the VSM pay scale.

The appointment of the joint Chief Executive Officer, on a 50:50 secondment basis with Wirral University Teaching Hospital NHS Foundation Trust was approved and the arrangements for the interim CFO (from February 2025) and remuneration in line with the peer minimum in the benchmarking group was also approved.



**Janelle Holmes**  
Chief Executive

**18 June 2025**

## Senior managers' remuneration policy

Remuneration for senior managers is shown on page 89.

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, two senior managers are on an annual salary of more than £150,000. These salaries were subject to the same review and approval process as detailed above.

The remuneration policy for senior managers is determined by the Remuneration Committee & Terms of Service 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 2024-25, the members of the committee were;

- Michael Brown, Chair & Chair of the Committee (*to August 2024*)
- Gerald Meehan, Non-Executive Director and interim Chair (*August - November 2024*)
- Sir David Henshaw, Chair & Chair of the Committee (*from November 2024*)
- Beverley Jordan, Non-Executive Director
- Chris Bentley, Non-Executive Director
- Meredydd David, Non-Executive Director (*from July 2024*)

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

The Chief People Officer and the Chief Finance Officer may also 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 Committee

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 up to five governors (including one appointed and one staff governor). 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 Chair, Chief Executive and Chief People Officer to consider any 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 2024-25, the Council of Governors through the Remuneration & Nomination Committee ensured appropriate oversight and decision-making in relation to appointment of a new Audit

Chair and the new Chair and the re-appointment of one Non-Executive Director. The Committee also supported a proposal to seek to appoint a Joint Non-Executive Director with Wirral University Teaching Hospital NHS Foundation Trust and began the recruitment process with governors from WUTH.

The recommendations on appointment and reappointments are presented to the full Council of Governors for ratification.

The Remuneration & Nomination Committee included the following members in 2024-25:

- Jenna Brassington - Staff Governor
- Lauren Francom, Staff Governor
- Lynn Collins - Public Governor and Lead Governor
- Eve Collins - Appointed Governor, The University of Chester
- Kevin Sharkey - Public Governor
- Frieda Rimmer - Public 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 £4,242.19 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 2024-25 was £185k-190k (2023-24, £175k-180k). This is a change between years of 5.6% (2023-24, 13.5%)

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 2024-25 was from £24k to £215k (2023-24 £17k to £178k). 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 5.9% (2023-24, 5%). 0 employees received remuneration in excess of the highest-paid director in 2024-25.

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.

<b>2024-25</b>	<b>25<sup>th</sup> Percentile</b>	<b>Median</b>	<b>75<sup>th</sup> Percentile</b>
Salary component of pay	£29,114	£37,338	£44,962
Total pay and benefits excluding pension benefits	£29,114	£37,338	£44,962
Pay and benefits excluding pension: pay ratio for highest paid director	6.44	5.02	4.17

<b>2023-24</b>	<b>25<sup>th</sup> Percentile</b>	<b>Median</b>	<b>75<sup>th</sup> Percentile</b>
Salary component of pay	£27,411	£35,392	£42,618
Total pay and benefits excluding pension benefits	£27,411	£35,392	£42,618
Pay and benefits excluding pension: pay ratio for highest paid director	6.48	5.02	4.16

## 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 2024 - 31 March 2025										1 April 2023 - 31 March 2024									
		Salary			Expense Payments (taxable)	All Pension Related Benefits			Total			Salary			Expense Payments (taxable)	All Pension Related Benefits			Total		
		£000			£	£000			£000			£000			£	£000			£000		
		(Bands of £5,000)			(Nearest £100)	(Bands of £2,500)			(Bands of £5,000)			(Bands of £5,000)			(Nearest £100)	(Bands of £2,500)			(Bands of £5,000)		
<b>Non-Executive Directors</b>																					
Michael Brown	Chairman (to 30 September 2024)	15	-	20	0	N/A	-	N/A	15	-	20	45	-	50	0	N/A	-	N/A	45	-	50
Gerald Meehan	Chairman (from 1 October 2024 to 5 November 2024)	0	-	5	0	N/A	-	N/A	0	-	5	N/A		N/A	N/A	N/A		N/A	N/A		N/A
Sir David Henshaw *	Chairman (from 6 November 2024)	10	-	15	0	N/A	-	N/A	10	-	15	N/A		N/A	N/A	N/A		N/A	N/A		N/A
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 (to 29 February 2024)	N/A		N/A	N/A	N/A		N/A	N/A		N/A	10	-	15	0	N/A	-	N/A	10	-	15
Beverley Jordan	Non-Executive Director (left 31 Mar 25)	10	-	15	0	N/A	-	N/A	10	-	15	10	-	15	0	N/A	-	N/A	10	-	15
Gerald Meehan	Non-Executive Director (1 April 2024 to 30 September 2024, 6 November 2024 to 31 January 2025)	15	-	20	0	N/A	-	N/A	15	-	20	10	-	15	0	N/A	-	N/A	10	-	15
Meredydd David	Non-Executive Director (from 1 July 2024)	5	-	10	0	N/A	-	N/A	5	-	10	N/A		N/A	N/A	N/A		N/A	N/A		N/A

<b>Executive Directors</b>																					
Karen Howell	Chief Executive (to 31 May 2024)	30	-	35	700	0.0	-	2.5	30	-	35	175	-	180	1,700	0.0	-	2.5	175	-	180
Janelle Holmes *	Chief Executive (from 6 November 2024)	45	-	50	0	47.5	-	50.0	95	-	100	N/A		N/A	N/A	N/A		N/A	N/A		N/A
Mark Greatrex	Chief Executive (1 June 2024 to 5 November 2024)	70	-	75	1,700	587.5	-	590.0	120	-	125	N/A		N/A	N/A	N/A		N/A	N/A		N/A
Mark Greatrex	Chief Finance Officer/Deputy Chief Executive (1 April 2024 to 31 May 2024, 6 November to 31 March 2025)	90	-	95	2,200	0.0	-	2.5	155	-	160	160	-	165	1,500	0.0	-	2.5	145	-	150
David Miles	Chief Finance Officer (1 June 2024 to 5 November 2024, 10 February 2025 to 31 March 2025)	65	-	70	0	325.0	-	327.5	390	-	395	N/A		N/A	N/A	N/A		N/A	N/A		N/A
Claus Madsen	Chief People Officer (1 April 2024 to 20 October 2024)	70	-	75	2,200	20.0	-	22.5	95	-	100	110	-	115	1,300	27.5	-	30.0	140	-	145
Deborah Smith *	Chief People Officer (from 21 October 2024)	30	-	35	900	12.5	-	15.0	45	-	50	N/A		N/A	N/A	N/A		N/A	N/A		N/A
Dr Nicholas Cross	Medical Director	N/A		N/A	N/A	N/A		N/A	N/A		N/A	150	-	155	1,600	0.0	-	2.5	165	-	170
Dr Edward Roche	Medical Director	85	-	90	0	430.0	-	432.5	515	-	520	N/A		N/A	N/A	N/A		N/A	N/A		N/A
Tony Bennett	Chief Strategy Officer	125	-	130	4,000	25.0	-	27.5	155	-	160	120	-	125	1,100	0.0	-	2.5	120	-	125
Joanne Chwalko	Chief Operating Officer (1 April 2024 to 14 July 2024)	35	-	40	1,100	5.0	-	7.5	45	-	50	130	-	135	0	102.5	-	105.0	230	-	235
Bradley Palin	Chief Operating Officer (from 15 July 2024)	80	-	85	0	255.0	-	257.5	340	-	345	N/A		N/A	N/A	N/A		N/A	N/A		N/A

Dave Murphy	Chief Digital Information Officer	110	-	115	0	880.0	-	882.5	990	-	995	100	-	105	3,200	10.0	-	12.5	115	-	120
Alison Hughes	Director of Corporate Affairs	115	-	120	0	22.5	-	25.0	135	-	140	110	-	115	4,600	37.5	-	40.0	150	-	155
Paula Simpson	Director of Nursing	130	-	135	4,000	55	-	57.5	195	-	200	115	-	120	800	0.0	-	2.5	115	-	120

## 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 2025			Lump Sum at Pension Age Related to Accrued Pension at 31 March 2025			Cash Equivalent Transfer Value at 31 March 2024	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2025	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
Janelle Holmes	Chief Executive (from 6 November)	0.0		2.5	2.5	-	5	15.0	-	20.0	45.0	-	50.0	0	54	419	0
Mark Greatrex	Chief Executive (1 June 2024 to 5 November 2024)	5.0	-	7.5	10.0	-	12.5	60.0	-	65.0	155.0	-	160.0				0
Mark Greatrex	Chief Finance Officer/Deputy Chief Executive (1 April 2024 to 31 May 2024, 6 November to 31 March 2025)													1,137	52	590	
David Miles	Chief Finance Officer (1 June 2024 to 5 November 2024, 10 February 2025 to 31 March 2025)	12.5	-	15.0	35.0	-	37.5	10.0	-	15.0	35.0	-	40.0	0	295	302	0
Claus Madsen	Chief People Officer (1 April 2024 to 20 October 2024)	0.0	-	2.5	0.0	-	2.5	15.0		20.0	0.0	-	2.5	206	16	244	0

Deborah Smith	Chief People Officer (from 21 October 2024)	0.0	-	2.5	0.0	-	2.5	5.0		10.0	0.0	-	2.5	0	9	92	0
Edward Roche	Medical Director	20.0	-	22.5	40.0	-	42.5	20.0	-	25.0	40.0	-	45.0	0	382	393	0
Tony Bennett	Chief Strategy Officer	0.0	-	2.5	0.0	-	2.5	40.0	-	45.0	105.0	-	110.0	774	25	865	0
Joanne Chwalko	Chief Operating Officer (1 April 2024 to 14 July 2024)	0.0	-	2.5	0.0	-	2.5	10.0	-	15.0	25.0	-	30.0	823	7	264	0
Bradley Palin	Chief Operating Officer (from 15 July 2024)	12.5	-	15	0.0	-	2.5	10.0	-	15.0				0	143	152	0
David Murphy	Chief Digital Information Officer	37.5	-	40	100.0	-	102.5	35.0	-	40.0	100.0	-	105.0	0	892	906	0
Alison Hughes	Director of Corporate Affairs	0.0	-	2.5	0.0	-	2.5	25.0	-	30.0	0.0	-	5.0	346	18	402	0
Paula Simpson	Director of Nursing	2.5	-	5.0	2.5	-	5.0	45.0	-	50.0	120.0	-	125.0	959	64	1,104	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 2024			Lump Sum at Pension Age Related to Accrued Pension at 31 March 2024			Cash Equivalent Transfer Value at 31 March 2023	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024	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	30.0	-	32.5	50.0	-	55.0	135.0	-	140.0	1,137	123	1,363	0
Claus Madsen	Chief People Officer	2.0	-	4.5	0.0	-	2.5	10.0	-	15.0	0.0	-	5.0	206	10	244	0
Tony Bennett	Chief Strategy Officer	0.0	-	2.5	27.5	-	30.0	35.0	-	40.0	100.0	-	105.0	774	25	865	0
Joanne Chwalko	Chief Operating Officer	2.5	-	5	32.5	-	35	35.0	-	40.0	90.0	-	95.0	526	340	918	0
Alison Hughes	Director of Corporate Affairs	2.5	-	5	0.0	-	2.5	20.0	-	25.0	0.0	-	5.0	346	17	402	0
Paula Simpson	Director of Nursing	0.0	-	2.5	27.5	-	30.0	30.0	-	35.0	110.0	-	115.0	959	64	1,104	0

## Notes to the remuneration and pension tables

Unless otherwise indicated, all of the listed senior managers were in post for the twelve-month period to 31 March 2025. The tables include remuneration only for the period during which each individual was deemed to be a senior manager and includes remuneration for duties that are not specifically part of the senior management role.

No annual performance-related bonuses or long-term performance-related bonuses were paid during the period.

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

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

Benefits in kind are the taxable value attributed to car allowances.

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.

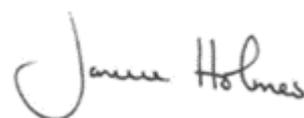
The benefits and related CETVs do not allow for a potential adjustment arising from the McCloud judgement.

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.

Non-executive directors do not receive a pensionable remuneration.

There have been a few changes to the Board of Directors following the recommendations of the Wirral Review to work together with Wirral University Teaching Hospital. As a result, Michael Brown ended his term of office as Chair in September 2024 and Sir David Henshaw was appointed in November 2024. Karen Howell resigned as Chief Executive in May 2024 and Janelle Holmes was appointed in November 2024.

\* The Trust are currently sharing 3 board members with Wirral University Teaching Hospital. The figures disclosed above are 50% of their total remuneration and benefits with both Trusts.



**Janelle Holmes**  
Chief Executive

**18 June 2025**

## Staff Report for 2024-25 (subject to audit)

As at 31 March 2025, Wirral Community Health and Care NHS Foundation Trust employed 1,827 people.

