



Annual Report | 2025/26



Wirral Community Health and Care NHS Foundation Trust
Annual Report and Accounts
1 April 2025 - 31 March 2026

Presented to Parliament
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(4) (a) of the
National Health Service Act 2006

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The Annual Report and a full copy of the Annual Accounts 2025/26 will be made available on our website at www.wchc.nhs.uk. A limited number of printed copies will be sent to official statutory and non-statutory bodies. A summary of this report and accounts will be available as part of our Annual Members Meeting.

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

Your Experience - tell us what you think

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

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

Performance overview from the Chief Executive - a review of our performance during 2025/26

Welcome to our Annual Report and Accounts for 2025-26, which reflects the Trust's continued commitment to delivering high quality community health and care services across Wirral, Cheshire East, St Helens and Knowsley.

This report highlights the achievements, progress and ongoing service delivery made possible through the dedication, resilience and compassion of our staff.

The report also reflects our integration journey with Wirral University Teaching Hospital NHS Foundation Trust (WUTH) as we work towards becoming a single organisation, united by a shared ambition to improve healthcare services for the communities we serve. A single Executive Team and a joint Board are now in place, providing unified leadership throughout this period of transition.

We have also launched our new Joint Strategy for 2026-2032 which sets a clear direction for delivering care that is better connected, more accessible and focused on what matters most to the people we serve. Our joint strategy and shared vision has been created in partnership with staff, our partners across the system including primary care, local authorities, voluntary sector, and people with lived experience.

Our approach to integration aligns with the ambitions of the NHS Long Term Plan and the wider direction of travel for the NHS. This includes supporting the ongoing transformation of services through the three key shifts from hospital to community, analogue to digital, and sickness to prevention, helping ensure services remain fit for the future.

During 2025-26, our services delivered more than 1,055,856 patient contacts, reflecting the vital role the Trust plays in supporting people to stay well and avoid unnecessary hospital admissions.

Feedback from service users and patients across our localities has remained consistently positive, with 90% of respondents recommending the Trust as a place to receive care based on 25,335 responses. Our highest monthly Friends and Family Test response rate was recorded in January 2026, when 92.1% of 3,053 respondents provided positive feedback.

Building on this strong feedback, we have continued to make meaningful improvements across our services to enhance access, experience and outcomes for patients. By the end of 2025-26, average waiting times across all 20 services were under 12 weeks.

We continue to work with key partners to improve pathways, reduce hospital admissions and ensure people receive the right care, in the right place, at the right time. A strong example of this collaborative approach is the integrated Community Assessment Service (CAS), delivered in partnership with WUTH and North West Ambulance Service. This model brings together ambulance, acute and community services to ensure lower acuity ambulance calls are clinically triaged and redirected from emergency departments to the Two Hour Urgent Community Response team.

Since launching in October 2025, CAS has received more than 1,000 referrals and helped avoid 41% of ambulance callouts, with hundreds of patients safely managed within the

community. This has reduced pressure on emergency and ambulance services, particularly during periods of peak demand, while improving the experience of frail and elderly patients.

The Trust continues to provide high quality 0-19+ / 0-25 services across Wirral, Knowsley, St Helens and Cheshire East for children, young people and families. Services in Cheshire East and St Helens consistently achieved green KPIs throughout the year, demonstrating sustained high performance, strong operational delivery and positive outcomes.

Supporting and developing our workforce has remained a key priority throughout the year. Significant progress has been made in strengthening leadership development across WCHC and WUTH as part of the wider integration journey, including the alignment of leadership frameworks and the introduction of refreshed leadership programmes. Colleagues continued to benefit from a broad range of development opportunities, including management essentials training, compassionate leadership workshops and the Mary Seacole Leading Teams Programme, with participants reporting increased confidence and valuable learning to support their leadership practice.

Alongside this, we remain committed to our recognition programme and held a special Staff Recognition Week in March which celebrated those staff who have gone above and beyond. We continued to enhance the wellbeing support available to staff through a range of initiatives focused on mental health, financial wellbeing and workplace support. This included access to a 24/7 employee assistance programme, wellbeing resources, Mental Health First Aiders and a collaborative return-to-work programme supporting colleagues experiencing stress, anxiety and depression. Our continued commitment to creating a supportive and inclusive workplace was further demonstrated through the renewal of our Mindful Employer Charter and ongoing actions to improve staff experience following the national NHS Staff Survey results.

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 2025-26.

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 NHS Trust came into force on 1 April 2011. A revised version of the Establishment Order was passed by Parliament in July 2013 to reflect the Board composition of six 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:

St Catherine's Health Centre
Derby Road
Birkenhead
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www.wchc.nhs.uk

The accounts for the year ended 31 March 2026 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 focused 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 1,607 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 Hospital 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 40 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 2024 and is the mechanism by which Wirral Community Health and Care NHS Foundation Trust is awarded contracts to provide and subcontract clinical services.

The summary below details contracts awarded by the Trust using the Provider Selection Regime between 1 April 2025 - 31 March 2026.

Contract name	Supplier	PSR award	Notice published	Award date
Services to support the delivery of Paediatric Exodontia and Adult Special Care Dental Services	Wirral University Teaching Hospital NHS Foundation Trust	Direct Award C	28/04/2025	12/08/2025

Strategic and operational risk and opportunities

The Board of Directors provides leadership for the risk management process and the Audit Committee, comprising three 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.

The Risk Identification and Management 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.

During 2025-26 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 2025-26, confirming 'overall a good system of internal 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 2025-26 the BAF tracked 9 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.

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.

Our journey to integration



Wirral Community Health and Care NHS Foundation Trust | Wirral University Teaching Hospital NHS Foundation Trust

Wirral Community Health and Care NHS Foundation Trust (WCHC) and Wirral University Teaching Hospital NHS Foundation Trust (WUTH) are coming together as a single organisation with a shared ambition: *to improve healthcare services and outcomes for the people and communities we serve.*

Our plans for integration support the aims of the NHS Long Term Plan which recognises that the NHS must continue to evolve so that we have services that are fit for the future through the three major shifts of hospital to community, analogue to digital and from sickness to prevention.

Wirral and its surrounding localities need strong, resilient clinical services supported by a sustainable health and care system. Joining together presents a significant opportunity to strengthen our acute and community services, reduce inequalities, and improve population health. Most importantly, it allows us to make a meaningful and lasting difference for our patients, service users and staff.

Across both organisations, our dedicated workforce already delivers compassionate, specialist care from birth through to end of life in homes, community settings and hospitals. There are numerous examples where partnership working is already delivering tangible benefits, improving patient experience, enhancing clinical pathways, and enabling more timely access to care.

These include developments in:

Urgent and Emergency Care Upgrade Programme (UECUP) at Arrowe Park Hospital

The Urgent and Emergency Care Upgrade Programme has continued to make strong progress throughout 2025-26. A major part of the redevelopment is the introduction of a new “One Front Door” model, bringing a shared entrance for both the Emergency Department (ED) and the Urgent Treatment Centre (UTC). This will make it much easier to assess patients on arrival and guide them to the right service straight away, helping ensure people receive the right care, in the right place, first time.

The redesigned layout includes separate waiting areas for adults and children, offering more seating and creating a more comfortable experience for everyone. A combined reception area for ED and UTC, supported by digital registration, will simplify the arrival process and reduce duplication.

The upgrade also features a new triage and assessment area to support faster clinical decision-making, as well as a dedicated UTC department that allows urgent care and emergency teams to work even more closely together.

These changes mean clinical teams can collaborate more effectively, streamline patient pathways, and improve ambulance handovers, helping staff focus more quickly on the most urgent and life-threatening cases.

Further improvements include:

- A modernised mental health facility with four consulting rooms and a calming, low-stimulation environment.
- New pedestrian routes designed to improve patient safety and prevent delays for ambulances.
- New resuscitation facilities.
- A dedicated staff floor with secure access, a kitchen, education room, offices, and changing areas.

The new development is on track to open in late summer 2026, marking a significant step forward in improving urgent and emergency care for the Wirral population.

Cardiology

Cardiology services from both Trusts were identified as a priority for integration due to duplication in provision and fragmentation across patient pathways. Elements of cardiology care are delivered by both organisations which has led to inefficiencies, inconsistent pathways, and a suboptimal experience for patients and staff.

Integration of the service will create a single, integrated cardiology service operating under one model of care focusing on standardising best practice pathways and improving continuity across the referral pathway and patient journey. By reducing duplication and optimising resource use, the integrated model aims to enhance quality, increase productivity, and deliver more cost-effective care while supporting improved clinical outcomes and a more seamless patient experience.

Musculoskeletal (MSK) outpatient services

The integration of MSK services began in October 2025 with the shared ambition of creating a more coordinated and efficient service in Wirral. By bringing teams together, we are streamlining patient pathways, reducing duplication, and improving the overall quality and consistency of care. Services are now co-located across St Catherine's Health Centre, Clatterbridge, and several satellite sites, helping people access support closer to home. A single electronic patient pathway is already enhancing continuity by allowing clinicians to work from one shared record.

We have also introduced a unified triage process so that patients can be directed to the right clinician as early as possible. This means specialist input can be accessed more quickly, supporting faster, more personalised care. Together, these changes reflect our commitment to providing seamless, high-quality MSK services for the Wirral population.