The average number of employees during 2024-25 was 1844. Details of our workforce are provided below:

The following staff costs have been incurred during the period:

	2024-25		
	Permanent £000	Other £000	Total £000
Salaries and wages	59,703	3,601	63,304
Social security costs	6,583	0	6,583
Apprenticeship levy	298	0	298
Employer's contributions to NHS pension scheme	7,928	0	7,928
Employer contributions to NHS Pension Scheme paid by NHSE	5,197	0	5,197
Pension cost - other	54	0	54
Temporary staff	0	861	861
<b>Total gross staff costs</b>	<b>79,763</b>	<b>4,462</b>	<b>84,226</b>
Costs capitalised as part of assets	281	198	479
<b>Total staff costs</b>	<b>79,482</b>	<b>4,265</b>	<b>83,747</b>

## Staff numbers

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

	2024-25		
	Total Number	Permanent Number	Other Number
Medical and dental	19.92	10.86	9.06
Administrative and estates	335.63	324.47	11.16
Healthcare assistants and other support staff	316.84	309.66	7.18
Nursing and health visiting staff	723.97	696.97	27.00
Scientific, therapeutic and technical staff	171.37	168.17	3.20
Healthcare sciences staff	0.00	0.00	0.00
<b>Total whole time equivalent staff numbers</b>	<b>1567.73</b>	<b>1510.13</b>	<b>57.60</b>

## Staff composition - employee gender distribution

The figures reflecting the breakdown of gender distribution of employees within the Trust as at 31 March 2025 are included in the table below:

	2023-2024	Headcount
Directors male ( <i>including Non-Executives</i> )	72.7%	8
Directors female ( <i>including Non-Executives</i> )	27.3%	3
All Employees male	11.5%	210
All Employees female	88.5%	1617

## 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 from ESR Data Warehouse		
Average FTE 2024/5	Adjusted FTE days lost to Cabinet Office Definitions	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
1,517.20	21,519.27	545,089	34,909.04	14.18

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 2024-25 as 6.3%. This figure was higher than the Trust's target figure of 5.0% and remained steady compared to the previous year. Additional new guidance and support / wellbeing advice has been 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

Information from the ESR system reports that the annual turnover rate figure for 2024-25 was 11.97%. This figure is much lower than last year which had been impacted by the transfer out under TUPE legislation of a significant number of the workforce.

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 2024-25 was 9.8%; a reduction from the figure for 2023-24 which was 10.5%. This trend follows significant work to improve staff experience.

### disclosures

## The policy in relation to disabled employees

The Trust continued to hold the “Disability Confident’ employer status and was 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 Staff Network continues to meet regularly and has a designated executive director as a sponsor. The 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 Trust reviewed its Workforce Disability Action Plan with the input of the staff network as part of the national process within the NHS to meet the Workforce Disability Equality Standard.

## The policy on equal opportunities

The Trust aims to be a leading organisation for promoting Equality and Diversity in Wirral and for our staff. The organisation acknowledges the duty to reflect all the communities and people it serves in both service delivery and employment and the need to tackle all forms of discrimination. The Trust strives to remove inequality and ensure there are no barriers to health and wellbeing by:

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

The Trust continues to deliver against the aims of its Inclusion & Health Inequality Strategy (2022-27) which includes three key commitments:

- **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 complies with the national requirements to produce an annual Inclusion Report along with annual reports of the Gender Pay Gap, Workforce Race Equality Standard, Workforce Disability Equality Standard, all of which are available on the Trust website. These reports 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 reports are followed up with the development of action plans which are co-produced with the relevant

staff networks, and progress with those plans is monitored through the People and Culture Committee.

With the support of the Pride staff network the Trust embarked on promoting awareness raising in relation to LGBTQ+ history month and educating and building confidence in managers to have inclusive and meaningful conversations with others who may be part of the LGBTQ+ community.

The Menopause Staff Network continued to grow and championed awareness raising during International Menopause Day celebrations. They regularly meet and provide peer support to others and provide signposting to resources, which is particularly important in light of the workforce demographics and predominantly female workforce.

During 2024 the Trust has continue to promote support available for staff who are part of the Armed Forces community. We have promoted Remembrance Day, Armed Forces Day and continued to work with other local NHS trusts to share good practice and support patients as part of the implementation of the Armed Forces Covenant.

## **Actions Taken to Inform or Consult with Staff and Employee Representatives**

The Trust communicates with staff in a variety of ways 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. Regular meetings take place with staff representatives from recognised trade unions through a formal Joint Forum meeting, and 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 in line with our legal obligations.

The Joint Forum meetings support effective exchanges of information between management and trade unions and are particularly focused on organisational changes that may impact upon staff. This includes the discussion of operational performance data, discussion of strategic priorities and provision of data regarding workforce performance. This forum also allows for the opportunity for “lessons learned” following large scale organisational change projects involving Staff Side, Management and Human Resources.

## **Information on Health and Safety Performance and Occupational Health**

During 2024-25, the Trust continued to provide several support mechanisms to enhance staff health and wellbeing. A private occupational health service provider continues to offer pre-employment screening, management and employee advice.

The Employee Assistance Programme was re-tendered, and our new provider, Health Assured, commenced in January 2024 with an enhanced package of support which is available to staff 24 hours a day, 7 days a week, 365 days of the year. Additional support includes access to face-to-face counselling and leadership coaching, online Cognitive Behavioural Therapy support, bereavement support, self-help modules, fact sheets and guidance videos. The offer also includes legal support, couples counselling, trauma recovery and support for managers.

The Trust is committed to providing a working environment which supports the health, safety and wellbeing of those who could be affected by its activities. Information for staff about this is available in accessible format via the Trust’s intranet site, StaffZone.

During 2024 we continued to offer financial wellbeing, and this has involved regularly promoting national offers and local offers including our 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 continue to extend 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 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 our FTSU Guardian is supported by 130+ FTSU Champions working in all areas of the Trust to promote the benefits of an open culture, increase awareness of raising concerns, signpost to appropriate support and actively encourage colleagues to speak up safely. We are proud to have FTSU Champions available in all of our Staff Network Groups to promote Speaking Up for everyone and support breaking down any potential barriers to raising concerns.

## **Staff Experience and Engagement**

The annual NHS Staff Survey takes place during Quarter 3 each year with initial results available during Quarter 4 and final validated results during March at the end of the financial year. The survey is one method used to understand staff experience and levels of engagement in the Trust.

Following analysis of the 2023 staff survey results (available at the end of 2023/24), a trust wide action plan has been developed and will be monitored at the People and Culture Oversight Group each month. A bi-monthly progress is provided to the People and Culture Committee as part of the Staff Engagement update. Localised action plans have been developed at team-level across the organisation.

The key themes for action centred around:

- Compassionate culture
- We are safe and healthy
- Motivation
- Work pressures

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

The Staff Voice Forum 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. This provides an invaluable opportunity to hear directly from staff on how they feel, what is working well and what could be improved.

We continue to use the staff update email to all staff twice a week to celebrate “shout outs” where staff can say thank you to others and over a thousand were made during the year. This way of recognising contributions from colleagues is used to showcase teams and individuals and to thank others. The monthly stand-out is a way to recognise a member of staff or team and is voted for by peers with the most votes winning the monthly award. The winner is announced at the Get Together, our monthly briefing by our CEO and executive directors.

There are 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.

We have continued the support and development of our staff network groups, BAME, Pride, Ability, Working Carers and Menopause group. In total our Staff networks have nearly 120 members from across the organisation, who regularly attend meetings every 4-6 weeks.

Each of the staff Networks have an identified executive sponsor, helping to make the Trust an inclusive and welcoming place to work and receive care demonstrated by inclusive senior leadership. The networks are open to all staff from protected groups and their allies and have been established to also be inclusive for any students, agency and bank workers.

During December 2024 we held a staff network celebration event to recognise the achievements of the networks and identify areas of intersectionality and joint future working projects. More information is included in the Inclusion section of the report.

## NHS Staff Survey

The NHS staff survey is conducted annually, the survey questions align to the seven elements of the NHS ‘People Promise’, and two 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 2024/25 survey among trust staff was 51 % (2023/24: 60 %). Scores for each indicator together with the average of the survey benchmarking group (community Trust CT) are presented below, alongside years 2023 and 2022.

Indicators	2024			2023			2022		
	Trust score	CT Average	NHS	Trust score	CT Average	NHS	Trust score	CT Average	NHS
We are compassionate and inclusive	7.70	7.76	7.28	7.76	7.75	7.30	7.6	7.6	7.23
We are recognised and rewarded	6.32	6.79	5.99	6.40	6.51	5.99	6.1	6.4	5.80
We each have a voice that counts	7.00	7.11	6.69	7.14	7.15	6.72	7.0	7.1	6.68
We are safe and healthy	6.20	6.49	6.14	6.32	6.42	6.13*	6.1	6.3	5.93

We are always learning	5.86	5.97	5.67	6.13	6.04	5.64	5.6	5.9	5.39
We work flexibly	6.63	6.91	6.31	6.79	6.93	6.28	6.3	6.7	6.09
We are a team	7.20	7.20	6.80	7.28	7.20	6.80	7.1	7.1	6.69
Staff engagement	7.02	7.23	6.85	7.18	7.26	6.89	7.0	7.2	6.79
Morale	5.84	6.26	5.96	6.05	6.23	5.94	5.7	6.1	5.73

The Trust's performance reduced in all nine scores however only two of these reductions are of statistical significance (*We are always learning* and *Morale*). Compared to the NHS overall, Trust scores were above average for eight out of nine indicators.

In comparison to benchmarked Community Trusts, the Trust were equal to the average scores for one People Promise theme, '*We are a team*'. The trust was below average for the other 8 scores.

We were 'best in sector' for 2024 staff survey results on Q23a\* "*in the last 12 months having an appraisal*" and Q13d "*the last time you experienced physical violence at work, did you or a colleague report it?*"

## Future Priorities and Targets

A Trust-wide Action Plan has been developed to address overarching themes along with local action plans at team level designed to address these, as well as local issues.

The Trust will continue to build on work initiated by the People Strategy, some of which have been delivered under the remit of the People Promise Manager role with a focus on continuing to improve employee experience. Following cessation of the People Promise Manager national project funding, these deliverables have been incorporated into other projects and roles.

In response to the 2024 staff survey results there will be a number of actions including

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

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

- Flexible working
- Feeling safe and healthy
- Morale
- We are always learning

Action plans will be developed at Trust wide and team levels, and monitoring of this will be done through the locality/system structures and the People and Culture Oversight Group.

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

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 2024-25 based on the returns submitted to date from trade union representatives.

**Table 1 - Relevant Union Officials**

What was the total number of your employees who were relevant union officials during the relevant period?	Number of employees who were relevant union officials during the relevant period. Full Time Equivalent Figure.
7	5.05

**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	£62,446
Provide the total pay bill	£83,747,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x100	0.07%

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

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	9.35%
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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 £301k 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 2025 earning £245 per day or greater

	<b>Number</b>
Number of existing engagements as of 31 March 2025	34
<b>Of which, the number that have existed:</b>	
for less than one year at the time of reporting	32
for between one and two years at the time of reporting	2
for between two and three years at the time of reporting	0
for between three and four years at the time of reporting	0
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 2025 earning £245 per day or greater

	<b>Number</b>
	34
Number of off-payroll workers engaged during the year ended 31 March 2024	34
<b>Of which:</b>	
Not subject to off-payroll legislation*	34
Subject to off-payroll legislation and determined as in-scope of IR35*	0
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.

Table 7 - For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025

	Number
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements	0

### Exit packages (subject to audit)

During the year no exit packages were 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 31<sup>st</sup> March 2024 reported during 2024-25 can be viewed at: <https://gender-pay-gap.service.gov.uk/employers/16775>

## 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. On 1 April 2023 the NHS Code of Governance for NHS Provider Trusts replaced The NHS Foundation Trust Code of Governance (July 2014), that was based on the principles of the UK Corporate Governance Code issued in 2012. The revised code of governance included updates to the comply or explain provisions, and the required disclosures can be seen on page 118.

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

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

- The constitution of the NHS Foundation Trust
- Standing orders for the Board of Directors and Council of Governors setting out the roles and responsibilities of each
- Code of Conduct for the Board of Directors and Council of Governors
- Schemes of delegation and matters reserved to the Board
- Established role of Senior Independent Director (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

- Audit Committee arrangements in place
- Governor-led appointments process for external auditor and all NED appointments and re-appointments
- 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
- CQC inspection of the Trust in 2023 providing an overall rating of 'Good'
- Board development programme completed in 2024 supported by the North West Leadership Academy

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](http://www.wchc.nhs.uk) and in the NHS Foundation Trust directory at [www.gov.uk/government/publications/nhs-foundation-trust-directory](http://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 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 2024-25, the Trust had 7,795 members split as follows across the two constituencies.

- 5,936 public members
- 1,859 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 2024-25, 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 Head of Inclusion, Head of Quality & Patient Experience and 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 2024-25 the members of the Your Voice group were involved in a variety of projects and initiatives from across the Trust. These included;

- Regular updates on key themes from Your Experience feedback including concerns and complaints and key learning
- Developing member biographies to promote on the public facing website to encourage recruitment to the group
- Development of patient information leaflets on Wound Care Management and Palliative Care
- Judging of the Trust's Patient Choice Award
- Engagement on the development of the Trust's 'What Matters to You' campaign
- Review of the referral routes to Urgent Community Response
- An update on the SEND inspection of Wirral
- Supporting the planning of the Trust's International Nurses Day Celebrations for 2025

All Your Voice meetings provide an opportunity to share information with members but also an open forum for discussion between members.

## 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 Chair and other Non-Executive Directors
- Setting the remuneration of the Chair 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 2024-25.

The Trust held elections in September 2024; slightly delayed due to the pre-election period and the general election on 4 July 2024.

The elections were run independently by Civica and in accordance with the Model Election Rules as included in the FT Constitution. The 2024 election included 7 public and 2 staff governors' seats as follows;

<b>Constituency</b>	<b>Number of seats</b>
<b>Public - Birkenhead</b>	2
<b>Public - Rest of England</b>	1
<b>Public - Wirral South &amp; Neston</b>	1
<b>Public - Wirral West</b>	1
<b>Public - Wallasey</b>	2
<b>Staff</b>	2

## The composition of the Council of Governors

The current Council of Governors comprises 12 governors (not including vacancies).

- 7 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 2024-25.