Ophthalmology

We are also transforming ophthalmology services across Wirral by making better use of estates and facilities across multiple sites. This approach brings care nearer to where people live, makes full use of existing resources, and helps ease pressure on acute hospital services. It allows us to deliver care in the most appropriate setting and respond more flexibly to local needs.

By developing a shared workforce and pooling expertise, we are strengthening connections between community and specialist teams. This helps create a smoother, more consistent patient journey, ensuring people are seen by the clinician best suited to their needs. Aligning skills and resources across organisational boundaries is already improving both clinical outcomes and the overall experience of care.

Building on these successes, we remain focused on delivering seamless, personalised and effective ophthalmology care, reducing unnecessary handoffs, minimising duplication, shortening waiting times, and ensuring every patient receives the right care, in the right place, at the right time, from the right clinician.

Joint Strategy

Our joint strategy has been shaped through meaningful engagement with our staff, partners across the health and care system, including primary care, local authorities and the voluntary sector and people with lived experience. Their insights have been invaluable in helping us develop a six-year strategy that reflects the needs and aspirations of our communities.

Healthcare needs continue to evolve, and we must evolve with them. Becoming a single organisation will enable us to create the environment, leadership and governance required for high quality clinical and corporate services to thrive. Together, we will be better placed to deliver safe, sustainable and outstanding care now and for generations to come.

Benefits to patients and service users

Integration strengthens our shared commitment to delivering outstanding, patient-centred care. By coming together, we will provide seamless and coordinated care across community and hospital services, reducing handoffs and improving continuity. Patients will experience

shorter waiting times, fewer transfers between providers, and care delivered in the most appropriate setting, often closer to home.

Bringing our services together allows us to eliminate duplication, improve access, and target support where health inequalities and deprivation are greatest. Specialist services will be strengthened through consolidation, supported by digital innovation and strong partnerships across the wider health and care system.

Ultimately, people will benefit from a smoother, more efficient journey through care. Wherever possible, services will shift from hospital into community settings, relieving pressure on busy hospital sites and enabling patients to remain safe and well at home.

Achieving Key Performance Indicators (KPIs) during 2025-26

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 all 93 key performance indicators ending the year with 78 green, 8 amber and 7 red.

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 2025/26

Month	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	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	2025/26
Urgent Care Attendances	7,206	7,948	7,481	7,282	7,065	7,069	7,945	7,554	7,620	7,186	6,966	8,060	89,382	7,292	7,830	7,435	7,725	7,330	6,948	7,221	7,041	6,642	5,690	5,803	6,925	83,882
Urgent Care 4hr Performance	97.9%	97.9%	98.1%	98.8%	98.6%	98.4%	97.9%	97.6%	95.6%	95.4%	96.8%	93.1%	97.1%	94.5%	94.9%	95.2%	94.0%	96.2%	95.5%	93.0%	92.7%	91.8%	93.6%	95.3%	96.6%	94.5%
UCR Total Referrals	367	456	418	529	549	458	448	470	688	564	422	473	5,842	501	508	436	519	538	430	473	576	640	592	490	469	6,172
UCR Performance % Within 2 Hrs	89%	91%	94%	86%	91%	91%	86%	92%	90%	89%	89%	89%	90%	89%	88%	88%	91%	91%	89%	88%	88%	84%	85%	84%	89%	88%
CICC Median LoS	19.7	16.4	18.5	17.2	22.0	17.1	16.5	16.8	16.5	17.9	16.6	15.8	-	16.8	16.4	16.0	17.2	18.4	16.1	17.2	16.4	15.6	17.1	18.4	17.3	-
Total CAS 20 Referrals	212	201	231	191	197	177	174	191	262	214	161	192	2,403	190	215	187	205	202	184	208	200	240	246	189	220	2,486
% Seen Within 20 mins	73%	75%	80%	76%	83%	77%	82%	80%	68%	68%	79%	71%	76%	75%	75%	85%	74%	72%	77%	65%	69%	69%	74%	70%	71%	73%
Total CAS 120 Referrals	49	60	46	46	44	50	45	45	42	36	37	53	553	41	49	56	52	72	61	35	40	33	51	33	41	564
% Seen Within 120 mins	80%	88%	91%	91%	93%	78%	87%	71%	60%	58%	65%	60%	78%	68%	57%	57%	60%	44%	52%	49%	48%	33%	35%	61%	59%	52%
Total UCAT Referrals	165	178	138	151	151	160	152	154	189	186	171	169	1,964	159	177	184	184	179	155	187	139	196	165	164	182	2,071
% Seen Within 15 mins	75%	70%	69%	72%	71%	68%	69%	67%	66%	59%	62%	66%	68%	77%	79%	82%	76%	79%	75%	71%	66%	78%	77%	77%	76%	76%
Home First Activity	176	187	169	233	179	150	224	184	174	185	162	175	2,198	147	179	158	141	137	191	174	157	162	176	176	143	1,941

Awards and accreditations

In 2025-26, Trust staff and services were also recognised regionally and nationally, including:

HSJ Awards 2025



The team from Sexual Health Wirral were finalists in the Innovation and Improvement in reducing Healthcare Inequalities Award category, at the HSJ Awards. They were recognised for their co-production work with young people,

ourPlace, Wirral's Sexual Health Service for young people, which was shaped through engagement sessions, outreach, and a survey.

Insights led to a service designed around young people's priorities: confidentiality, non-judgemental care, and a welcoming, non-clinical environment.

Virtual Cyber Associates Network (CAN) Awards 2025. Our Cyber Security Officer was a winner in the Individual Award category of the CAN Awards. This 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.

University of Chester Celebrating Achievements and Practice Excellence (CAPE) Awards 2025. Our Community Cardiology Service was nominated in the Placement of the Year category, by a student on placement with the service. This award recognises the outstanding contribution that practice environments have by providing structured learning environments that helps students to flourish and achieve their outcomes.

Veteran Aware status. Reaccreditation as Veteran Aware status, demonstrating the commitment to being an armed forces friendly employer.

Team WCHC represented at Buckingham Palace

Two members of Team WCHC, from the Community Cardiology service and Urgent Care service respectively, were selected by NHS England to attend one of two Royal Garden Parties for the NHS in May 2025 at Buckingham Palace.

Hosted by members of the Royal Family, they were joined by hundreds of NHS staff who enjoyed a sunny afternoon of celebration in the gardens of Buckingham Palace.

NHS Excellence Awards

Several teams have submitted entries for the NHS Excellence Awards this year.

The awards are run by, and for, the NHS - shining a light on local projects and teams who are making a real difference to patients and communities, delivering on the ambitions of the 10 Year Health Plan and inspiring others to adopt innovative approaches in their local area.

Team WCHC entries included;

- Working in partnership: The power of partnership working - development of the Community Assessment Service (CAS).
- Improving health outcomes: Think...Chlamydia! and Together in Health - Reducing Sexual Health Inequalities Through Community Prevention.
- Patient involvement and choice: Sexual Health Wirral - Co-designing 'ourPlace' - a young person-led sexual health service.
- Sustainable healthcare: Rethinking Continence Care: Delivering Sustainability, Dignity and Patient Choice.
- Delivering Value: Single Registered Practitioner Syringe Drive Visits in District Nursing.
- Digital Innovation: IPC Digital Hub - one stop shop for all your IPC needs.

UNICEF Gold accreditation

In February we completed our UNICEF Gold accreditation, the highest level of accreditation and celebrates excellent and sustained practice in the support of infant feeding and parent-infant relationships. The 0-19+ Service Wirral and the Family Nurse Partnership Service were successful in being recommended for Gold accreditation in partnership with our Family Hubs. This recommendation reflects the dedication, compassion, and expertise that go into supporting families throughout their feeding journey and experience. Initial feedback included 'A strong service with commitment to UNICEF standards seen throughout the assessment'.

Developing Place-Based and Intermediate Care models

During 2025/26, the Trust continued to work with partners in primary care to roll out place-based care models. During the year, we established integrated team working with all six of Wirral's Primary Care Networks (PCNs), having a focus on proactively identifying and supporting people with moderate and severe frailty and long term health conditions.

Alongside Moreton and Meols and Wallasey Wellbeing PCNs, in late 2025 we were pleased to share our work with NHS England's Medical Director during a visit to Wirral.

We have also shared our learning with the North West Frailty Learning Improvement Network.

With a focus on integrated working and population health management for people with frailty and long-term conditions, our model is consistent with the Neighbourhood Health Framework published in March 2026 and will inform the further development of Integrated Neighbourhood Teams.

Looking forward

The coming year represents a significant milestone for the Trust as we progress our formal integration with Wirral University Teaching Hospital NHS Foundation Trust and become a single organisation in 2027.

As we complete the necessary steps to integration with oversight from NHS England, we will be reviewing and improving the services that we are able to jointly offer with WUTH. In many cases, this will progress work already underway including the UECUP, Cardiology, MSK outpatients service and Ophthalmology.

In 2026-27 we will continue to work with partners across the Wirral system, building on our work to develop more integrated clinical care for people with frailty to develop and implement a neighbourhood-based model of care. In Wirral, as across the country, this will focus on how local services can better work together, be co-ordinated, funded and delivered to best meet the needs of the community. This will range from ensuring effective care coordination for those with the most complex needs, to creating better connections between primary, community and hospital care teams, to helping people stay healthy.

Joint developments in both clinical and corporate areas, including therapies, and digital services, will support the 10-year health plan.