Name	Constituency/ Organisation	Term of Office (End date)
<b>Public Elected Governors</b>		
Irene Cooke	Birkenhead	3 years (2027)
Rach Markey	Birkenhead	3 years (2027)
<i>Vacant seat</i>	Rest of England	
Gary Kelly-Hartley	Wallasey	3 years (2027)
<i>Vacant seat</i>	Wallasey	
Lynn Collins	Wirral West	3 years (2027)
Ronnie Morris	Wirral West	3 years (2025)
Frieda Rimmer	Wirral South & Neston	3 years (2027)
Kevin Sharkey	Wirral South & Neston	3 years (2025)
<b>Staff Elected Governors</b>		
Jenna Brassington	Staff Governor	3 years (2025)
Lauren Francom	Staff Governor	3 years (2027)
Emma Carvell	Staff Governor	3 years (2027)
<b>Appointed Governors</b>		
Eve Collins	Appointed Governor, University of Chester	
Karen Prior	Appointed Governor, HealthWatch Wirral	
<i>Vacancy</i>	Wirral Borough Council	

## Council of Governors meetings

During 2024-25, the Council of Governors met formally on 4 occasions.

- 15 May 2024
- 11 September 2024
- 13 November 2024
- 12 February 2025

Four informal development sessions were also held as follows, including joint sessions with governors from Wirral University Teaching Hospital NHS Foundation Trust;

- 3 July 2024
- 26 November 2024 (*Introduction meeting with WUTH CoG*)
- 15 January 2025
- 12 February 2025
- 21 March 2025 (*Joint informal session with WUTH CoG*)

The following table summarises governor attendance at each formal meeting of the Council of Governors, recognising that new governors joined mid-year.

		Possible Meetings	Meetings Attended
<b>Public Elected Governors</b>			
Irene Cooke	Public Governor, Birkenhead	1	1
Rach Markey	Public Governor, Birkenhead	1	0
Lynn Collins	Public Governor, Wirral West (Lead Governor)	4	4
Ronnie Morris	Public Governor, Wirral West	4	2
Gary Kelly-Hartley	Public Governor, Wallasey	4	1
Kevin Sharkey	Public Governor, Wirral South/Neston	4	4
Frieda Rimmer	Public Governor, Wirral South/Neston	4	4
<b>Staff Elected Governors</b>			
Lauren Francom	Staff Governor	4	2
Jenna Brassington	Staff Governor	4	1
Emma Carvell	Staff Governor	1	1
<b>Appointed Governors</b>			
Eve Collins	Appointed Governor, University of Chester	4	2
Karen Prior	Appointed Governor, HealthWatch Wirral	4	1

## 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](mailto: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 Committees and groups

The Council of Governors has a Remuneration & Nomination Committee 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 2024-25 are described above in the Remuneration Report.

The Governor Quality Forum has a public governor as Chair and the NED Chair of the Quality & Safety Committee and the Chief Nurse supporting the work of the forum. The Terms of Reference were developed and supported by all members and formal approved by the full Council of Governors.

The aim and purpose of the quality forum, as described in the Terms of Reference are as follows;

- To support the Trust in the delivery of the Quality Strategy with a focus on *'People and Communities Guiding Care'* allowing governors to consider the views of members and those accessing care from the Trust.
- To receive updates on the progress to deliver the annual Quality Strategy Delivery Plan and associated outcomes
- To receive thematic analysis on patient/people experience from across all Trust services
- To provide a forum for governors to provide feedback on the views of members on the quality of care provided by the Trust

The quality forum provides a report to the next available meeting of the Council of Governors and members of the forum attend the Trust's patient engagement forums where possible (INVOLVE and Your Voice) to hear the views of the community.

## Training and development for governors

All governors are invited to attend a series of informal 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 elections new governors were invited to a two-day 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.

During 2024-24, all governors have also been invited to attend informal meetings with the Chair and governor colleagues from Wirral University Teaching Hospital NHS FT, providing an opportunity to share experiences and learnings for the future in relation to the recommendations from the Wirral Review.

## 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 2024-25. 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 <sup>1</sup>	Chair	1	1
Karen Howell <sup>2</sup>	CEO	1	1
Gerald Meehan <sup>3</sup>	Interim Chair	3	2
Beverley Jordan	NED	4	3
Chris Bentley	NED	4	4
Meredydd David <sup>4</sup>	NED	3	3
Tony Bennett	Chief Strategy Officer	4	1
Mark Greatrex <sup>5</sup>	Chief Finance Officer/Interim CEO	3	3
Dave Miles <sup>6</sup>	Interim Chief Finance Officer	4	2
Jo Chwalko <sup>7</sup>	COO Interim Deputy CEO	1	1
Claus Madsen <sup>8</sup>	Chief People Officer	2	1
Debs Smith <sup>9</sup>	Joint Chief People Officer	2	
Eddie Roche	Interim Medical Director	4	0
Alison Hughes	Director of Corporate Affairs	4	4
Paula Simpson	Chief Nurse	4	3
Sir David Henshaw <sup>10</sup>	Chair	2	2
Janelle Holmes <sup>11</sup>	Chief Executive	2	2
Bradley Palin <sup>12</sup>	Interim COO	3	2

### Explanatory notes

<sup>1</sup>Michael Brown left the Trust 31 August 2024 (end of further 1 year term of office to Sept 2024)

<sup>2</sup>Karen Howell left the Trust 31 May 2024

<sup>3</sup>Gerald Meehan - NED from Feb 2019 to Aug 2024 and Interim Chair 1 Sept 24 - 31 January 2025

<sup>4</sup>Meredydd David joined the Trust 1 July 2024

<sup>5</sup>Mark Greatrex - Chief Finance Officer/Deputy Chief Executive Officer up to 1 June 2024. Interim Chief Executive Officer from 11 June 2024 - 30 November 2024. Chief Finance Officer from December 2024 - February 2025

<sup>6</sup>Dave Miles - Interim Chief Finance Officer - 10 Feb 2025 to 31 April 2025

<sup>7</sup>Jo Chwalko - Director of Integration at WUTH from July 2024 and Interim Deputy CEO from February 2025

<sup>8</sup>Claus Madsen left the Trust on 20 Oct 24

<sup>9</sup>Debs Smith joined the Trust as Joint Chief People Officer October 2024.

<sup>10</sup>Sir David Henshaw joined the Trust as Joint Chair on 11 Nov 2024

<sup>11</sup>Janelle Holmes joined the Trust as Joint CEO on 11 Nov 2024

<sup>12</sup>Bradley Palin - Interim Chief Operating Officer from July 2024 - March 2025

In addition to Council of Governors meetings, 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 Lead Governor provides a written report at every public Board of Directors meeting.

The Chair'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. 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 public session on five occasions during 2024-25

According to the standing orders of the Trust, the Chair 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 Chair. The Chair called a number of extraordinary board of director meetings during 2024-25 specifically in relation to operational, and financial planning and in order to meet the timetable of NHS Merseyside and NHS England and the Wirral Review.

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.

The table below shows the attendance record for each board member compared to the maximum number of meetings required to attend during 2024-25 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.

<b>April 2024 – March 2025</b>	<b>Board</b>	<b>Rem Nom</b>	<b>Audit</b>	<b>Quality &amp; Safety</b>	<b>Finance &amp; Performance</b>	<b>People &amp; Culture</b>
<b>Number of Meetings</b>	<b>6</b>	<b>3</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>6</b>
<b>Chair/Non-Executive Directors</b>						
*Michael Brown (Chair)	<b>3 (3)</b>					
*Sir David Henshaw	<b>2 (2)</b>					
Chris Bentley	<b>6</b>	<b>3</b>	<b>3</b>	<b>6</b>	<b>6</b>	<b>6</b>
Meredydd David	<b>3 (4)</b>	<b>3</b>	<b>3 (3)</b>	<b>5 (6)</b>	<b>2 (4)</b>	<b>3 (4)</b>
Gerald Meehan	<b>5 (5)</b>	<b>3</b>	<b>3</b>	<b>3 (4)</b>	<b>5 (5)</b>	<b>4 (5)</b>
Beverley Jordan	<b>6</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>6</b>
<b>Executive Directors &amp; Directors</b>						
*Karen Howell	<b>(1)</b>					
*Janelle Holmes	<b>1 (2)</b>					
Paula Simpson	<b>6</b>			<b>5</b>	<b>6</b>	<b>6</b>
Alison Hughes	<b>6</b>	<b>1</b>	<b>3</b>	<b>6</b>	<b>3</b>	<b>5</b>
Mark Greatrex	<b>5 (6)</b>	<b>0 (1)</b>	<b>1 (3)</b>	<b>1 (1)</b>	<b>1 (1)</b>	
Claus Madsen	<b>4 (4)</b>	<b>1 (1)</b>		<b>1 (3)</b>		<b>4 (4)</b>
Debs Smith	<b>2 (2)</b>	<b>1 (1)</b>		<b>0 (3)</b>		<b>2 (2)</b>
Jo Chwalko	<b>2 (2)</b>			<b>1 (1)</b>	<b>2</b>	<b>2 (2)</b>
Bradley Palin	<b>4 (4)</b>			<b>4 (5)</b>	<b>3 (4)</b>	<b>4 (4)</b>
Tony Bennett	<b>5</b>				<b>3</b>	
Dr Eddie Roche	<b>5</b>			<b>6</b>		
Dave Miles	<b>3 (4)</b>		<b>2 (3)</b>	<b>3 (4)</b>	<b>5 (5)</b>	
Dave Murphy	<b>6</b>				<b>6</b>	

*\*Michael Brown, Sir David Henshaw, Karen Howell and Janelle Holmes 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 Chair respectively. The Chair also meets with all voting members of the Board to discuss their progress, contribution and objectives.

## Committees of the Board

The committee structure reporting to the Trust Board is 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
- Remuneration & Terms of Service Committee (at least once per annum)
- Audit Committee (5 meetings per annum)

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

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)
<b>Audit Committee</b>	<b>Meredydd David (Chair)</b> Beverley Jordan Chris Bentley Gerald Meehan	By invitation ( <i>not formal members</i> )

<b>Committee</b>	<b>Non-Executive Director(s)</b>	<b>Director(s)</b>
<b>Finance &amp; Performance Committee</b>	<b>Beverley Jordan (Chair)</b> Chris Bentley Gerald Meehan	Chief Finance Officer Chief Nurse Chief Operating Officer Chief Strategy Officer Medical Director
<b>Quality &amp; Safety Committee</b>	<b>Chris Bentley (Chair)</b> Gerald Meehan Beverley Jordan	Chief Nurse Medical Director Chief People Officer Chief Operating Officer Chief Finance Officer
<b>People &amp; Culture Committee</b>	<b>Gerald Meehan (Chair)*</b> Beverley Jordan Chris Bentley  <i>*to end of January 2025 when term of office ended. Meredydd David assumed Chair on an interim basis.</i>	Chief People Officer Chief Nurse Medical Director Chief Operating Officer
<b>Remuneration Committee</b>	<b>Michael Brown (Chair)*</b> Beverley Jordan Meredydd David Chris Bentley Gerald Meehan  <i>*to end of August 2025 when term of office ended. Gerald Meehan assumed interim Chair from September 2024 to November 2024.</i>	By invitation (not formal members)

The revised Code of Governance for NHS Provider Trusts included updates to the comply or explain provisions, and the required disclosures are below:

Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
<b>Required disclosures</b>				
Disclose	A 2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the Trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The Trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- Board Assurance Framework with high visibility through all sub-committees of the Board (including Audit Committee) and the Board of Directors.</li> <li>- Strategic risks in the BAF aligned to strategic objectives.</li> <li>- Annual Assurance Framework Review 2024-25 confirming BAF meets all standards.</li> <li>- Head of Internal Audit Opinion 2024-25 providing <b>Substantial Assurance</b></li> <li>- Integrated Performance Board with monthly performance reporting from oversight groups.</li> <li>- Integrated Performance Report to Board of Directors.</li> <li>- Use of live dashboard through Trust Information Gateway (TIG) dashboards at every level of the organisation supporting robust performance monitoring and risk identification.</li> <li>- Annual Quality Report reviewed by Quality &amp; Safety Committee</li> <li>- CQC Well-Led inspection (August 2023) - Good rating.</li> <li>- Active participant in the MHLDC Provider Collaborative.</li> <li>- Active participant in the Wirral Place Based Partnership Board and supporting groups.</li> <li>- Social value charter supported by the Board of Directors.</li> <li>- Active engagement in the Wirral Review and Board support to implement all 17 recommendations from the review</li> <li>- Single leadership model established with the appointment of Joint Chair and Joint CEO (November 2024)</li> </ul>

Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
Disclose	A 2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices, or behaviour throughout the business are aligned with the Trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the Trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- Board of Directors annual cycle of business includes: <ul style="list-style-type: none"> <li>• Reports from NED Chairs of all committees including People &amp; Culture Committee</li> <li>• EDI Annual Report</li> <li>• FTSU Annual Report (with FTSU Guardian in attendance)</li> </ul> </li> <li>- People &amp; Culture Committee reviews WRES and WDES reports, results from national NHS staff survey</li> <li>- Behavioural standards framework developed and launched aligned to Trust values of Compassion, Open and Trust</li> <li>- Leadership Forums twice yearly</li> <li>- Values-based recruitment and annual appraisals include evidence of demonstration of the Trust values.</li> <li>- Monthly Get Together with briefings from Executive Team, open to all staff</li> <li>- Staff engagement plan</li> <li>- Quarterly People Pulse Survey results</li> <li>- Strategic risk on the BAF related to 'looking after the wellbeing of our people' (ID07)</li> <li>- Executive sponsorship of all staff networks including BAME, PRIDE, Menopause, Ability, Carers, Veterans</li> <li>- Over 130 FTSU Guardians across the Trust</li> <li>- Wellbeing Champions and dedicated section of Staff Zone for staff wellbeing</li> <li>- Shared internal communications plan with WUTH, related to Trust integration and collaboration (new channels established for staff to ask questions or raise concerns)</li> </ul>

Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
Disclose	A 2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the Trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- Annual report compliant with reporting guidance and includes some reference to stakeholders, system and place-based partners and key partnerships for collaboration.</li> <li>- Strategic risks on the BAF recognise the relationship and interdependency at Place on financial and operational performance (ID05 and ID06)</li> <li>- New strategic risk (ID11) raised in-year to recognise the importance of partnership working to achieve strategic objectives</li> <li>- Place-based Partnership Board, the Place governance manual has been developed.</li> <li>- Active engagement in the Wirral Review and Board support to implement all 17 recommendations from the review</li> <li>- Single leadership model established with the appointment of Joint Chair and Joint CEO (November 2024)</li> <li>- Development of Partnership Agreement between WCHC and WUTH and establishment of Joint Committee with delegated authority</li> <li>- Briefings to Council of Governors including joint informal sessions with WUTH</li> </ul>

Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
Disclose	B 2.6	<p>The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances which are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director:</p> <ul style="list-style-type: none"> <li>- has been an employee of the Trust within the last two years.</li> <li>- has, or has had within the last two years, a material business relationship with the Trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the Trust.</li> <li>- has received or receives remuneration from the Trust apart from a director's fee, participates in the Trust's performance-related pay scheme or is a member of the Trust's pension scheme.</li> <li>- has close family ties with any of the Trust's advisers,</li> <li>- directors or senior employees</li> <li>- holds cross-directorships or has significant links with other directors through involvement with other companies or bodies.</li> <li>- has served on the Trust board for more than six years from the date of their first appointment.</li> <li>- is an appointed representative of the Trust's university medical or dental school.</li> </ul> <p>Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive</p>	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- Annual confirmation of independence as part of governance reporting included in Annual Report.</li> </ul>

Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
		director is independent, it needs to be clearly explained why.		
Disclose	B 2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	<b>Compliant</b>	- This is detailed in the Accountability Report.
Disclose	B 2.17	For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors.	<b>Compliant</b>	- This is detailed in the FT constitution and a summary of the work of the CoG is detailed in the Annual Report. - The Board of Directors has a Scheme of Reservation and Delegation in place.
Disclose	C 2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the Trust or individual directors.	<b>Compliant</b>	- Any relevant declaration is made in the Annual Report. - All Directors (Exec and NED) complete annual declarations of interest in line with Trust policy on Managing Conflicts of Interest.
Disclose	C 2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	<b>Compliant</b>	- Relevant information is included in the Annual Report. - Terms of Reference for the Remuneration Committee are publicly available.
Disclose	C 4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience.	<b>Compliant</b>	- Information included in the Directors Report.

Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
Disclose	C 4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the Trust or individual directors.	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- CQC Well-Led inspection completed in 2023</li> <li>- During 2024-25 the Trust has continued to actively engage with the CQC inspection team including on-site visits to Trust services and observation of Trust Board meetings</li> </ul>

Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
Disclose	C 4.13	<p>The annual report should describe the work of the nominations committee(s), including:</p> <ul style="list-style-type: none"> <li>• the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline.</li> <li>• how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition</li> <li>• the policy on diversity and inclusion including in relation to disability, its objectives and linkage to Trust vision, how it has been implemented and progress on achieving the objectives.</li> <li>• the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the Trust's workforce and communities served.</li> <li>• the gender balance of senior management and their direct reports.</li> </ul>	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- The Annual Report describes the work of both nomination and remuneration committees (exec and NED) and appointments/ extensions or personnel changes within the current year.</li> <li>- The Staff Report includes more information on diversity and overall workforce profile.</li> </ul>

Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
Disclose	C 5.15	Foundation trust governors should canvass the opinion of the Trust's members and the public, and for appointed governors the body they represent, on the NHS foundation Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- FT governor representatives also attend the Governor Quality Forum and the Trust's Your Voice with service users and members of the community.</li> <li>- Strategy progress reports are reported to the Council of Governors.</li> </ul>
Disclose	D 2.4	<p>The annual report should include:</p> <ul style="list-style-type: none"> <li>- the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed.</li> <li>- an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans.</li> <li>- where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit.</li> <li>- an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services.</li> </ul>	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- This is included in the Annual Governance Statement.</li> <li>- The last two bullet points are not relevant to the Trust.</li> </ul>

<b>Part of Schedule A</b>	<b>Code section</b>	<b>Summary of requirement</b>	<b>Trust position</b>	<b>Evidence</b>
Disclose	D 2.6	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy.	<b>Compliant</b>	This is included in the Annual Report.
Disclose	D 2.7	The board of directors should carry out a robust assessment of the Trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	<b>Compliant</b>	This is included in the Annual Governance Statement.
Disclose	D 2.8	The board of directors should monitor the Trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	<b>Compliant</b>	This is included in the Annual Governance Statement.

Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
Disclose	D 2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over going concern are expected to be rare.	<b>Compliant</b>	This is included in the Annual Report and Accounts.
Disclose	E 2.3	Where a trust releases an executive director, e.g., to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	<b>N/A</b>	This is not applicable at present.

<b>Part of Schedule A</b>	<b>Code section</b>	<b>Summary of requirement</b>	<b>Trust position</b>	<b>Evidence</b>
Disclose	Appendix B, para 2.3 (not in Schedule A)	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	<b>Compliant</b>	This is included in the Annual Report.
Disclose	Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report.	<b>Compliant</b>	This is included in the Annual Report and the Trust's website has a contact form for members to engage with governors.
Disclose	Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, e.g., through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- The Non-Executive Directors attend all formal CoG meetings and provide an update from each of the committees.</li> <li>- The Non-Executive Directors attend CoG development sessions.</li> <li>- The NED Chair of the Quality &amp; Safety Committee attends all meetings of the Governor Quality Forum</li> </ul>

Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
Disclose	Additional requirement of FT ARM resulting from legislation	<p>If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report.</p> <p>This is required by paragraph 26(2)(aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012.</p> <p>* Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance).</p> <p>** As inserted by section 151 (6) of the Health and Social Care Act 2012)</p>	<b>Compliant</b>	This power has not been exercised and is confirmed in the Annual Report.

## NHS 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 segmentation decision indicates the scale and general nature of 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 March 2025. 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 and Care NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Wirral Community Health and Care NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

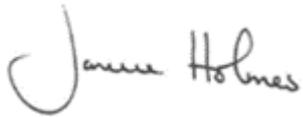
In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS 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 Foundation 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 that reads "Janelle Holmes". The signature is written in a cursive style with a large initial 'J'.

**Janelle Holmes**  
**Chief Executive**

**18 June 2025**

# Annual Governance Statement 2024-25

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

**Organisation Code:** RY7

## Scope of responsibility

As Accountable 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*.

I confirm that I came into post as Chief Executive on 6<sup>th</sup> November 2024.

## 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 2025 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 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 2024-25, there were changes at Board level (described in the Director's Report) including a number of interim arrangements.

The Chief Executive and Chair were appointed to the Trust in November 2025 (*see further details below related to the Wirral Review*) in joint roles as Chief Executive and Chair of Wirral University Teaching Hospital NHS FT.

At the end of 2024-25, two executive posts were held by interims, the Interim Executive Medical Director and Interim Chief Operating Officer. In year, there has also been an Interim Chief Executive (June - November 2024) and Interim Chief Finance Officer (June - November 2024 and February - March 2025).

All Directors continue to comply with the Fit and Proper Persons Test (FPPT) requirement (Regulation 5) with annual assurance provided to the Board of Directors.

In 2024-25, all Directors completed a self-assessment against the NHSE Leadership Competency Framework (LCF) as part of annual performance appraisals.

The Trust has a Risk Policy (GP45) which sets out the Trust's approach to risk management, which is preventative, aimed at developing a culture within which clinical and non-clinical risks are recognised early and promptly addressed and provides an opportunity for learning and shared reflection.

During 2024-25, the Trust maintained governance arrangements and risk escalation processes to ensure that new, emerging and existing risks were identified and managed. This included regular oversight by the sub-committees of the Board on high-level operational risks, strategic risks in the Board Assurance Framework, and the Audit Committee receiving regular reports on operational and strategic risk management.

The internal audit plan included a Risk Management Core Controls review during 2024-25 confirming *'overall a good system of intern control is in place in relation to the risk management process'*. The management of strategic risks was also assessed through the annual Assurance Framework Review - see further detail below on the Board Assurance Framework.

## 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 was updated and approved by the Audit Committee in 2024-25, and provides a systematic approach to the identification, management and escalation of risks within the Trust. It 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.

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

Staff at all levels have been supported and encouraged to identify, report and manage risks through the web-based incident reporting and risk management system, Datix.

A Training Needs Analysis was agreed in 2024-25 which detailed the training requirements for risk management as part of the Trust's mandatory training programme. This was recognised by internal audit, following a recommendation raised in 2023-24.

During 2024-25, 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 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 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 2024-25 the average monthly risk health score for all organisational risks recorded on Datix, was 100%.

The risk dashboard 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 sub-committees of the Board and the Audit Committee. This dashboard has been enhanced during Q4, 2024-25 to include real-time trend data of risks increasing or decreasing in-month and in-year.

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.

Throughout 2024-25, the sub-committees of the Board considered the potential impact of high-level organisational risks on the strategic risks managed through the Board Assurance Framework. The Board of Directors also 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 2024-25, this included bi-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 services 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.

During 2024-25 the Trust focused on embedding the Patient Safety Incident Response Framework (PSIRF) methodology in its approach to responding to patient safety incidents in a way that promotes a more proportionate and effective response for learning and improvement. The Trust is currently in the process of reviewing its PSIRF plan to focus on key areas of the organisations risk profile. This review has been developed by the triangulation of data sets and will focus on outcomes that enhance patients/families' experience.

Towards the end of 2024-25 the Trust's implementation of PSIRF was audited by Mersey Internal Audit Authority which provided **Substantial Assurance**, and it was reported as best practice.

The Trust continues to be represented at all key stakeholder patient safety meetings such as the Cheshire & Merseyside PSIRF group and the National Patient Safety Meeting.

During 2024-25, the Trust reported a 5.5% reduction in incident reporting. This reduction was due to the ceasing of the social care contract during 2023-24 and the adoption of the Learning from Patient Safety Events (LFPSE) system which focuses on NHS funded care for incident reporting. The national changes to the categorisation of pressure ulcers also contributed to the reduction. The Quality & Safety Committee maintained oversight of incident reporting levels.

Incidents coded as 'no harm' remained consistent with the decrease seen in incidents of 'low harm' (-14.5%) and 'moderate harm' (-37%) demonstrating that less incidents have occurred where a patient has come to harm under the care of the Trust. Since the adoption of LFPSE the Trust has listened to staff feedback on the new incident reporting system and developed

a communication programme to support staff with raising incidents, which has also provided valuable feedback to the national team.

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 Trust remains committed to promoting an open and transparent culture to ensure that all members of staff feel safe and confident to speak up. In 2024-25 there were 50 FTSU concerns reported compared to 34 reported in 2023-24. This increase mirrors a national upturn in the number of concerns reported to FTSU Guardians and supports the growing awareness and confidence in the FTSU process.

The Trust's Freedom To Speak Up Guardian is supported by 135 FTSU Champions in the Trust and in all Staff Network Groups promoting the Speak Up culture and Trust values.

94.47% of Trust staff have completed the national Speak Up, Listen Up, Follow up Training which supports all staff to know how to Speak Up and supports Managers and Senior Leaders to listen and respond appropriately

To support our internal governance Freedom To Speak Up themes and learning are monitored through the quarterly FTSU Steering Group and a bi-annual report is presented at both Quality & Safety Committee and the Trust Board. In addition, the senior FTSU Team (including the Chief Nurse and Medical Director) meet bi-weekly to maintain oversight of all concerns raised and the actions being taken to address them, ensuring feedback is provided and reporters are supported and thanked for highlighting concerns.

The FTSU Guardian has direct access to the Chair, Chief Executive and all members of the Board. The Chief Nurse is the Executive Lead for Freedom To Speak Up and the Audit Chair is the NED FTSU Champion. All members of the Board are completing the Freedom To Speak Up 'Follow Up' training.

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.

During 2024-25, 8 strategic risks were tracked through the BAF.

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

The monitoring and management of the risks 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 risk appetite for each strategic risk was determined according to the following criteria;

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

At year-end and as reported to the Board of Directors in April 2025, of the 8 strategic risks two were categorised as risk averse; these related to safe delivery of services and ensuring equity of access.

The highest scoring risk (ID04), with a risk rating of 16 (L4 x C4) related to the delivery of the Trust's agreed financial plan for 2024-25 and the impact on future monitoring and regulation. The Finance & Performance Committee maintained oversight of this risk providing regular updates, assurance and recommendations to the Board of Directors.

In December 2024, one risk (ID06) achieved the agreed target risk rating due to the mitigations in place and the ability to close identified gaps. This position remained under review by the Finance & Performance Committee for the remainder of the financial year.

One new risk was identified in-year (ID11) with a risk rating of 8 (L2 x C4) and a moderate risk appetite, relating to effective partnership working and delivering the recommendations from the Wirral Review. The Board of Directors maintained oversight of this risk reviewing the status of mitigations and any identified gaps.

All other risks scored between RR8 – RR12.

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
	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>

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;

- 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 relevant risks recorded on the Wirral Place Delivery Assurance Framework (PDAF) were also reported to determine any impact on Trust strategic risks and to assess any further action to be taken by the Trust to support mitigations at Place-level (e.g., the Quality & Safety Committee requested a review of *PDAF risk 7 - Unscheduled Care* to consider any impact or changes required to the Trust's strategic risks and to ensure appropriate reference to Trust urgent care services to provide relevant mitigations. This was to provide assurance to the committee that the PDAF risk score was not being driven by actions the Trust needed to take.)