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 note 1 to the financial statements.

Performance Analysis

Trust performance during 2025-26 - service delivery

The Trust provides a wide range of services across Wirral, East Cheshire, St Helens and Knowsley geographies. In 2025-26, our services collectively delivered 1,055,856 contacts. Full details of the contacts for the year are shown below:

0-19+ / 0-25 services	Health Visiting and School Nursing Service - 0-19+ Service Cheshire East	75,900
	0-25 Service Knowsley	37,294
	Let's Talk Service	717
	School Nursing - 0-19+ Service Wirral	14,266
	0-19+ Service St Helens	28,523
	Health Visiting Service - 0-19+ Service Wirral	42,471
Community Response	Community Intermediate Care Centre (CICC)	183,853
	Community Integrated Response Team (CIRT)	96,236
	Single Point of Access (SPA)	9,963
	Teletriage	2,612
Nursing	Community Nursing	257,887
	Parkinson's / Alzheimer's	1,925
	Specialist Palliative Care	9,038
	Tissue Viability	521
Specialist Medical	Community Cardiac Service and Diagnostics	34,998
	Deep Vein Thrombosis	10,041
	Dental Service	10,510
	Ophthalmology	2,384
	Sexual Health Wirral	16,875
	Urgent Treatment Centre / Walk-in Centres	83,882
Therapies	Adult Bladder and Bowel	12,117
	Adult Dietetics	9,452
	Adult Speech and Language	5,118
	Ageing Well and Frailty	6,436
	Musculoskeletal and Pelvic Health	34,512
	Paediatric Bladder and Bowel	3,677
	Paediatric Dietetics	2,405
	Paediatric Speech and Language	9,725
	Podiatry	28,235
	Rehabilitation at Home	14,718
	Weight Management Service	7,145
	Wheelchair Service (West Cheshire and Wirral)	2,420
Total		1,055,856

Key achievements of 2025-26

- The Trust is monitored against 93 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 and Safety and Finance and Performance Committees.

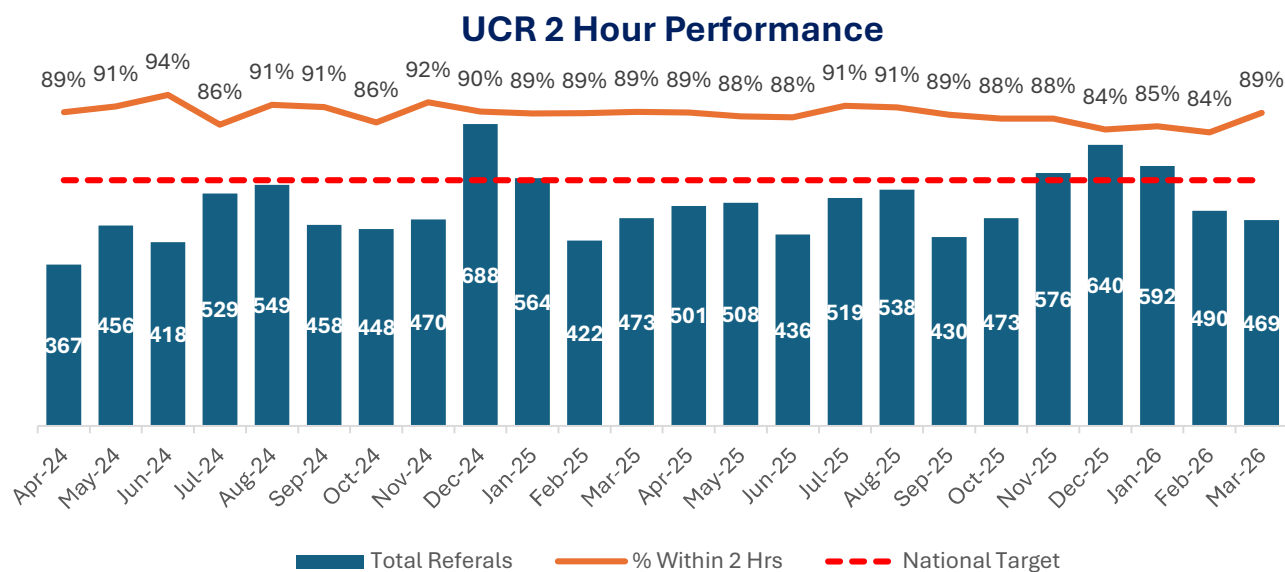
See for further details on the governance arrangements.

- 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 with 78 green, 8 amber, 7 red KPIs.



Comparison of KPI performance based on RAG rating between 2024-25 and 2025-26

- Urgent Community Response (UCR) performance was consistently above the national 70% target at 88%, despite increased activity.
- The 0-19+ Service Cheshire East and 0-19+ Service St Helens consistently achieved green KPI performance throughout 2025/26, demonstrating sustained high-quality delivery for children, young people and families across both localities.
- The highest Friends and Family Test response rate during the year was achieved in January 2026, with 3,053 patient responses, of which 92.1% were positive.
- The 2025 Patient-Led Assessments of the Care Environment (PLACE) results at CICC show performance above the national average across all six domains, including 100% for dementia care, with WCHC ranking 49th out of 224 organisations nationally (top quartile performance).
- Community Intermediate Care Centre (CICC) maintained high occupancy levels throughout the year and a median Length of Stay of 17 days.



- Urgent Treatment Centre (UTC) and Walk-in Centre 4-hour performance was 94.5%.
- 16,806 patients were streamed from ED to UTC, a 5.8% increase on the previous year, helping to reduce ED pressure and improve access to appropriate care.
- The GP Out of Hours (GPOOH) service demonstrated sustained improvements in response times UCAT urgent responses - UCAT 15 YTD position of 68% in 24-25 to 76% YTD in 2025/26.
- Successfully developed and launched an integrated Community Assessment Service (CAS) in October 2025, receiving over 1,000 referrals to date and avoiding 41% of ambulance callouts, enabling hundreds of patients to be safely managed outside of hospital.
- At the end of 2025/26 average waiting times were less than 12 weeks for all 20 services. 18 out of 20 services saw 92% of patients within 18 weeks and 15 services reduced the size of their waiting list. Twelve services reduced 'Did Not Attend' (DNA) rates during 2025/26.
- The Paediatric Speech and Language Therapy service has continued to reduce waiting times for initial assessments in line with national targets. The service has achieved a 48.3% reduction in number of patients on the waiting list - from 557 patients to 288, resulting in a reduction in average wait time from 18 weeks to 6 weeks - with the longest wait time reducing from 51 to 17 weeks.
- Introduced a pioneering nurse-led continence initiative offering washable products as a sustainable alternative to disposables, improving comfort and independence for 82% of users, supporting over 200 patients to date, reducing environmental impact, and delivering in-year savings of approximately £13.5k.

Community Intermediate Care Centre (CICC)

The Community Intermediate Care Centre (CICC) provides 71 beds to the local system. It delivers both step-down care for patients who are medically optimised but not yet ready for discharge home, and step-up support for individuals in the community requiring short-term or urgent intervention. The service is delivered by a dedicated multidisciplinary team (MDT), including physiotherapists, occupational therapists, social workers, nurses, health care assistants, clinical support workers and ward clerks, working alongside wider Trust specialist services to support safe and timely discharge.

The service has contributed to a reduction in avoidable readmissions, fewer transfers back to the acute hospital, and reduced pressure on system-wide services, while also enhancing learning and development across the wider workforce through daily collaboration.

A strong MDT approach has been embedded to reduce harm from falls, supported through staff education, improved use of ward equipment, and ongoing learning. This has been balanced with promoting patient independence and positive risk taking to support recovery. In addition, strengthened pathways with the dementia liaison team have enabled more timely reviews and appropriate discharge to safe and suitable care environments. Close collaboration between CICC therapies and the HomeFirst team has supported timely discharge planning, with therapists undertaking home visits to assess patients in their own environment and reduce falls risk in the community.

Over 65% of patients are successfully re-abled to return home, with ongoing support provided through community services to ensure continuity of care.

"All staff have been brilliant, very caring, felt safe."

"Fantastic staff, attentive, caring, compassionate. My mum ended up being somewhat reluctant to leave! When visiting, we always felt comfortable which put our minds at ease."

"Every member of staff who helps with the running of the ward, do so with a smile on their faces. Any questions asked were explained to me well. My care needs were looked after and I feel you have all given me the confidence to continue the next part of my journey at home. Thank you."

"Everyone is lovely- service with a smile, nothing is too much trouble. They're all total stars no matter what job they do. Can't improve on perfection."

Canine therapy also plays an important role in CICC to support emotional wellbeing, reduce anxiety, stress and loneliness with regular visits from the Trust's therapy dogs Spartacus and Bailey.

The CICC continues to perform well, maintaining occupancy levels above 95% during 2025-26, with a stable median length of stay of 17 days.

The service was rated 'Good' across all CQC domains (Safe, Caring, Responsive, Effective and Well-led) in the 2023 inspection.

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 assessment and treatment for non-life-threatening conditions that might otherwise present to the Emergency Department (ED).

The Trust's Urgent Care services deliver across three sites:

- Eastham Walk-in Centre
- Victoria Central Walk-in Centre and Minor Injuries Unit
- Urgent Treatment Centre at Arrowe Park Hospital (WUTH) which incorporates 24/7 UTC including GP Out of Hours

Performance has remained strong, with 94.5% of patients seen and treated within four hours in 2025-26. Partnership working with WUTH continues to support delivery of the Urgent and Emergency Care Upgrade Programme (UECUP), including development of a single "front door" model at Arrowe Park.

Urgent care streaming has been strengthened through closer ED and UTC collaboration, supported by clearer guidance and escalation processes. This has improved consistency of decision-making and patient flow.

In 2025-26, 16,806 patients were streamed from ED to UTC, a 5.8% increase on the previous year, helping to reduce ED pressure and improve access to appropriate care.

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.

The Care Quality Commission (CQC) inspected the UTC and Eastham Walk-In Centre in September 2025, rating both services as Requires Improvement overall, while recognising several areas of good practice. These included compassionate care, effective multidisciplinary working, prioritisation of clinically vulnerable patients, and a strong focus on patient experience. Both services achieved Good ratings in Caring and Effective domains. Robust action plans are in place and being implemented to improve areas raised by the inspection.

Feedback from people accessing urgent care services...

"Was seen very quickly, everything explained well. Everyone was kind and consistent and explained things very well."

"Saturday and Tuesday saw nurses and had excellent treatment from them. Could not fault anyone from reception to nurses, they were very thorough thoughtful and effective, and I feel so much better already thank you."

"The service was very efficient, staff were kind, caring and professional. Nothing was too much trouble."

"Staff were welcoming and made a lot of effort to reassure us."

“Service was excellent! Exceptionally clean surroundings! Calm waiting room! Efficient staff! Free water available to drink! Clinical rooms were clinically clean and hygienic! Toilets extremely clean. Triaged quickly! Triage staff and nurse were really lovely, kind, calm and very friendly! Very human!”

Everything about the visit was absolutely amazing!”

GP Out of Hours Service

The GP Out of Hours Service provides GP-led urgent care when GP practices are closed. Patients access the service via NHS 111, North West Ambulance Service, and referrals from healthcare professionals and allied health services.

Strong partnership working with the Emergency Department at Arrowe Park Hospital supports the streaming of patients with non-emergency conditions into the urgent care service. This ensures patients are seen in a more appropriate setting, often more quickly, while helping to reduce pressure on Emergency Department services. Ongoing work continues to focus on improving response times for the most urgent cases and maintaining high standards of care.

A key development in service delivery has been the GP Coordinator role, introduced following a successful pilot in 2023/24 and now embedded into the 2025/26 service model. The role has been particularly valuable during periods of high demand, including winter pressures, providing clinical oversight, supporting shift leaders with decision-making, and improving patient flow across both physical and virtual waiting areas. This has enhanced prioritisation of care, strengthened service resilience, and helped to manage workforce pressures during peak demand.

The service also works in close collaboration with care homes, NHS 111, District Nurses, the Community Integrated Response Team, Community Respiratory Team and the Palliative Care Team, providing home visit to house bound patients when required. It also receives and manages critically abnormal laboratory results that require prompt actioning.

A key strength of the GP Out of Hours Service is the effective use of Point of Care Testing (POCT), which has enhanced clinical decision-making and transformed patient care, by providing rapid results at the point of care.

Examples of impact include:

- Rapid D-dimer testing for suspected deep vein thrombosis (DVT) or low-risk chest pain, with results in around 20 minutes to support safe and timely decisions.
- CRP testing to support identification or exclusion of infection and guide appropriate treatment
- Repeat testing for frail elderly patients (eg potassium levels) in their place of residence, helping to avoid unnecessary hospital admissions
- The overall year-end performance for GP Out of Hours is as follows:
 - CAS* (Clinical Assessment Service) 20-minute response: 73%
 - CAS* 120-minute response: 52%
 - UCAT** (Urgent Clinical Advice and Treatment) 15-minute response: 76%

Feedback from service users...

“The treatment I got was first class.”

“Excellent service, the doctor I saw was lovely and kind.”

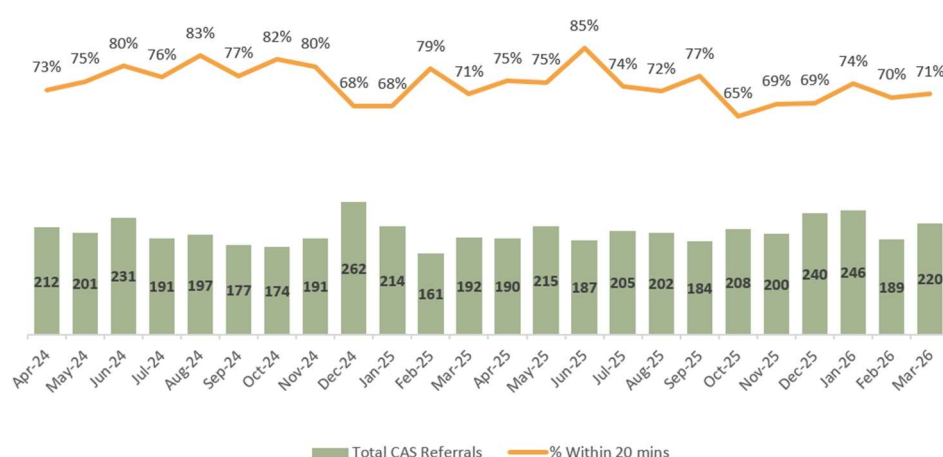
“Fantastic service all the way from front desk to aftercare. Building clean and nice. Staff go above and beyond to help. Thank you.”

“The service was quick and I was dealt with very kindly. Nothing was too much to ask and I am very happy with the treatment.”

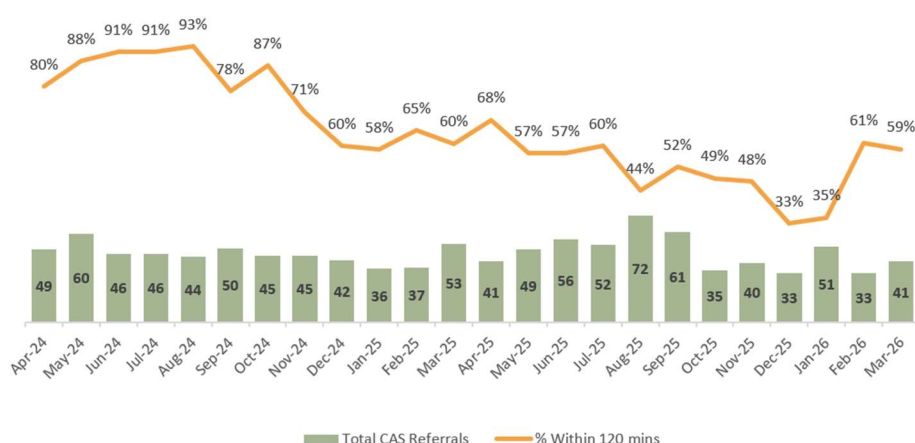
“Receptionist was friendly and helpful. Triage nurse was very understanding and referred me to a doctor who examined me and prescribed the appropriate medication for my infection.”

“The service was quick and I was dealt with very kindly. Nothing was too much to ask and I am very happy with the treatment.”

CAS 20 Minute Performance



CAS 120 Minute Performance



Two Hour Urgent Community Response (UCR)

Wirral's 2hr UCR is part of the Community Integrated Response Team (CIRT), and ensures people receive the right care, at the right time, in the right place.

The service provides interventions including repeat blood tests and clinical monitoring, arranging packages of care, and delivering occupational therapy and physiotherapy. This proactive approach supports recovery at home, prevents avoidable admissions, and contributes to improved patient flow within ED.

The multi-skilled team responds to urgent referrals, completing assessments and delivering personalised care, treatment and support for people living in Wirral. Collaboratively the team deliver a service that wraps around the patients to ensure that they are safely cared for without the need for conveyance to the ED or the Assessment Areas.

Strong partnerships across WUTH, primary care, community services, NWS, and the voluntary sector have continued to strengthen, enabling more integrated and responsive care delivery. Close collaboration with the Emergency Department has allowed the co-located 2-hour UCR team to support 474 patients in 2025/26, improving patient flow, facilitating timely discharge, and reducing re-attendance.

The team is among the highest performers for NWS referrals in Cheshire and Merseyside, helping patients remain at home while freeing ambulance capacity. It has also been instrumental in developing and sustaining the Clinical Advisory Service (CAS), ensuring appropriate community-based responses to lower-acuity calls and reducing unnecessary ED attendances.

This service has significantly exceeded its targets throughout 2025/26 with circa 514 referrals a month and achieving a response rate of 88% which exceeds the national response target of 70%. December 2025 saw the highest volume of calls, with the team responding to 538 calls within two hours and achieving 84% compliance against the national target of 70%.

Feedback from service users...

"A very nice and friendly nurse took time to learn about my problems and was very helpful."

"Olivia visited yesterday and Anita today. Both were professional, friendly and came when they said they would. They ordered equipment which arrived promptly."

"Following discharge from hospital having community service contact has ensured I have the support in place for my mother."

"Friendly, professional, helpful, could not have helped more."

"Service has been fantastic - I have been very well cared for by all of the staff involved in my care."

Community Assessment Service (CAS)

Working in partnership with WUTH and North West Ambulance Service, we have developed and delivered an integrated Community Assessment Service (CAS) to ensure patients receive the right care, in the right place, at the right time.