The Audit Committee also considered the BAF at each of its meetings in June, July and October 2024, and February 2025.

Major strategic risk themes related to;

- Delivery of safe services
- Equity of access, experience and outcomes
- Financial settlement impact on 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

MIAA completed the annual Assurance Framework Review providing 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 2024-25 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 2025.

The same paper to the Board of Directors also includes recommendations for new risks to be tracked during 2025-26. These predominantly relate to delivery of the financial plan and the CIP/transformation programme. A number of strategic risks, particularly in relation to quality and safety and workforce, have been identified for continued monitoring and tracking through the BAF.

Risk Description	Committee oversight	Link to 5-year strategy	Initial risk rating (LxC) (April 2024)	Current risk rating (LxC) (February 2025)	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
Previous ID03 archived at end of 2023-24.						
ID04 - Failure to deliver the Trust's agreed financial plan for 2024-25 has an impact on future monitoring and regulation and on Place performance.	Finance & Performance Committee	Make most efficient use of resources to ensure value for money	4 x 4 (16)	4 x 4 (16) ↔	2 x 4 (8)	Cautious
Previous ID05 closed for 2024-25.						
<b>TARGET RISK RATING ACHIEVED (remaining under review)</b> ID06 - Trust operational performance declines resulting in poorer outcomes and greater inequalities for our population.	Finance & Performance Committee	Deliver sustainable health and care services	2 x 4 (8)	2 x 4 (8) ↔	2 x 4 (8)	Cautious

Risk Description	Committee oversight	Link to 5-year strategy	Initial risk rating (LxC) (April 2024)	Current risk rating (LxC) (February 2025)	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.	People & Culture Committee	Improve the wellbeing of our employees Better employee experience to attract and retain talent	2 x 4 (8)	2 x 4 (8) ↔	1 x 4 (4)	Moderate
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.	People & Culture 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)	Moderate
Previous ID09 archived during 2023-24 and included in ID01.						
ID10 - We are not able to attract, grow and develop our talent sufficiently to ensure the right numbers of engaged, motivated and skilled staff to meet activity and operational demand levels.	People & Culture Committee	Grow, develop and realise employee potential. Better employee experience to attract and retain talent	2 x 4 (8)	2 x 4 (8) ↔	1 x 4 (4)	Open
ID11 - Failure to achieve the Trust's 5-year strategy due to the absence of effective partnership working resulting in damaged external relations, failure to deliver the financial plan 24-25 and the recommendations from the Wirral Review,	Board of Directors	Make most efficient use of resources and ensure value for money	2 x 4 (8)	2 x 4 (8) ↔	1 x 4 (4)	Moderate

Risk Description	Committee oversight	Link to 5-year strategy	Initial risk rating (LxC) (April 2024)	Current risk rating (LxC) (February 2025)	Target risk rating (LxC)	Risk Appetite
with poorer outcomes for patients and a threat to service sustainability.						

## 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 2024-25. The committee has a Non-Executive Chairman, and the Chief Nurse is the Executive Lead.

During 2024-25 the SAFE Operations Group (SOG) continued to provide assurance to the Integrated Performance Board (IPB) in relation to compliance with regulatory standards including CQC, the delivery of high-quality services and strong 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 quality and 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 (see above).

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

The Trust was inspected by the CQC in 2023.

The comprehensive inspection included a well-led inspection and three core services inspections as follows:

- Community Health Services for Adults
- Community Health Inpatient Service
- Community Health Sexual Health Services

The final inspection report was published with an overall Trust rating of Good, including a well-led rating of Good.

During 2024-25 the Trust has continued to engage with the CQC team through regular engagement meetings. The Trust has been allocated a new inspection team due to changes in the CQC and engagement has been positive.

The Quality Account includes further information on quality governance systems, processes and performance during 2023-24.

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
- The submission of timely and accurate information to assess risks to compliance with the 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 NHS Oversight Framework and the UK Corporate Governance Code. The Trust responded as required to all national guidance issued for community services during 2024-25 and worked across the health and care system to ensure effective collaboration and partnership working to meet required targets and standards.

Any future risks to compliance with this licence condition will be managed in the context of increased partnership working and integration with WUTH as new governance structures are developed and established, and lines of accountability reflect these changes.

A process of due diligence in specific areas related to contracts and financial governance has identified matters associated with decision-making and contract management, all of which have been reported to the Board of Directors and addressed. In the interests of transparency further information is included in the next section - *Review of economy, efficiency and effectiveness of the use of resources*

The Trust's People Strategy 2022-27 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

During 2024-25 the Trust delivered against Year 3 of the People Strategy with assurance provided bi-monthly to the People & Culture Committee. The committee approved extensions to actions in-year and also approved a consolidation of the delivery plan into a reduced number of more focused actions recognising future plans under the leadership of a Joint Chief People Officer across functions in both WCHC and WUTH.

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.

Risks related to safe staffing are monitored at the SAFE Operations Group and the People & Culture Oversight Group, reported to the Integrated Performance Board and assurance

provided primarily to the People & Culture Committee and to the Quality & Safety Committee in terms of impact on safety and quality.

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.

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.

There was no industrial action at the Trust during 2024-25 but regular engagement with Joint Union Staff Side representatives remains in place.

The Foundation Trust has published on its website an up-to-date register of interests, including gifts and hospitality 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 obligations under equality, diversity and human rights legislation are complied with.

The Foundation Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of 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. Performance against the plan is monitored at the Integrated Performance Board, the Finance & Performance Committee and the Board of Directors.

The Board of Directors received the financial statements from 2023-24 on 24 June 2024 and will receive the financial statements and Annual Report & Accounts for 2024-25 at the end of June 2025.

Key performance indicators and performance against local, regional and national indicators 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.

The financial plan for 2024-25 required in-year productivity and efficiency saving of £6.3m; which was fully delivered. The majority of savings were non-recurrent, due to the overachievement of non-recurrent savings schemes.

As detailed above, the Trust's highest scoring strategic risk managed through the Board Assurance Framework (ID04) related to delivery of the financial plan and the potential impact on future monitoring and regulation, and on Place performance. There were also associated high-level operational risks associated with the CIP programme and delivery of the Capital Plan which were regularly reported to the Integrated Performance Board and the Finance & Performance Committee.

The Trust's resources are managed within the framework of the Corporate Governance Manual which includes Standing Financial Instructions (SFIs) and Delegated Financial Limits (DFLs). 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.

The SFIs were reviewed in-year to ensure they remain fit for purpose. The proposed changes were submitted to the Finance & Performance Committee and at that time a previous increase to the DFLs for the CEO and the CFO were noted and identified as not having been formally ratified by the Board. It was noted that the increased limits had not been exercised. The changes to DFLs have subsequently been removed but the remaining changes to support effective internal control have been approved by the Board.

Under the 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 2024-25 the internal audit plan included a review Key Financial Transactional Processing Controls which provided **Substantial Assurance**.

The Finance & Resources Oversight Group (FROG) has systems and processes in place to monitor and track performance against key contracts and with key suppliers. The Trust's procurement team, together with the Deputy Director of Contracts and Commissioning and relevant contract leads ensure effective relationships and management of third-party providers providing assurance to the IPB and the Finance & Performance Committee. The Trust has also established systems and processes, as set out in a revised Procurement Policy to ensure compliance with the new Procurement Act from 24 February 2025.

The Trust welcomes the opportunity to further enhance and strengthen partnership working and engagement at system and place level where it provides services. During 2024-25 the Trust has continued to work in partnership with people and communities, organisations from across primary care, secondary care, local authorities and the community and voluntary sector.

The Wirral Review, commissioned by the Cheshire & Merseyside ICB in 2024-25 also identified a number of recommendations for greater collaboration and integration between the Trust and Wirral University Teaching Hospital NHS Foundation Trust (WUTH). This included a shared leadership model, the establishment of a Joint Committee to oversee the integration of both Trusts and the delivery of service improvements to further build effective partner relationships across the healthcare system.

The first recommendation to appoint a Joint Chair and Joint Chief Executive was completed in November 2024 and a Joint Chief People Officer was also appointed, following the departure of this Trust's previous Chief People Officer. The Trust's Chief Operating Officer was seconded into a joint role between both Trusts as Director of Integration and Delivery to work with teams to realise the benefits of greater collaboration and integration. The Executive

Teams in both Trusts have been actively working together to implement the recommendations from the Wirral Review.

The Council of Governors, through the Remuneration Committee supported the process to appoint the Joint Chair, working closely with governors from WUTH. Further, governors have had the opportunity to engage with senior leaders from both Trusts to understand the programme of integration and the implementation of the recommendations from the Wirral Review. The contribution of the governors to support effective integration has been valued.

More information on some key programmes of collaborative working are detailed in the Performance Report.

### ***Lancashire 0-19 contract award***

In 2023-24, the Trust was awarded the contract to deliver 0-19 services in Lancashire. The mobilisation of the contract began in 2023-24 and continued in the first quarter of 2024-25 with an expected contract start date of 1 October 2024.

Following engagement with Cheshire & Merseyside ICB, NHS England and guidance in respect of significant service contracts, the Board of Directors made the decision to withdraw from the contract in June 2024, before the expected start date. Subsequently the Board commissioned a thorough lesson learnt exercise which included a review of the tender process, the contract mobilisation and the factors related to the withdrawal from the contract. Consequently, the Trust's local tender evaluation process was updated to incorporate the learning.

At the end of 2024-25, the new Chair and Chief Executive also commissioned an independent review of all 0-19/25 contracts delivered by the Trust across the Cheshire & Merseyside geography. The purpose of the review was to examine the contractual arrangements in place and consider whether the contracts were financially sustainable and remained in strategic alignment to ICB and Place priorities. This review also considered the factors associated with the Lancashire 0-19 contract.

The review (completed during February and March 2025) provided 6 recommendations all of which were accepted by the Board of Directors in April 2025 and an action plan subsequently produced to track and monitor implementation. The action plan, led by the interim Chief Finance Officer, was presented to the Board of Directors in June 2025 noting current status and confirmation that all recommendations will be completed by August/September 2025.

The recommendations reflect actions already being taken by the Trust including a further enhancement to the local tender evaluation process.

To ensure effective partnership working in the delivery of these contracts the Trust is represented at the Place-Based Partnership Boards in Cheshire East, St Helens and Knowsley.

The Trust is a key stakeholder and contributor to the governance arrangements of the Wirral Place with the Chief Executive or nominated representative attending the Wirral Place Based Partnership Board. A recommendation from the Wirral Review, related to the enhancement of governance arrangements at Place to support collaborative working and together with WUTH, the Trust is leading the establishment of the Wirral Provider Collaborative which will convene in June 2025.

During 2024-25, the Chief Executive and interim Chief Executive (from June 2024) remained a member of the Cheshire & Merseyside Mental Health, Learning Disability and Community Provider Collaborative (MHLDC).

The Board of Directors has received regular briefings on developments at Place, system and provider collaborative.

## Information governance

The Trust's DSPT was submitted on 28 June 2024 with all mandatory standards met.

In September 2024, the Data Security and Protection Toolkit (DSPT) adopted the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and IG assurance. The DSPT is now split into 5 objectives each containing outcomes which are supported by indicators of good practice grouped into levels of achievement.

The audit requirements previously established for the DSPT remain.

The baseline submission was completed by 31 December 2024 and the final submission will be made by 30 June 2025.

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

All Information Governance policies are currently in-date, several policies are under review prior to their expiration date, to ensure they remain fit for purpose and contemporaneous with legislation and Trust processes.

Staff can access Trust policies via StaffZone and any updates are highlighted within the Communications Update.

**Table 1: Table of Information Governance Policies and review dates**

Policy Name	Review Date
Information Governance Policy	August 2027
Data Protection and Confidentiality Policy	March 2027
Records Management Policy	January 2028
Individual Rights and Accessing Records Policy	February 2028
Freedom of Information Policy	April 2028
Data Protection Impact Assessment Policy	May 2028

The Information Governance Policy 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. In 2024-25, compliance against mandatory Data Security Awareness e-Learning was 96.5% with bespoke training packages also developed in areas where knowledge gaps are identified.

All employees of the Trust, including Non-Executive Directors bank staff and volunteers, individuals on secondment, trainees, those on a training placement as well as locum or temporary staff employed through an agency are required to complete annual Data Security Awareness Training (1 April to 31 March.) This is mandated against annual training requirements.

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 Digital Information Officer (CDIO) Information Asset Owners (IAOs) and the Data Protection Officer (DPO).

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

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

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

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

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

The Trust is registered as a Data Controller with the ICO, registration number - **Z2567487**.

The Trust complies 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 2023-24 with good levels of digital maturity demonstrated in most areas. The work programme to overhaul core infrastructure to facilitate cloud-based

infrastructure has continued with >60% of all applications now cloud-based (e.g., N365, SystemOne).

The Trust is accredited eMRAM (Electronic Medical Record Adoption Model) level 5 by the Healthcare Information and Management Systems Society (HIMSS).

During 2024-25, 151 Information Governance incidents were reported and of these, 121 were deemed attributable to the Trust. This is compared to 142 reported in 2023-24.

Of the 121 incidents, 116 (96%) were classified as resulting in 'no harm' with the remaining incidents classified as 'low harm'. This is indicative of a strong culture of reporting and learning, supported by the Trust's approach to disseminating learning from incident reporting.

In 2024-25, the Trust notified the Information Commissioner's Officer (ICO) of two incidents; both were closed with no further action by the ICO in August and September 2024 respectively.

All information governance incidents reported on Datix are reviewed by the Information Governance 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.

## Data quality and governance

The Directors are required under the Health Act 2009 and the subsequent Health & Social Care Act 2012 to prepare quality accounts for each financial year if they deliver services under the NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum.

The Annual Reporting Manual (ARM) from NHSE/I published in February 2025 removed the requirement for NHS Foundation Trusts to produce a Quality Report and only requires the production of a Quality Account (by 30 June 2025) 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 2024-25.

The Quality Account is not required to be reviewed by external auditors Grant Thornton.

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

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).

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 financial, quality, operational and workforce performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports and since appointment in November 2025, my own due diligence and review of systems and processes in the Trust. 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, Mersey Internal Audit Agency (MIAA) has provided the Annual Head of Internal Audit 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 2024-25. 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 2024-25 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 recently announced changes to national bodies and the corresponding uncertainty this causes, ongoing elective recovery response, workforce challenges, 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. MIAA also confirms 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 MIAA has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Assurance Framework.

The review coverage of the internal audit plan for 2024-25 was focused on;

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

Review Title	Assurance Level
Key Financial Controls	Substantial
Emergency, Preparedness, Resilience and Response	Substantial
Patient Safety Incident Response Framework	Substantial
ESR/HR Payroll Controls	Substantial
Critical Applications Review: Electronic Patient Records	Substantial
Data Quality – Health Inequalities	Not applicable for assurance opinion
Risk Management - Core Controls	Not applicable for assurance opinion
Assurance Framework (phl and phll)	Not applicable for assurance opinion

The overall Head of Internal Audit Opinion for the period 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025 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”*.

Through delivery of the internal audit plan, 26 recommendations were raised, and all were accepted by management. There were no critical or high-risk recommendations and during the course of the year follow-up reviews have taken place which have demonstrated that the Trust has made good progress with the implementation of recommendations.

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

The Trust has a robust programme of clinical audit in place and during 2024-25, 59 local, service or national audits were completed. This position will be reported to the Quality & Safety Committee in May 2025 and the key quality outcomes from the audits are reported in the annual Quality Account.

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 Trust completed 0 national confidential enquiries during 2024-25.

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 when reviewing the Trust’s performance and future ambitions. The Council of Governors continued to meet with the Trust during 2024-25.

During 2024-25, the governors also completed business for the Trust, in accordance with their statutory duties, including the appointment of a new Audit Chair (July 2024), the appointment of a new Joint Chair and Joint Chief Executive with Wirral University Hospitals NHS Foundation Trust, as per the recommendations from the Wirral Review (November 2024) and the re-appointment of one Non-Executive Director (January 2025). The governors also supported a proposal and commenced a joint recruitment campaign with WUTH for a new Joint Non-Executive Director recognising new vacancies on both Boards of Directors.

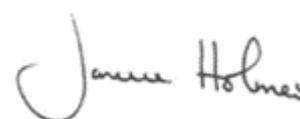
My review is also informed by external audit opinion, external inspections, including CQC and accreditations and reviews completed during the year.

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

- Robust policy schedules in place and embedded trust-wide (including the Risk Policy)
- Established governance arrangements
- Visibility and oversight of the strategic risks in the Board Assurance Framework
- Regular review and reporting of the organisational risk register and clear processes in place to track and manage risks trust-wide
- All sub-committees of the Board providing assurance reports to the Board of Directors
- Audit Committee scrutiny of controls in place
- Regular oversight and performance monitoring through the Integrated Performance Board, supported by the work of the Oversight Groups
- The use and availability of data trust-wide
- Robust quality governance processes
- A strong culture of learning supporting staff to Speak Up
- Internal audit plan with robust follow up and tracking through an Audit Tracker Tool

## Conclusion

As Accounting Officer, I confirm that there were no significant issues to report in 2024-25 and internal control systems are fit for purpose and being further developed to ensure sustainability. I have highlighted matters identified by the Trust through existing systems of internal control and Trust governance. Any further information related to these matters will be reported to the Board of Directors and the Audit Committee.



**Janelle Holmes**  
**Chief Executive**

**18 June 2025**

# Independent auditor's report to the Board 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 2025, 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 material accounting policy information. 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 2024-25.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2025 and 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 2024-25; 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 (2024) ("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 2024-25 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 2024) 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 November 2024 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 2024/25 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 2024/25; 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, 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 2024/25, 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 2024-25).
- 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;
- 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 significant journals at the end of the financial year which had an impact on the Trust's financial performance;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and building valuations and capital additions and capital and revenue accruals;
  - 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.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- The engagement partner's 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](http://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 2025.

We have nothing to report in respect of the above matter except on the 18 June 2025 we identified a significant weakness in the Trust’s arrangements for improving economy, efficiency and effectiveness. This was in relation to:

- the Trust’s arrangements for contracting in 2024/25 relating to the cancelled 0-19 contract with Lancashire County Council. Our review identified a range of weaknesses including due diligence processes, capacity of the trust to deliver the contract and loss of incurred costs.
  - We recommend that the Trust should ensure it has robust due diligence in place for new contracts including a full assessment of costs, full due diligence of existing suppliers and data systems, and ensures it obtains formal regional and national approvals where needed.

### **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 November 2024. 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 – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for Wirral Community Health and Care NHS Foundation Trust for the year ended 31 March 2025 in accordance with the requirements of Chapter 10 of the National Health Service Act 2006 and the Code of Audit Practice until we have received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete for the year ended 31 March 2025. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2025.

### 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.

*Georgia Jones*

Georgia Jones, Key Audit Partner  
for and on behalf of Grant Thornton UK LLP, Local Auditor

Liverpool  
26 June 2025



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

**WIRRAL COMMUNITY HEALTH AND CARE  
NHS FOUNDATION TRUST**

**FINANCIAL STATEMENTS FOR THE YEAR  
ENDED 31 MARCH 2025**

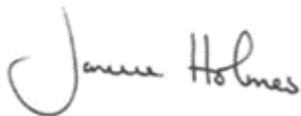
## **FOREWORD TO THE ACCOUNTS**

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

#### **Accounts for the year ended 31 March 2025**

The following presents the accounts for Wirral Community Health and Care NHS Foundation Trust for the year ended 31 March 2025.

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.

A handwritten signature in black ink that reads "Janelle Holmes". The signature is written in a cursive style with a large initial 'J'.

**Janelle Holmes, Chief Executive**

**18 June 2025**

## Statement of Comprehensive Income (SoCI)

		2024/25	2023/24
	Note	£000	£000
Operating income from patient care activities	4	111,868	103,694
Other operating income		3,585	3,817
<b>Total operating income</b>		<b>115,453</b>	<b>107,510</b>
Operating expenses of continuing operations	5	(108,320)	(105,950)
Impairments net of (reversals)	9	458	(1,461)
<b>Operating surplus/(deficit)</b>		<b>7,591</b>	<b>100</b>
<b>Finance costs</b>			
Finance income	8	619	781
Finance expense	8	(289)	(385)
PDC dividend expense		(916)	(1,011)
<b>Net finance costs</b>		<b>(586)</b>	<b>(615)</b>
Gains/(losses) from transfers by absorption		0	(971)
<b>Surplus/(deficit) for the year</b>		<b>7,005</b>	<b>(1,486)</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Revaluations	9	204	854
Other reserve movements		4	339
<b>Total comprehensive income/(expense) for the period</b>		<b>7,213</b>	<b>(293)</b>

The notes on pages 164 to 202 form part of these accounts.

<b>Statement of Financial Position (SoFP)</b>		<b>31 March 2025</b>	<b>31 March 2024</b>
	Note	£000	£000
<b>Non-current assets</b>			
Intangible assets	10	104	184
Property, plant and equipment	11	41,399	39,312
Right of use assets	12	32,246	34,616
Receivables	15	0	98
<b>Total non-current assets</b>		<b>73,749</b>	<b>74,209</b>
<b>Current assets</b>			
Inventories	14	614	557
Receivables	15	11,284	7,397
Cash and cash equivalents	16	7,795	12,719
<b>Total current assets</b>		<b>19,693</b>	<b>20,674</b>
<b>Total Assets</b>		<b>93,442</b>	<b>94,882</b>
<b>Current liabilities</b>			
Trade and other payables	17	(8,847)	(15,345)
Borrowings	18	(2,855)	(3,098)
Provisions	20	(412)	(186)
Other liabilities	17	(436)	(423)
<b>Total current liabilities</b>		<b>(12,550)</b>	<b>(19,053)</b>
<b>Total assets less current liabilities</b>		<b>80,892</b>	<b>75,830</b>
<b>Non-current liabilities</b>			
Borrowings	18	(30,058)	(32,208)
<b>Total non-current liabilities</b>		<b>(30,058)</b>	<b>(32,208)</b>
<b>Total assets employed</b>		<b>50,834</b>	<b>43,622</b>
<b>Financed by taxpayers' equity</b>			
Public dividend capital		3,150	3,150
Revaluation reserve		3,487	3,283
Income and expenditure reserve		44,198	37,189
<b>Total taxpayers' and others' equity</b>		<b>50,834</b>	<b>43,622</b>

The financial statements and notes on pages 165 to 207 were approved by the Board of Directors on 18 June 2025 subject to the completion of the financial audit. They are signed on its behalf by:



**Janelle Holmes, Chief Executive**  
18 June 2025

## Statement of Changes in Taxpayers' Equity (SoCITE)

	<b>Total Taxpayers' Equity £000</b>	<b>Public Dividend Capital £000</b>	<b>Revaluation Reserve £000</b>	<b>Income and Expenditure Reserve £000</b>
<b>Taxpayers' and others' equity at 1 April 2024 - brought forward</b>	<b>43,622</b>	<b>3,150</b>	<b>3,283</b>	<b>37,189</b>
Surplus/(deficit) for the year	7,005	0	0	7,005
Revaluations - property, plant and equipment	204	0	204	0
Other reserve movements	4	0	0	4
<b>Taxpayers' and others' equity at 31 March 2025</b>	<b>50,834</b>	<b>3,150</b>	<b>3,487</b>	<b>44,198</b>
<b>Taxpayers' and others' equity at 1 April 2023</b>	<b>43,914</b>	3,150	2,429	38,336
Surplus/(deficit) for the year	<b>(1,486)</b>	0	0	<b>(1,486)</b>
Revaluations - property, plant and equipment	818	0	818	0
Revaluations – right of use assets	36	0	36	0
Other reserve movements	339	0	0	339
<b>Taxpayers' and others' equity at 31 March 2024</b>	<b>43,622</b>	<b>3,150</b>	<b>3,283</b>	<b>37,189</b>

## Statement of Cash Flows (SoCF)

	Note	2024/25 £000	2023/24 £000
<b>Cash flows from operating activities</b>			
<b>Operating surplus/(deficit)</b>		7,591	100
<b>Non-cash or non-operating income and expense:</b>			
Depreciation and amortisation	5	6,268	6,169
Impairments and reversals	5	(458)	1,461
(Increase)/decrease in receivables		(3,788)	2,356
(Increase)/decrease in inventories		(57)	66
Increase/(decrease) in trade and other payables		(6,648)	(8,705)
Increase/(decrease) in other liabilities		13	(1,266)
Increase/(decrease) in provisions		226	62
Other movements in operating cash flows		5	(84)
<b>Net cash generated from/(used in) operations</b>		<b>3,152</b>	<b>159</b>
<b>Cash flows from investing activities</b>			
Interest received		619	781
Purchase of property, plant and equipment		(4,440)	(3,604)
<b>Net cash generated from/(used in) investing activities</b>		<b>(3,821)</b>	<b>(2,823)</b>
<b>Cash flows from financing activities</b>			
Capital element of lease liability repayments		(2,955)	(2,756)
Interest element of lease liability repayments		(289)	(374)
PDC dividend (paid)/refunded		(1,010)	(1,434)
Cash flows from (used in) other financing activities		0	422
<b>Net cash generated from/(used in) financing activities</b>		<b>(4,255)</b>	<b>(4,142)</b>
<b>Increase/(decrease) in cash and cash equivalents</b>		<b>(4,924)</b>	<b>(6,807)</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>12,719</b>	<b>19,525</b>
<b>Cash and cash equivalents at 31 March</b>		<b>7,795</b>	<b>12,719</b>

## 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 2024/25, 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 2024/25, the Trust reported an adjusted financial performance surplus of £6,547k. As disclosed in note 3, the impact of impairments determines the Trust 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 2024/25 was agreed at a £6.5m surplus. This was agreed with the ICB. This included a savings/operational efficiency target of £6.3m

for the full year. This represented a 5.7% 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 7 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 30th June 2026. 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 2025/26,
- 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 2024/25. As at the end of March 2025, the available cash in the Trust's bank was £7.7m. 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 30th June 2026. 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 2025.

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 £0.3m. In comparison, a 10% movement in values is £3.1m. This would result in an increase or decrease in PDC dividend payable of £0.05m

- 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.

### **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 2024/25, 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.

## **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 are 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.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except 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 4.81% applied to new leases commencing in 2025 and 4.72% to new leases commencing in 2024.

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.

#### **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.

#### **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.

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 2024/25.

### **1.26. Standards, amendments, and interpretations in issue but not yet effective or adopted**

The DHSC GAM does not require the following IFRS Standards to be applied in 2024/25:

IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Changes to non-investment asset valuation – Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.

These changes are not expected to have a material impact on these financial statements.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

The impact of applying these changes in future periods has not yet been assessed. PPE and right of use assets currently subject to revaluation have a total book value of £73.6m as at 31 March 2025. Assets valued on an alternative site basis have a total book value of £0.0m at 31 March 2025.