This cross-organisational model breaks down traditional boundaries between ambulance services, acute hospitals and community care. Rather than defaulting to ED conveyance, lower acuity ambulance calls from NWS (Category 3, 4 and 5) are now clinically triaged directly to WCHC's UCR team.

CAS builds on the success of the Trust's Call Before Convey model, introduced in December 2024. This approach enabled paramedics attending patients aged over 65 with non-life threatening conditions or mental health concerns to call a senior clinician to review the case

and consider alternatives to ED conveyance, including referral to the UCR Team. During December 2025 - March 2026, paramedics contacted the service in around 5% of eligible cases, and 67% of those patients were able to remain safely at home, supported by community services and partnership working.

Since launching in October 2025, CAS has received over 1,000 referrals and has avoided 41% of ambulance callouts, with hundreds of patients safely managed outside of hospital. This has had a direct and measurable impact on system pressures, reducing demand on both ambulance services and emergency departments during peak periods. Supported by a bespoke digital referral system enabling real-time information sharing, the service has operated continuously since launch, embedding strong partnership working into daily practice. Ongoing regional collaboration and continuous learning will ensure the model continues to evolve and deliver sustainable improvements in urgent care across Wirral.

One service user shared:

"I am so pleased with the speed that someone called and helped me. I panicked after falling and cutting myself, called an ambulance then you guys came to see me. Superb service!"

Wirral was one of the first areas in Cheshire and Merseyside to implement this integrated CAS model, demonstrating system-wide ambition and shared accountability for urgent care demand.

HomeFirst

HomeFirst delivers short-term therapy and personal care to support individuals transitioning home following an inpatient stay. The service also undertakes assessments to determine longer-term care needs in a home setting and continues to make a meaningful contribution to reducing No Criteria to Reside (NCTR) within secondary (hospital) care.

After discharge, HomeFirst offers care and support for up to six weeks, although the average duration of involvement is approximately two weeks.

Key achievements during 2025/26:

- The team has supported over 1,935 discharges.
- Performance against the planned average of 170 discharges per month was variable across the year. Activity exceeded the target in several months, including May, September, October, and January, with September representing the peak at 191 discharges. A few months fell below the planned level, particularly during the summer period (July-August) and again in February.
- The development of integrated pathways with the Two Hour Urgent Community Response team has supported stronger admission avoidance.
- A focus on effective multidisciplinary team (MDT) working has enabled the delivery of positive discharge outcomes, supported by the development of personalised care plans based on individual need.
- Collaborative working between a dedicated therapist and ward-based therapists has strengthened and improved the referral process.
- Implementation of an integrated model in partnership with the Local Authority has enabled earlier identification of social care needs and more timely, preventative interventions.

Key metrics for HomeFirst during 2025/26

- The mean length of stay is 18 days, and the median length of stay is 16 days.
- Average of 147 patients on a case load at any one time.
- 70% of patients are discharged without any package of care needed.
- 18% of patients are discharged with a package of care.
- Patient feedback - 88.6% positive.

Bladder and Bowel Service

A nurse-led initiative introduced washable continence products as a clinically safe and sustainable alternative to disposables, addressing a 40% rise in costs since November 2022. Following a 12-month pilot with 18 users, the programme has expanded to 216 service users by April 2026, with over 1,300 patients identified as suitable for future rollout. Around 82% of participants reported improved comfort and independence, with additional benefits including reduced plastic waste and lower delivery-related emissions.

The initiative aligns with the organisation's Green Plan and NHS sustainability goals, demonstrating how innovation in everyday care can support both patients and the environment.

Enhancing Community Nursing Capacity through Single Practitioner Syringe Pump Model

Increasing patient acuity in the community, alongside an ageing population, has led to growing demand for syringe pump use. Previous practice required two staff per visit, creating operational inefficiencies and increasing pressure on community nursing teams.

To address this, and to align with practice across other NHS organisations, a Single Registered Practitioner model was introduced. A proof of concept was undertaken with the South Wirral District Nursing team in Autumn 2024 using a Plan–Do–Study–Act (PDSA) approach, demonstrating positive outcomes. Following this, the model was approved for rollout across all District Nursing teams from January 2025.

Clear clinical criteria were developed to support safe implementation, alongside practical face-to-face training on syringe pump use. A phased rollout was supported by ongoing monitoring of incidents, complaints and feedback via Datix, with regular updates provided through District Nurse Development meetings.

The initiative has delivered significant benefits. By the end of rollout, 59.6% of syringe pump visits were safely completed by a single registered practitioner. This has improved efficiency, increased workforce capacity, and reduced delays in patient care during periods of high demand. Staff feedback has been positive, with 91% reporting improved experience, and there have been no reported incidents or complaints associated with the new model. Overall, this approach has strengthened service resilience, improved staff experience, and supported the safe and timely delivery of care in the community.

Nurse manager feedback

"Last week we did reach 10 syringe drivers for a couple of days, but at least 6 of them were ok for single practitioner attendance. Without this new policy patient visits would have had to be rescheduled. This was especially important over the weekend with lower staffing levels."

We have 7 drivers on at present and 6 are ok for single practitioners so at the moment this releases around 1 RGN a day for other visits."

"The single practitioner attendance has saved a lot of nurse hours and has helped our capacity and demand issues."

The single registered practitioner model is safe, effective, and sustainable. No incidents have been reported and the model has been successfully rolled out across all district nursing teams on Wirral. Nursing capacity has been released while maintaining patient safety and quality of care.

Sexual Health Wirral / ourPlace

Sexual Health Wirral (SHW) is delivered through a strong partnership between our Trust and access sexual health, part of Liverpool University Teaching Hospitals NHS Foundation Trust (LUHFT). The service provides specialist support to improve the sexual health and overall wellbeing of people across Wirral. SHW delivers high quality, community based sexual health care and continues to demonstrate the important contribution that community services make to improving health outcomes for residents.

Throughout 2025/26 the service has supported 9,678 patients and delivered 16,875 appointments (telephone and face to face) to support people with their contraception needs, STI testing and sexual health and wellbeing.

The service has continued to go from strength to strength throughout 2025/26 with key achievements including:

- Finalists in the Innovation and Improvement in reducing Healthcare Inequalities Award at the HSJ Awards 2025
- Recognition by NHS Providers
- Partnership working with Magenta Living

Feedback from patients accessing the service:

"I have a complex history of trauma, abuse, and late diagnoses of both autism and chronic C-PTSD and presented with issues deeply associated to this. I'm experiencing immense difficulties and daily struggles, but Dr Goodfellow was incredibly compassionate, patient, and understanding. I was treated with humanity, dignity, kindness, and empathy. I was listened to, felt heard and seen, and didn't feel judged or criticised. He understood my need to explain the context and demonstrated remarkable empathy."

"My experiences have been amazing, and the staff treat each person with dignity and compassion. They've made me feel more comfortable about my sexuality, talking about topics that no one talks about and feel safer as a result. Thank you to everyone."

"Very quick service, barely had to wait. Easy to book appointments online. Both the HCA and nurse were really lovely and helpful - quick, professional and non-judgmental."

"Good atmosphere, easy to go and get help from - would recommend."

Waiting List Review

At the end of 2025/26 average waiting times were less than 12 weeks for all 20 services. 18 out of 20 services saw 92% of patients within 18 weeks and 15 services reduced the size of their waiting list. Twelve services reduced 'Did Not Attend' (DNA) rates during 2025/26.

Children's Speech and Language Therapy

The Paediatric Speech and Language Therapy service has continued to reduce waiting times for initial assessments in line with national targets. The service has achieved a 48.3% reduction in number of patients on the waiting list - from 557 patients to 288, resulting in a reduction in average wait time from 18 weeks to 6 weeks - with the longest wait time reducing from 51 to 17 weeks.

A range of improvements—including more appropriate referrals, targeted action to reduce DNAs (did not attend), and universal training for education and early years settings—has strengthened early intervention and pathway effectiveness. Clinical pathways have been streamlined to reduce duplication, supported by skill mix changes, successful recruitment, and increased use of remote monitoring, particularly for children with dysphagia. Enhanced online resources now provide clearer guidance and support for families and professionals, aiding informed decision-making and earlier identification of need.

These combined actions have increased capacity and improved patient flow, with 100% of children seen within 18 weeks and 86% within 12 weeks by September 2025. DNA rates reduced by 5%, equating to around 538 fewer missed appointments and avoiding approximately £34k in additional costs. Alongside improved access and outcomes for children and families, the programme has also boosted team morale, reflected in improved staff survey results and a stronger sense of ownership and sustainability within the service.

0-19+ and 0-25 Services - Wirral, Cheshire East, St Helens and Knowsley

The Trust's 0-19+ and 0-25 Services continue to perform consistently well across Wirral, Cheshire East, St Helens and Knowsley, delivering the National Healthy Child Programme to children, young people and their families across our communities. The 0-19+ Services in Cheshire East and St Helens has consistently achieved green KPIs throughout the 12-month period, demonstrating sustained high performance, strong operational delivery, and robust outcomes for children, young people and families.

Targeted early intervention programmes, including the Family Nurse Partnership in Cheshire East and Wirral and the Enhancing Families Programme in St Helens and Knowsley, continue to support vulnerable families to build resilience, improve wellbeing, and promote long-term stability. Despite unprecedented safeguarding demand across all localities, teams have maintained high-quality, responsive care, supported by strengthened supervision arrangements that provide regular, structured support to staff and promote wellbeing and effective practice.