## **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 healthcare.

### 3. Reconciliation from the Statement of Comprehensive Income to the recognised system financial position

	<b>2024/25</b>	<b>2023/24</b>
	<b>£000</b>	<b>£000</b>
Surplus/(deficit) for the period	7,005	(1,486)
<b>Normalising adjustments:</b>		
Add back all I&E impairments / (reversals)	(458)	1,461
Adjust (gains) / losses on transfers by absorption	0	971
Remove capital donations / grants / peppercorn lease I&E impact	0	12
	<hr/>	<hr/>
<b>Trading (deficit)/surplus for the period</b>	<b>6,547</b>	<b>958</b>
	<hr/>	<hr/>

## 4. Operating income

### 4.1. Operating income (by source)

	2024/25 £000	2023/24 £000
<b>Income from patient care activities received from:</b>		
NHS England (including central funding for AfC pay offer)	6,369	4,494
Clinical commissioning groups	0	0
Integrated care boards	73,969	69,789
NHS Foundation Trusts	7,198	3,137
NHS Trusts	0	0
Local authorities	24,233	26,217
Department of Health and Social Care	35	35
Injury cost recovery scheme	62	18
Non-NHS: other	2	3
<b>Total income from patient care activities (by source)</b>	<b>111,868</b>	<b>103,693</b>
<b>Other operating income</b>		
Education and training (excluding notional apprenticeship levy income)	1,594	1,726
Non-patient care services to other bodies	1	0
Other (recognised in accordance with IFRS 15)	43	73
Education and training - notional income from apprenticeship fund	0	15
Research and development (IFRS 15)	3	0
Charitable and other income	0	222
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	0	8
Rental revenue from operating leases	1,289	1,772
Other (recognised in accordance with standards other than IFRS 15)	655	0
<b>Total other operating income</b>	<b>3,585</b>	<b>3,816</b>
<b>Total operating income</b>	<b>115,453</b>	<b>107,510</b>

## 4.2. Operating income (by nature)

	2024/25 £000	2023/24 £000
<b>Community services</b>		
API contract income/system block income*	75,141	71,023
Income from other sources (e.g. local authorities)	31,466	29,389
<b>All services</b>		
Additional pension contribution central funding**	5,197	3,261
Other clinical income	64	20
<b>Total income from patient care activities (by nature)</b>	<b>111,868</b>	<b>103,693</b>
Total other operating income	3,585	3,816
<b>Total operating income</b>	<b>115,453</b>	<b>107,510</b>

\*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 2023/24 National Tariff payments system documents.

\*\*The employer contribution rate for NHS pensions increased from 20.6% to 23.7% (excluding administration charge) from 1 April 2024. Since 2019/20, NHS providers have continued to pay over contributions at the former rate of 14.3% 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.

## 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, and NHS England.

	2024/25 £000	2023/24 £000
<b>Core contracts</b>		
ICBs	73,969	69,789
Local authorities	24,233	26,217
NHS England	6,369	4,495
<b>Total core contracts</b>	<b>104,571</b>	<b>100,501</b>
Other services	10,882	7,009
<b>Total operating income</b>	<b>115,453</b>	<b>107,510</b>

## 5. Operating expenses

	2024/25 £000	2023/24 £000
Purchase of healthcare from NHS and DHSC group bodies (excl. expenses as a mental health collaborative lead provider)	1,766	1,550
Purchase of healthcare from non-NHS and non-DHSC group bodies (excl. expenses as a mental health collaborative lead provider)	304	397
Staff and executive directors costs	83,684	78,904
Non-executive directors	104	105
Supplies and services – clinical (excluding drugs costs)	6,067	6,573
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	0	8
Supplies and services - general	2,047	2,204
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	540	717
Inventories written down (net including drugs)	0	51
Consultancy	301	457
Establishment	1,387	2,043
Premises - business rates collected by local authorities	673	977
Premises - other	1,899	3,725
Transport (business travel only)	1,024	177
Transport - other (including patient travel)	0	0
Depreciation	6,064	6,031
Amortisation	204	138
Movement in credit loss allowance: contract receivables/assets	575	(299)
Provisions arising / released in year	261	62
Audit services - statutory audit	174	118
Other auditor remuneration (payable to external auditor only)	0	34
Internal audit - non-staff	69	66
Clinical negligence - amounts payable to NHS Resolution (premium)	232	225
Legal fees	101	82
Insurance	78	114
Education and training - non-staff	196	362
Education and training - notional expenditure funded from apprenticeship fund	0	15
Lease expenditure - short term leases (<= 12 months)	0	392
Lease expenditure - variable lease payments not included in the liability	0	71
Redundancy costs - staff costs	63	0
Car parking and security	428	498
Hospitality	2	1
Other losses and special payments - non-staff	9	5
Other services (e.g. external payroll)	1	146
Other	68	0
<b>Operating expenditure</b>	<b>108,320</b>	<b>105,949</b>
Impairments net of (reversals)	(458)	1,461
<b>Total operating expenditure</b>	<b>107,862</b>	<b>107,410</b>

The external auditors' liability is limited to £1,000,000. Grant Thornton external audit fees for 24-25 is £122.4k including VAT, 23-24 fees of £46.6k including VAT and £4.8k is related to previous auditor's fees.

## 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

	<b>2024/25</b>	<b>2023/24</b>
	<b>£000</b>	<b>£000</b>
<b>Operating lease revenue</b>		
Minimum lease payments	1,289	1,772
<b>Total</b>	<u>1,289</u>	<u>1,772</u>

### 6.2. Future lease receipts

	<b>31 March</b>
	<b>2025</b>
	<b>£000</b>
<b>Future minimum lease receipts due at 31 March 2025:</b>	
- not later than one year	1,328
- later than one year and not later than two years	1,291
- later than two years and not later than three years	1,285
- later than three years and not later than four years	1,281
- later than four years and not later than five years	1,281
- later than five years	5,364
<b>Total</b>	<u>11,830</u>

	<b>31 March</b>
	<b>2024</b>
	<b>£000</b>
<b>Future minimum lease receipts due at 31 March 2024:</b>	
- not later than one year	1,294
- later than one year and not later than two years	400
- later than two years and not later than three years	393
- later than three years and not later than four years	378
- later than four years and not later than five years	346
- later than five years	5,341
<b>Total</b>	<u>8,152</u>

## 7. Employee benefits

	<b>2024/25</b>	<b>2023/24</b>
	<b>£000</b>	<b>£000</b>
Salaries and wages	63,304	61,237
Social security costs	6,583	5,873
Apprenticeship levy	298	305
Pension cost - employer contributions to NHS pension scheme	7,928	7,407
Pension cost - employer contributions paid by NHSE on provider's behalf (2024/25: 9.4%, 2023/24: 6.3%) - month 12 only	5,197	3,261
Pension cost - other	54	31
Temporary staff - agency/contract staff	861	1,267
<b>Total staff costs</b>	<b>84,226</b>	<b>79,381</b>
<b>Included within:</b>		
Costs capitalised as part of assets	479	477
<b>Total employee benefits excl. capitalised costs</b>	<b>83,747</b>	<b>78,904</b>

### 7.1. Exit packages

During 2024/25, no voluntary redundancies were agreed (2023/24: none, £nil). There was one compulsory redundancies agreed during the year with a value of £59k (2023/24: none, £nil).

### 7.2. Pension costs – NHS Pension Scheme

Past and present employees are covered by the provisions of the 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](http://www.nhsbsa.nhs.uk/pensions). Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. 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 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025

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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and 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 considering recent demographic experience), and to recommend the contribution rate payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

#### **7.3. Retirements due to ill-health**

During 2024/25 there were four early retirement from the Trust on the grounds of ill-health at a total cost of £417,000 (2023/24: one, £68,000). 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.

## 8. Finance and other

### 8.1 Finance income

Finance income represents interest received on assets and investments in the period.

	<b>2024/25</b> <b>£000</b>	<b>2023/24</b> <b>£000</b>
<b>Finance income</b>		
Interest on bank accounts	619	781
<b>Total</b>	<b>619</b>	<b>781</b>

### 8.2 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	<b>2024/25</b> <b>£000</b>	<b>2023/24</b> <b>£000</b>
<b>Finance expenditure</b>		
Interest on lease obligations	289	385
<b>Total</b>	<b>289</b>	<b>385</b>

## 9. Impairment of assets

During 2024/25, 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.

	2024/25		
	Net impairments £000	Impairments £000	Reversals £000
<b>Impairments and (reversals) charged to operating surplus/deficit</b>			
Changes in market price	(458)	29	(487)
<b>Total impairments and (reversals) charged to operating surplus/deficit</b>	<b>(458)</b>	<b>29</b>	<b>(487)</b>
Total net impairments charged to revaluation reserve	0	0	0
<b>Total impairments and (reversals)</b>	<b>(458)</b>	<b>29</b>	<b>(487)</b>

	2023/24		
	Net impairments £000	Impairments £000	Reversals £000
<b>Impairments and (reversals) charged to operating surplus/deficit</b>			
Other			
Changes in market price	1,461	2,057	(597)
<b>Total impairments and (reversals) charged to operating surplus/deficit</b>	<b>1,461</b>	<b>2,057</b>	<b>(597)</b>
Total net impairments charged to revaluation reserve	0	0	0
<b>Total impairments and (reversals)</b>	<b>1,461</b>	<b>2,057</b>	<b>(597)</b>

## 10. Intangible assets

	<b>Total (Software licences) £000</b>
<b>2024/25</b>	
<b>Valuation/gross cost at 1 April 2024 - brought forward</b>	<b>2,990</b>
Reclassifications	1,284
<b>Valuation/gross cost at 31 March 2025</b>	<b>4,274</b>
<b>Accumulated amortisation at 1 April 2024 - brought forward</b>	<b>2,807</b>
Provided during the year	204
Reclassifications	1,159
<b>Accumulated amortisation at 31 March 2025</b>	<b>4,170</b>
<b>Net book value at 31 March 2025</b>	<b>104</b>
<b>2023/24</b>	
<b>Valuation/gross cost at 1 April 2023 - brought forward</b>	2,991
Impairments charged to operating expenses	(1)
<b>Valuation/gross cost at 31 March 2024</b>	<b>2,990</b>
<b>Accumulated amortisation at 1 April 2023 - brought forward</b>	2,669
Provided during the year	138
Impairments charged to operating expenses	(1)
<b>Accumulated amortisation at 31 March 2024</b>	<b>2,807</b>
<b>Net book value at 31 March 2024</b>	<b>184</b>

### 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 – 2024/25

	Total £000	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000
<b>2024/25</b>							
<b>Valuation/gross cost at 1 April 2024 - brought forward</b>	<b>51,464</b>	<b>1,924</b>	<b>31,050</b>	<b>0</b>	<b>3,261</b>	<b>14,495</b>	<b>735</b>
Additions - purchased	4,683	0	224	2,900	208	1,009	343
Impairments charged to operating expenses	0	0	0	0	0	0	0
Reversal of impairments credited to operating expenses	54	54	0	0	0	0	0
Revaluations	204	128	76	0	0	0	0
Reclassifications	(1,284)	0	0	0	0	(1,284)	0
<b>Valuation/gross cost at 31 March 2025</b>	<b>55,121</b>	<b>2,106</b>	<b>31,350</b>	<b>2,900</b>	<b>3,468</b>	<b>14,219</b>	<b>1,077</b>
<b>Accumulated depreciation at 1 April 2024 - brought forward</b>	<b>12,153</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,865</b>	<b>9,851</b>	<b>437</b>
Provided during the year	3,132	0	717	0	315	2,078	22
Impairments charged to operating expenses	29	0	29	0	0	0	0
Reversal of impairments credited to operating expenses	(433)	0	(433)	0	0	0	0
Revaluations	(1)	0	(1)	0	0	0	0
Reclassifications	(1,159)	0	0	0	0	(1,159)	0
<b>Accumulated depreciation at 31 March 2025</b>	<b>13,722</b>	<b>0</b>	<b>313</b>	<b>0</b>	<b>2,180</b>	<b>10,770</b>	<b>459</b>

## 11.2. Property, plant and equipment financing – 2023/24

	Total £000	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000
<b>2023/24</b>							
<b>Valuation/gross cost at 1 April 2023 - brought forward</b>	<b>48,867</b>	<b>1,398</b>	<b>21,413</b>	<b>10,502</b>	<b>2,874</b>	<b>12,244</b>	<b>436</b>
Additions - purchased	3,268	0	320	404	232	2,251	61
Impairments charged to operating expenses	(812)	(200)	206	(818)	0	0	0
Reversal of impairments credited to operating expenses	(14)	0	(14)	0	0	0	0
Reversal of impairments credited to the revaluation reserve	(663)	0	(663)	0	0	0	0
Revaluations	818	126	692	0	0	0	0
Reclassifications	0	600	9,096	(10,088)	155	0	238
<b>Valuation/gross cost at 31 March 2024</b>	<b>51,464</b>	<b>1,924</b>	<b>31,050</b>	<b>0</b>	<b>3,261</b>	<b>14,495</b>	<b>735</b>
<b>Accumulated depreciation at 1 April 2023 - brought forward</b>	<b>9,798</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1,581</b>	<b>7,789</b>	<b>425</b>
Provided during the year	3,026	0	668	0	284	2,062	12
Impairments charged to operating expenses	6	0	6	0	0	0	0
Reversal of impairments credited to operating expenses	(14)	0	(14)	0	0	0	0
Reversal of impairments credited to the revaluation reserve	(663)	0	(663)	0	0	0	0
<b>Accumulated depreciation at 31 March 2024</b>	<b>12,153</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,865</b>	<b>9,851</b>	<b>437</b>

### 11.3. 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 2025. 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 2025. The valuer has continued to exercise professional judgement in providing their valuations and this remains the best information available to the Trust.

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.

### 11.4. 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.

	<b>Min life Years</b>	<b>Max life Years</b>
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.

## 12.1. Right of use assets – 2024/25

	Total: Property (land and buildings)	Of which: leased from DHSC group bodies
<b>2024/25</b>		
Recognition of right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2024	40,293	14,049
Remeasurements of the lease liability	562	448
<b>Valuation/gross cost at 31 March 2025</b>	<b>40,855</b>	<b>14,497</b>
<b>Accumulated depreciation at 1 April 2024</b>	<b>5,678</b>	<b>3,002</b>
Provided during the year	2,931	1,571
<b>Accumulated depreciation at 31 March 2025</b>	<b>8,609</b>	<b>4,574</b>
<b>Net book value at 31 March 2025</b>	<b>32,246</b>	<b>9,923</b>
NBV of right of use assets leased from other NHS providers		187
NBV of right of use assets leased from other DHSC group bodies		9,736
	Total: Property (land and buildings)	Of which: leased from DHSC group bodies
<b>2023/24</b>		
Recognition of right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2023	36,526	11,388
Additions - lease liability	1,362	1,362
Remeasurements of the lease liability	3,205	1,263
Impairments charged to operating expenses	(597)	0
Reversal of impairments credited to operating expenses	27	36
Reversal of impairments credited to revaluation reserve	(3)	(3)
Revaluations	36	27
Disposals/derecognition – lease termination	(263)	(24)
<b>Valuation/gross cost at 31 March 2024</b>	<b>40,293</b>	<b>14,049</b>
<b>Accumulated depreciation at 1 April 2023</b>	<b>2,665</b>	<b>1,366</b>
Provided during the year	3,005	1,569
Impairments charged to operating expenses	643	49
Reversal of impairments credited to operating expenses	(570)	36
Reversal of impairments credited to revaluation reserve	(3)	(3)
Disposals/derecognition – lease termination	(62)	(14)
<b>Accumulated depreciation at 31 March 2024</b>	<b>5,678</b>	<b>3,003</b>

<b>Net book value at 31 March 2024</b>	<b>34,615</b>	<b>11,047</b>
NBV of right of use assets leased from other NHS providers		153
NBV of right of use assets leased from other DHSC group bodies		11,047

## 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.

	<b>2024/25</b>	
	<b>Lease liabilities</b>	
	<b>£000</b>	
<b>Carrying value at 31 March 2024</b>	<b>35,305</b>	
Impact of implementing IFRS 16 as at 1 April 2024	0	
Additions	0	
Lease liability remeasurements	562	
Interest charge arising in year	289	
Early Termination	0	
Lease payments (cash outflows)	<b>(3,245)</b>	
<b>Carrying value at 31 March 2025</b>	<b>32,912</b>	
	<b>2023/24</b>	
	<b>Lease liabilities</b>	
	<b>£000</b>	
<b>Carrying value at 31 March 2023</b>	<b>33,686</b>	
Impact of implementing IFRS 16 as at 1 April 2023	0	
Additions	1,362	
Lease liability remeasurements	3,205	
Interest charge arising in year	385	
Early Termination	<b>(203)</b>	
Lease payments (cash outflows)	<b>(3,130)</b>	
<b>Carrying value at 31 March 2024</b>	<b>35,305</b>	

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 2025

	Total	Of which: leased from DHSC group bodies
	31 March 2025 £000	31 March 2025 £000
Undiscounted future lease payments payable in:		
- not later than one year	2,855	1,393
- later than one year and not later than five years	10,189	4,340
- later than five years	22,487	4,989
<b>Total gross future lease payments</b>	<b>35,531</b>	<b>10,721</b>
Finance charges allocated to future periods	(2,618)	(699)
<b>Net lease liabilities at 31 March 2025</b>	<b>32,913</b>	<b>10,023</b>
<b>Of which:</b>		
Leased from other NHS providers	0	190
Leased from other DHSC group bodies	0	9,832

	Total	Of which: leased from DHSC group bodies
	31 March 2024 £000	31 March 2024 £000
Undiscounted future lease payments payable in:		
- not later than one year	3,111	1,615
- later than one year and not later than five years	10,277	4,479
- later than five years	24,791	5,820
<b>Total gross future lease payments</b>	<b>38,179</b>	<b>11,914</b>
Finance charges allocated to future periods	(2,874)	(734)
<b>Net lease liabilities at 31 March 2024</b>	<b>35,305</b>	<b>11,180</b>
<b>Of which:</b>		
Leased from other NHS providers	0	440
Leased from other DHSC group bodies	0	10,740

### 13. Capital commitments

At 31 March 2025 the Trust had £0 capital commitment (31 March 2024: £26,753).

### 14. Inventories

	2024/25	2023/24
	Consumables	Consumables
	£000	£000
<b>Carrying value at 1 April - brought forward</b>	<b>557</b>	<b>623</b>
Additions	57	0
Additions (donated) - from DHSC	0	8
Inventories consumed (recognised in expenses)	0	(23)
Write-down of inventories recognised as an expense	0	(51)
<b>Carrying value at 31 March</b>	<b>614</b>	<b>557</b>

### 15. Trade and other receivables

	31 March	31 March
	2025	2024
	£000	£000
<b>Current</b>		
Contract receivables (IFRS 15): invoiced	6,180	4,691
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	5,707	1,202
Allowance for impaired contract receivables / assets	(1,214)	(639)
Prepayments (revenue) [non-PFI]	336	1,872
VAT receivable	275	271
<b>Total current receivables</b>	<b>11,284</b>	<b>7,397</b>
<b>Non-current</b>		
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	0	98
<b>Total non-current receivables</b>	<b>0</b>	<b>98</b>
<b>Of which receivable from NHS and DHSC group bodies:</b>		
Current	6,181	1,115
Non-current	0	0

#### 15.1. Provision for impairment of receivables

	<b>Total £000</b>
<b>Allowance for credit losses at 1 April 2024 - brought forward</b>	<b>639</b>
New allowances arising	575
<b>Total allowance for credit losses at 31 March 2025</b>	<b>1,214</b>
<b>Allowance for credit losses at 1 April 2023 - brought forward</b>	<b>937</b>
Reversals of allowances (where receivable is collected in-year)	(299)
<b>Total allowance for credit losses at 31 March 2024</b>	<b>639</b>

## 16. Cash and cash equivalents

	<b>2024/25 £000</b>	<b>2023/24 £000</b>
<b>At 1 April</b>	12,719	19,525
Net change in year	(4,924)	(6,807)
<b>At 31 March</b>	<b>7,795</b>	<b>12,718</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	1	1
Cash with the Government Banking Service	7,794	12,717
<b>Total cash and cash equivalents as in SoFP</b>	<b>7,795</b>	<b>12,718</b>
<b>Total cash and cash equivalents as in SoCF</b>	<b>7,795</b>	<b>12,718</b>

## 17. Trade and other payables

	<b>31 March 2025 £000</b>	<b>31 March 2024 £000</b>
<b>Current</b>		
Trade payables	3,220	3,560
Capital payables (including capital accruals)	270	27
Accruals (revenue costs only)	2,431	8,999
Annual leave accrual	463	330
Social security costs	764	756
Other taxes payable	681	631
PDC dividend payable	(36)	59
Pension contributions payable	1,054	970
Other payables	0	15
<b>Total current trade and other payables</b>	<b>8,847</b>	<b>15,345</b>
Of which payable to NHS and DHSC group bodies:	2,626	2,658

	31 March 2025 £000	31 March 2024 £000
<b>Other current liabilities</b>		
Deferred income: contract liability (IFRS 15)	436	423
<b>Total other current liabilities</b>	<b>436</b>	<b>423</b>
<b>Other non-current liabilities</b>		
<b>Total other non-current liabilities</b>	<b>0</b>	<b>0</b>
<b>Total other liabilities</b>	<b>436</b>	<b>423</b>

## 18. Borrowings

	31 March 2025 £000	31 March 2024 £000
<b>Current</b>		
Lease liabilities*	2,855	3,098
<b>Total current borrowings</b>	<b>2,855</b>	<b>3,098</b>
<b>Non-current</b>		
Lease liabilities*	30,058	32,208
<b>Total non-current borrowings</b>	<b>30,058</b>	<b>32,208</b>

## 19. Reconciliation of liabilities arising from financing activities - 2024/25

	Total (lease liability) 24/25 £000	Total (lease liability) 23/24 £000
<b>Carrying value at 1 April - brought forward</b>	<b>35,305</b>	<b>33,686</b>
<b>Cash movements:</b>		
Financing cash flows - payments and receipts of principal	(2,955)	(2,756)
Financing cash flows - payments of interest	(289)	(374)
<b>Non-cash movements:</b>		
Impact of implementing IFRS 16 on 1 April 2022	0	0

Lease additions	0	1,362
Lease liability remeasurements	562	3,205
Application of effective interest rate	289	385
Termination of lease	0	(203)
<b>Carrying value at 31 March</b>	<b>32,912</b>	<b>35,305</b>

## 20. Provisions for liabilities and charges

	<b>31 March 2025 £000</b>	<b>31 March 2024 £000</b>
Legal claims	412	186
<b>Total</b>	<b>412</b>	<b>186</b>

Legal claims include individual cases relating to compensation claims, employment disputes and potential tax liabilities.

£101,755 is included in the provisions of NHS Resolution at 31 March 2025 in respect of clinical negligence liabilities (31 March 2024: £143,505).

## 20.1. Provisions for liabilities and charges – analysis

	<b>2024/25</b>
	<b>Total</b>
	<b>(Legal</b>
	<b>Claims)</b>
	<b>£000</b>
<b>At 1 April 2024 - brought forward</b>	<b>186</b>
Arising during the year	329
Utilised during the year - cash	(35)
Reversed unused - revenue	(68)
<b>At 31 March 2025</b>	<b>412</b>
<b>Expected timing of cash flows:</b>	
- not later than one year	412
- later than one year and not later than five years	0
- later than five years	0
<b>Total</b>	<b>412</b>

## 21. Contingencies

### 21.1. Contingent liabilities

The Trust has £2,574 contingent liabilities relating to NHS Resolution cases as at 31 March 2025 (31 March 2024: £2,671). There have been no other contingent liabilities recognised at 31 March 2025 (31 March 2024: nil).

### 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 Integrated Care Boards and the way those Integrated Care Boards 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 2025 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 ICBs, 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 2025	31 March 2024
	£000	£000
<b>Financial assets per the SoFP:</b>		
Receivables (excluding non-financial assets) - with DHSC group bodies	6,180	1,246
Receivables (excluding non-financial assets) - with other bodies	4,493	4,108
Other investments / financial assets	0	98
Cash and cash equivalents	7,795	12,719
<b>Total as at 31 March</b>	<b>18,468</b>	<b>18,171</b>

	Financial liabilities at amortised cost	
	31 March 2025	31 March 2024
	£000	£000
<b>Financial liabilities per the SoFP:</b>		
Obligations under leases	32,912	35,305
Trade and other payables (excluding non-financial liabilities) - with DHSC group bodies	2,447	1,282
Trade and other payables (excluding non-financial liabilities) - with other bodies	3,204	12,011
<b>Total as at 31 March</b>	<b>38,564</b>	<b>48,598</b>

## 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.

	<b>31 March 2025 £000</b>	<b>31 March 2024 £000</b>
<b>Financial liabilities fall due in:</b>		
In one year or less	8,505	16,404
In more than one year but not more than five years	10,189	10,277
In more than five years	22,487	24,791
<b>Total financial liabilities</b>	<b>41,181</b>	<b>51,472</b>

## 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 to NHS Integrated Care Boards, 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:

<b>Organisation</b>	<b>Income £000</b>	<b>Expenditure £000</b>	<b>Receivables Outstanding £000</b>	<b>Payables Outstanding £000</b>
<b>2024/25</b>				
Wirral University Teaching Hospital NHS Foundation Trust	7,580	1,001	5,479	828
NHS Cheshire and Merseyside ICB	73,904	0	119	0
NHS England	2,588	20	20	226
Bridgewater Community Healthcare NHS Foundation Trust	103	1,090	12	232
Cheshire & Wirral Partnership NHS Foundation Trust	129	1,601	29	91
<b>Total</b>	<b>84,303</b>	<b>3,712</b>	<b>5,659</b>	<b>1,377</b>

<b>Organisation</b>	<b>Income</b>	<b>Expenditure</b>	<b>Receivables Outstanding</b>	<b>Payables Outstanding</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>2023/24</b>				
Wirral University Teaching Hospital NHS Foundation Trust	3,184	1815	1,047	477
NHS Cheshire and Merseyside ICB	69,673	1453	9	75
NHS England	5,806	47	14	27
Bridgewater Community Healthcare NHS Foundation Trust	148	1528	12	79
<b>Total</b>	<b>78,810</b>	<b>4,843</b>	<b>1,082</b>	<b>658</b>

Additionally, the Trust has material transactions with local government bodies – principally Wirral Metropolitan Borough Council, Cheshire East Council, Knowsley Council, St Helens 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.

Sir David Henshaw became Chairman on 6 November 2024. He is also the Chairman at Wirral University Teaching Hospital NHS Foundation Trust. This is a related party to the Trust.

Janelle Holmes became Chief Executive on 6 November 2024. She is also the Chief Executive at Wirral University Teaching Hospital NHS Foundation Trust. This is a related party to the Trust.

Deborah Smith become Chief People Officer on 21 October 2024. She is also Chief People Officer at Wirral University Teaching Hospital NHS Foundation Trust. This is a related party 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, ICBs, 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 70 special payments with a total value of £94,361 (2023/24: 12 at a value of £6,711) 1 related to a case handled by NHS Resolution £13,000 (2023/24: 1 at a value of £4,250). The Trust wrote off 0 Invoices with a total value of £0 (2023/24: 0 with a total value of £0) and incurred 0 further losses due to damage totalling £0 (2023/24: 2 with a total value of £609.98).

**25. Event after the Statement of Financial Position date**

No adjustments have been made to the financial statements as a result of events occurring after the reporting date.