Wirral's 0–19+ Service was also selected as one of only 10 national sites for a visit from the Number 10 Mission Delivery Unit, recognising strong performance in early identification and family support despite higher-than-average deprivation. Feedback highlighted the strength of partnership working and the impact of early years services, with learning from Wirral helping to inform national priorities.

Feedback from patients accessing the service:

"Lucy was amazing made us feel super comfortable gave us lots of information, referrals and genuinely cared about all our mental wellbeing." (0-19+ Service Wirral)

“Our health visitor Linda has been incredible right from her first visit following the birth of our daughter back in November. She’s been supportive, reassuring, compassionate and caring. There isn’t anything I’d say needs improving.” (0-19+ Service Cheshire East)

“From the minute we got to our appointment for our health visitor Andrea couldn’t have been any kinder and helpful. She really cared and listened to our concerns and gave us some really helpful advice. She was so lovely and is amazing at her role.” (0-19+ Service St Helens)

“Good to have feedback on how our child is developing and that we are doing the right things. Good to be able to ask questions face to face if we had issues or concerns.” (0-25 Service Knowsley)

“Denise was the one consistent voice of support throughout my first six weeks of motherhood, and I’ll never forget that. Her compassion, professionalism, and dedication were simply outstanding - she has gone well above and beyond her role in every possible.” (Infant Feeding, 0-25 Service Knowsley)

Let’s Talk

Let’s Talk is Wirral’s risk and resilience service for children and young people, supporting them to develop the knowledge, skills and confidence to make informed decisions about their health and wellbeing. The service focuses on key areas including relationships and sex education, drugs and alcohol, understanding anger, healthy weight, and raising awareness of risk-taking behaviours, all underpinned by a commitment to empowering informed choices. Working closely with partners, the team ensures that children and young people can access the right support at the right time. During 2025/26, the service has continued to strengthen its offer and expand its impact across the system.

The team has also delivered the HENRY (Health, Exercise, Nutrition for the Really Young) Programme for parents and carers of children aged 5-12. The programme provides practical support on everyday challenges such as nutrition, behaviour, routines and emotional wellbeing, helping families build confidence and adopt healthier habits. Feedback from participants highlights the positive impact, with many families making meaningful and lasting changes to their approach to food, wellbeing and daily routines.

“Got my family to cut down on screen time and engage with each other.”

“I now have a better relationship with my son after this course.”

“Both my children have benefitted from the course in different ways which has helped me.”

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?’

During 2025/26 service user feedback was very positive with 90% of people recommending the Trust, from 25,335 responses. The position is comparable to the 2024/25 response rate of 33,145 with 93% rated as very good or good. The overall reduction was in part due to an issue with our provider during May and part of June. This was identified at an early point and steps taken to overcome the issue to enable us to return to a more typical return rate in July.

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.

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:

"The appointment was first class. The care provided was second to none. The nurses were courteous & polite. Everything was done with my care & peace of mind being put first." (Community Nursing)

"I was listened to and was made to feel like I mattered. She was very empathetic and put me at ease. I was given medicine advice and was explained what would happen next." (Bladder and Bowel Service)

"We spoke to Amanda who explained everything to us after emailing a photo of the ulcers! She was lovely and very helpful." (Tissue Viability)

"Time taken during the appointment to talk through all options with both me as parent and my child. She made him feel comfortable with her and explained everything so that he was at ease throughout. (Despite being a little worried beforehand)." (Paediatric Bladder and Bowel Service)

"Outstanding clinical skills, care and consideration for patient, Sien is SUPERB in every domain!!! My relative looks forward to seeing her even when he needed teeth extracting! She takes trouble to put him at ease and clearly tells him what to expect and warns him when he needs to be brave. I have never seen such excellence in NHS in recent years. She is a credit to NHS. I wish others would follow her example." (Specialist Dental Service)

"From reception to medical staff very helpful and professional, with a little bit of personal interaction. They are a credit to the medical profession." (Community Cardiology)

"Access to department was good, everyone was very pleasant. Siobhan was very professional, gave me good information and was approachable and took my needs into account. I came out of my appointment feeling good." (Wheelchair Service)

"We have received nothing but brilliant service from Viv with my grandma. She helped me understand how best to cope with her and understand her diagnosis of dementia. I didn't know where to turn, Viv even came out when I called because on the day and helped." (Aging Well and Frailty Service)

"We were seen and quickly the staff was lovely and so was the environment not too busy for my little girl." (Paediatric Speech and Language Therapy)

Patient Safety Incident Response Framework (PSIRF)

During 2025/26 the Safety Risk and Learning Review Panel (SRLRP) met monthly to review the Trust's top risks.

SRLRP integrates data and insights from a range of sources to support a responsive and dynamic approach to learning and improvement. This includes patient feedback, concerns, complaints and incidents. We have implemented improvements through quality improvement initiatives and monitored incident reporting to ensure these actions have resulted in a reduction in patient harm.

We are currently reviewing the PSIRF plan and policy, with our Patient Safety Partners playing a central role in the process. Their input ensures that lived experience remains at the heart of everything we do. This work will continue until October 2026, when the current Patient Safety Partner term concludes, after which the Trust will recruit new partners to these roles.

During 2025/26, we successfully completed the final training cycle for staff in Patient Safety Incident Investigations (PSII) and for Patient Safety Champions, strengthening a system based approach to learning and improvement. Throughout this period, we have aligned investigation capability with Health Services Safety Investigations Board (HSSIB) investigation training, ensuring consistency with national best practice.

During 2025/26, we successfully launched quarterly Patient Safety Champions meetings. A central focus for this cohort has been to actively support and embed a system based learning culture, while strengthening psychological safety and resilience across teams. These meetings will continue during 2026/27 and build on sharing learning through themed patient safety champions workshops.

During 2025/26 we have continued to further develop our Patient Safety Partners role across the Trust. They have continued to be valued members of the Trust's Clinical Risk Management Group and other key governance meetings. They have engaged with services and gathered patient feedback through patient journeys of care. Furthermore, they have reviewed specialist services across the Trust and led on cross organisational work around inequalities, working with the wider system. They have also reviewed complaints and investigations and attended key priority meetings. Partner input has been invaluable, and their feedback has really supported learning and improvements.

Infection Prevention and Control (IPC)

IPC remains an integral part of quality and safety for our patients, staff and visitors to our sites. All staff play an important role 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.

As part of our journey to integration, we welcomed a joint Chief Nurse / Director of Infection Prevention and Control who has overall responsibility for the Infection Prevention and Control services across both Trusts.

Going forwards, this will help to strengthen our approach to infection prevention, ensuring the seamless delivery of a specialist service building on existing relationships to protect people from developing infections when accessing our services.

A revised IPC Board Assurance Framework has continued to be used to provide internal assurance that quality standards have been maintained and to underpin quality priorities for the year ahead.

Aligned to system priorities, and as part of a 12-month strategy to reduce cases of *Clostridioides difficile* across the local population, the IPC team have facilitated face to face training sessions to a wide variety of Trust staff, promoting the key principles of IPC including hand hygiene, UTI prevention and managing *Clostridioides difficile* in our communities.

During 2025/26, the IPC Team has been instrumental in:

- Completing a thorough review of IPC environmental standards across all managed premises via a robust IPC audit programme.
- Supporting the successful application of capital funding to refurbish Eastham Clinic.
- Providing expert advice for outbreaks in Trust services and seeing a reduction in the number of outbreaks reported across our services from those in 2024/25.
- Leading WCHC's response measles preparedness planning in response to rising cases of measles across the region.
- 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

Wound care

During 2025/26 improvement work was undertaken across Community Nursing, the Community Integrated Response Service (CIRT), and the Community Intermediate Care Centre (CICC) to enhance wound care outcomes. The programme aimed to establish a consistent, evidence-based approach to wound prevention and management, with the objective of improving patient outcomes and the overall quality of care by 31 March 2026.

A range of outcome measures were used, including patient feedback, alongside process measures such as the completion of wound risk assessments. Key priorities also included strengthening staff training, capturing staff feedback, and embedding best practice across services.

The programme has delivered positive improvements. This includes exploration of the Purpose T tool, implementation of shared care approaches to wound management, and identification of areas of excellence in clinical practice. Compliance with the ASSKING framework has also been strengthened. Patient Safety Partners contributed to the programme by gathering patient feedback, which was overwhelmingly positive, particularly where patients reported improved understanding of their wound healing progress and greater involvement in their care.

"The team were lovely, they introduced themselves and I got to know the Team, saw the same nurse almost every week, good manner and felt at ease and were always asking permission to do things during treatment, the treatment was amazing."

Data Security and Protection Toolkit (DSPT) and Cyber Resilience

The Trust's DSPT submission was rated as 'Approaching Standards', with a high level of alignment between the organisation's self-assessment and independent review. MIAA assessed 12 outcomes, with 11 matching the Trust's ratings and only one variance, indicating

a low level of deviation and giving assessors high confidence in the accuracy of the submission. The single area of non-compliance, A4.a (Supply Chain), reflects a wider national challenge, with a clear action plan in place to achieve full compliance.

Over the past year, significant progress has been made in strengthening data security and cyber resilience through targeted investment and improved processes. This includes the rollout of tools such as Specops to enhance password security, Tenable to identify and remediate vulnerabilities across infrastructure, and Privileged Access Management (PAM) to tightly control and monitor access to critical systems, including third-party users. A more structured vulnerability management approach has also been embedded, with over 80 vulnerabilities successfully remediated to date.

These improvements are supported by enhanced monitoring and intelligence capabilities, including the IT Health Platform, Microsoft Advanced Threat Protection, and continuous oversight from the 24/7 CSOC, alongside proactive monitoring of NHS England CareCERT alerts. The Trust's robust DSPT audit process in March—supported by over 300 pieces of evidence—further demonstrates the organisation's commitment to maintaining strong compliance and transparency.

This progress is complemented by investment in workforce capability and recognition of excellence, including a national award for the Trust's Cyber Security Officer and the successful completion of a Level 4 Cyber Technologist apprenticeship within the team, reinforcing a strong culture of continuous improvement and professional development.

Recognising the importance of Social Value

The Trust continues to embed the principles of the Cheshire and Merseyside Social Value and Anchor Institution Charters within its strategic approach. The Social Value Framework remains firmly integrated into governance arrangements, ensuring ongoing oversight and accountability.

As an Anchor Institution, the Trust continues to deliver social value through its approach to employment, procurement, and sustainability, supporting stronger and healthier communities. During 2025/26, further progress has been made in developing and strengthening the Social Value Framework across its five key themes: purchasing and investing locally for social benefit; building a representative workforce and widening access to quality employment; improving health and wellbeing and reducing inequalities; reducing environmental impact; and engaging with and supporting local communities.

Social value remains embedded in day-to-day practice across the Trust, with continued evidence of meaningful and measurable impact for local people.

During the festive period, the annual Christmas appeal, delivered in collaboration with local partners and organisations including Mission Christmas, Cash for Kids, Life Church Neston and Bebington, Ronald McDonald House Arrowe Park, and others, enabled teams to make a meaningful difference to children and families. Food hampers and gifts were distributed to hundreds of households, helping to reduce financial pressure during a challenging time of year and bringing joy to children who may otherwise have gone without. This work demonstrates the tangible impact of partnership working in addressing poverty and improving wellbeing.

Throughout the year, ongoing collaboration with local food banks ensured that food hampers and essential supplies were provided to families experiencing hardship. This sustained support helps to reduce food insecurity and ensures that vulnerable families are not left without access to basic provisions.

The Family Nurse Partnership Wirral team also delivered a range of community-based events, promoting social inclusion, peer support and positive family experiences. These included celebratory Christmas events supported by donated gifts from organisations such as the Rotary Club and Police Fund, as well as World Book Day activities where children received books to encourage early literacy and a love of reading. These events provided opportunities for young families to connect, share experiences and celebrate milestones together, helping to build confidence, reduce isolation and support early child development and school readiness.

Collectively, these activities demonstrate the Trust's commitment to delivering social value through partnership working, community engagement and practical support that makes a real and lasting difference to local families.

Our amazing volunteers also play a big role at Team WCHC, supporting both front-line clinical and corporate services. Collectively they give 18 hours of their time every week, providing support at many services including:

- Physiotherapy
- Community Cardiology
- 0-19+/0-25 Services
- Community Intermediate Care Centre (CICC)
- Children's Speech and Language Therapy
- Adult's Speech and Language Therapy
- Patient Experience

Therapy Dogs UK - Our Trust Therapy Dogs, Spartacus and Bailey



We are delighted to have shared yet more experiences with our therapy dog Spartacus and his handler Eileen this year, while also welcoming Spartacus' successor, Bailey the Westiepoo and her handler Angela. Between them they have completed around 30 visits across various services this year, to our staff and service users.

In December we wished a happy retirement to Spartacus and Eileen, holding a farewell event which welcomed those who had met Spartacus over the years.

Bailey is already following in those footsteps and has met many of our services already, including the CICC, Rehab at Home, the Bladder and Bowel Service,

Moreton District Nursing, the Wheelchair Service, 0-19+ services and Community Nursing at St Catherine's Health Centre, and Children's Dietetics.

It's not only our patients and service users who enjoy seeing Spartacus and Bailey. Many teams have booked a therapy dog visit for their team meetings, to give staff a boost. Teams

include Adult Speech and Language Therapy, Quality and Governance, and the Family Nurse Partnership team even invited Bailey to their Christmas party.

BBC North West shone a spotlight on our canine therapy support this year, who filmed our staff and service users at CICC. The special feature celebrated the incredible work of Therapy Dogs Nationwide and the impact of therapy dogs within our services.

Therapy Dogs Nationwide is a national charity providing comfort, companionship and wellbeing support in healthcare settings, schools and communities across the UK, including here at WCHC.

Safeguarding

We are committed to ensuring that all staff are aware of their role in relation to safeguarding children and adults at risk and consistently demonstrate organisational compliance with statutory duties and local safeguarding frameworks.

During 2025/26, we have successfully submitted evidence of compliance to Commissioners and designated professionals in relation to the following:

Assurance and statutory compliance

The Trust has continued to provide robust safeguarding assurance across all services in Wirral, Cheshire East, St Helens and Knowsley. This includes submission of Section 11 Children Act 2004 returns, alongside reporting under the Safeguarding Assurance and Accountability Framework for Children, Looked After Children and Adults. Positive feedback has been received from the Integrated Care Board (ICB) and Public Health Commissioners. The Trust also completed and submitted updated two-year Commissioning Standards documentation, demonstrating strong compliance (62 green and 1 amber rating across 63 standards in the previous cycle), with the most recent submission currently awaiting ICB assurance.

National reporting and inspection activity

We have continued to meet national reporting requirements through submission of Looked After Children, Prevent and Female Genital Mutilation datasets to NHS England. The Trust has participated in one SEND inspection and continued engagement with three Inspecting Local Authority Children's Services (ILACS) processes, including follow-up activity, supporting ongoing improvement planning across system partners.

Safeguarding audits and quality assurance

The Safeguarding Service completed 14 audits during the year, providing assurance across practice areas and identifying opportunities for continuous improvement. In addition, a Trust-wide Mental Capacity Act audit (193 responses across adult services) demonstrated a strong level of staff understanding. A further audit across children's services covering all four localities also provided positive assurance. A quality improvement initiative has further strengthened safeguarding data quality through monthly meetings between Safeguarding, Business Intelligence and System Support colleagues to improve reporting for audits and national returns.

Adult safeguarding activity and engagement

The Safeguarding Adults Team has led a programme of awareness and engagement activity, including Safeguarding Adults Week (November), which featured an online training event on 'Cuckooing' and a safeguarding awareness stall at St Catherine's Health Centre.

Three Trust-wide campaigns were delivered to raise awareness of adult safeguarding:

- Adult abuse has an offline impact.
- Domestic abuse support.
- No excuse for adult abuse.

Additional engagement activity included a Safeguarding Champion celebration event recognising staff who achieved competency, alongside bespoke visits to services including Sexual Health Wirral, Community Nursing, Wheelchair Services and Rehab at Home to support learning and discussion on safeguarding, Mental Capacity Act and domestic abuse.

Children's safeguarding activity and learning

Children's safeguarding teams have undertaken targeted assurance and engagement activity, including visits to nine teams in Wirral and a further two in Knowsley as part of walkabout audit activity. An annual walkabout at the Community Intermediate Care Centre (CICC) also provided assurance in relation to safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards (DOLs).

Learning from Local Child Safeguarding Practice Reviews was shared through two lunch and learn sessions delivered in St Helens to the 0-19+ workforce.

Multi-agency safeguarding and partnership working

The Trust continues to maintain strong multi-agency partnerships across all the four localities. In Wirral, the Safeguarding Team has supported the Local Authority transformation programme under Pathfinders funding and played a key role in the development of the new Multi-Agency Child Protection Team. The Trust is represented at both operational and strategic safeguarding meetings, with the specialist nurse post strengthening joint working across health, local authority, police and education partners.

The Trust participated in a major Wirral Safeguarding Children Partnership learning event attended by over 300 professionals and 30 agencies.

Within St Helens, the Safeguarding Team has supported the Families First Partnership Programme and continues to contribute to multi-agency safeguarding boards and operational groups. Neglect remains a key priority, with ongoing delivery of training and involvement in the development of a new neglect screening tool.

In Knowsley, the Safeguarding Team has supported the development of a new neglect strategy and screening tool following the ILACS inspection, alongside monthly meetings with the Local Authority to share practice, address concerns and support timely resolution. The team has also supported revision of safeguarding arrangements for Children Looked After in partnership with MerseyCare NHS Foundation Trust and Public Health Commissioners.

In Cheshire East, the Safeguarding Team has supported multi-agency learning events, including Safeguarding Partnership Learning Week, and delivered child exploitation training to over 120 professionals. The team has also supported development of a "strategy plus" approach to improve early identification and response to families where there are concerns.

Prevent, exploitation and early intervention

Across the four localities the Trust continues to contribute to the Prevent agenda through active participation in Channel Panels. Wirral, St Helens and Knowsley teams are engaged in this work, with Cheshire East adopting shared information processes aligned to Wirral practice.

The Trust continues to work with partners on preventative approaches, including safer sleep initiatives delivered in collaboration with Merseyside Police across Wirral, Knowsley and St Helens, with sharing of learning to Cheshire Constabulary.

Workforce development and safeguarding culture

A broad programme of safeguarding training and development has been delivered across the Trust, including bespoke sessions, lunch and learn events, development days and multi-agency training.

Knowsley has implemented a structured bitesize training programme covering Mental Capacity Act awareness, voice of the child, assessment tools, domestic abuse and neglect. Cheshire East has also supported Initial Health Assessment training with children's social care following changes to process and documentation.

The Named Nurse in Knowsley has supported development of revised safeguarding arrangements including SOPs and Memorandums of Understanding for Children Looked After services.

Governance and system leadership

The Head of Safeguarding continues to provide system leadership through representation on multiple safeguarding partnerships and boards, including Wirral Safeguarding Adults Partnership Board, Wirral Safeguarding Children Alliance Group, and Safeguarding Children Partnership forums across Cheshire East, St Helens, Knowsley.

In addition, as part of our Safeguarding Goals compliance with safeguarding training, supervision and attendance at meetings remains positive across all services.

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

Tackling health inequalities and ensuring equity of service delivery and access

The Trust's approach to tackling health inequalities is described in our five-year Organisational Strategy and in more detail in our supporting strategies including 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 several successes during the reporting period 2025/26.

This success has included:

- Delivery of the Equality Delivery System (EDS) assessment resulted in an overall rating of 'developing' for the Trust's equality, diversity and inclusion work. While this

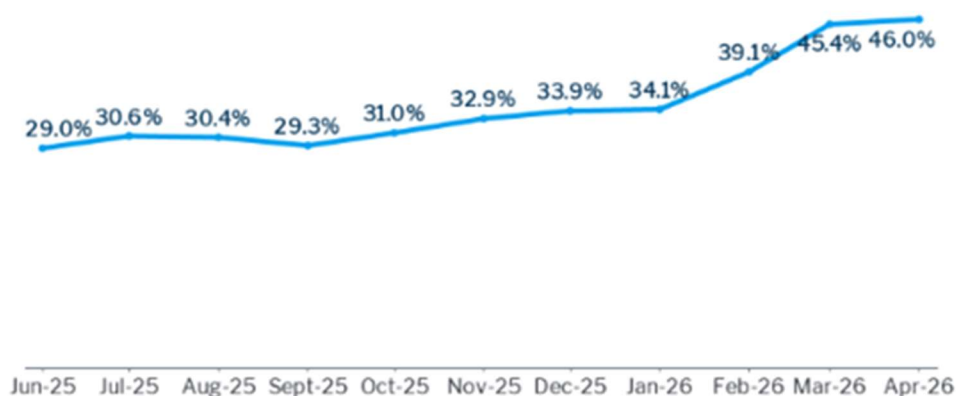
represents a slight decrease from the previous year, it reflects findings from the Musculoskeletal Physiotherapy Service assessed under Domain 1. Although strong practice was identified across both Wirral Community Health and Care NHS Foundation Trust and Wirral University Teaching Hospital NHS Foundation Trust services, which are currently integrating, some inconsistencies were noted and will need to be addressed.

- Continued growth and development of our 5 staff networks.

Continued progress has been made in developing and refining approaches to improve the recording of disabilities, long-term conditions, communication needs, reasonable adjustments, and the protected characteristics of service users, patients and carers. Processes for data collection have been reviewed and strengthened, including the introduction of digital solutions that enable individuals to complete an online questionnaire prior to their first appointment.

As a result, there is now greater ability to implement and monitor reasonable adjustments across services, supporting improved access and enhancing patient experience. This has led to at least a 27% improvement in compliance across all services in the use of the Accessibility and Inclusion Template.

Monthly Compliance (last 12 months)



While the tool previously used to address health inequalities within waiting list management has been retired for operational reasons, including a reduction in waiting lists, the learning from its use is being applied to develop a new approach. This will support clinical triage in a way that remains responsive to health inequalities.

Work with Wirral Carers Alliance and Wired ensures that staff and service users/patients who are unpaid carers are recognised, valued and supported in their caring roles. This includes identifying carers, recording their status through the Carers Passport and within staff and service users/patient records, and ensuring effective signposting to appropriate local support. We are also contributing to the development and implementation of Wirral's Carers Strategy through our role on Wirral Council's Carers Partnership Board. During 2025 we also attended Wirral Commitment to Carers Conference to showcase our work and hear directly from local unpaid carers.

Enhanced Experience

We have continued the support and development of our staff network groups, BAME, Pride, Ability, Working Carers and Menopause groups. In 2025, we launched an Armed Forces network group which is open to staff from both Trusts.

Our staff networks support nearly 100 members from across the organisation, who regularly attend network meetings. Each of the staff networks are linked to an executive sponsor, helping to make the Trust an inclusive and welcoming place to work and receive care. The network leads meet regularly to ensure they are supported and share experiences, good practice and development. This also enables any issues raised that may be intersectional to be worked on collaboratively across the networks.

The 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. A calendar of events is agreed through the Equality, Diversity and Inclusion Steering Group and shared widely.

In 2025 we were successful in being reaccredited with Veteran Aware status which demonstrates the commitment to being an armed forces friendly employer.

Patient engagement and involvement groups, **Your Voice** and **INVOLVE**, have continued to play an important role in supporting service users/patients and the public to shape and improve the experiences of individuals and their families accessing services. For example, the *Your Voice* group has contributed to several quality improvement initiatives, providing valuable opportunities for co-production.

Projects include:

- A patient information leaflet on Washable Underwear - Bladder and Bowel Service.
- Focus group to review Palliative Care End of Life leaflet.
- Patient information leaflets on Community Intermediate Care Centre (CICC) Bereavement, Infection Prevention Control (IPC), and Rehab at Home.
- Integration 'Better Together'.
- Communications Plan on promotion of Your Voice Membership.

"Being part of Your Voice Group ... is an opportunity to learn more of the need and value of the NHS in the community. Our group is expertly run. We receive notice of meetings and agendas by e-mail, well in advance. At meetings we receive a printed copy of the agenda and minutes of the Previous Meeting. Topics raised are dealt with and updated. During a meeting we are given the opportunity to raise further topics, ask questions and offered suggestions as to what we would like to discuss at future meetings."

Sexual Safety

The Trust recognises the right of every employee to feel safe from sexual harassment and has signed the NHS England's sexual safety at work charter.

As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours or harassment towards our workforce. The Trust has committed to ten principles and actions to safeguard staff which includes

prevention, support and decisive action against abusers. We have introduced a policy and mandatory training for all staff achieving a compliance rate of 93.7% as of March 2026.

The Trust also signed up to the Employers Initiative on Domestic Abuse Membership charter which sets out mutual commitments that will enable better support for employees affected by domestic abuse.

Equitable outcomes

The Inclusion Champions have been an integral part of our Quality Improvement Initiative to improve the 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 targeted solutions.

Our Interpretation and Translation Quality Improvement project was initiated to support equitable access to and the quality of our Interpretation and Translation Services for those who don't have English as a first language, supporting improved outcomes and reductions in inequity. The programme has taken a multi-strand approach, incorporating stakeholder engagement, including direct work with local Black and Minority Ethnic communities, to address the challenges identified. This has included proposals to shift some face-to-face appointments to virtual formats (telephone or video) to improve patient and staff experience and access, as well as strengthening guidance to include the safe and appropriate use of AI, clearly outlining when its use is suitable and when it should not be applied.

The Trust has maintained its commitment to the Cheshire and Merseyside Prevention Pledge. 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. Conversations have commenced to support the integration of our Pledge with WUTH as we continue on our integration journey.

Delivering Year Four of the Organisational Strategy 2022-2027

The Trust's Five Year Organisational Strategy (2022-2027) sets out a clear and focused approach to improving health and wellbeing across the communities we serve. Developed through extensive engagement with staff, partners and stakeholders across Wirral and the wider Cheshire and Merseyside system, the strategy established a long term vision, values and priority areas for transforming community health and care.

Shaped through engagement across multiple places, including Wirral, Cheshire East, St Helens and Knowsley, and aligned with local frameworks such as the Wirral Plan and Public Health Annual Report, the strategy is grounded in population health analysis and local insight. This created a coherent, evidence-based framework that positioned WCHC as a population health focused organisation rooted in prevention, integration and person centred care.

As Year Four concludes, the Trust has delivered significant progress across all strategic objectives. The period originally intended for Year Five will now be used to align the remaining elements of the Organisational Strategy with the newly developed Joint Strategy with WUTH, reflecting the natural progression towards becoming a single organisation.

This summary therefore highlights the achievements of the first four years (2022-2026) as we move into a new shared strategic phase with WUTH.



Strategic Framework and Objectives

The Organisational Strategy was delivered through a structured strategic framework consisting of three overarching strategic objectives supported by four enabling strategies. These objectives guided the Trust's efforts to strengthen community based care, build a thriving workforce, and collaborate effectively with partners across the health and care system.

- **Population** - support local populations to thrive by optimising wellbeing and independence.
- **People** - support its people to create a place where they are proud and excited to work.
- **Place** - deliver sustainable health and care services within its communities enabling the creation of healthy places.

These objectives were operationalised through a clear set of “*We Will...*” statements, which set out measurable commitments across the full range of community services. Delivery against these commitments was monitored through relevant committees, ensuring clear accountability and visibility of progress.

Enabling Strategies

Delivery of the Organisational Strategy was supported by four enabling strategies - Quality, People, Digital, and Inclusion and Health Inequalities, each containing its own set of commitments that strengthened the organisation's ability to deliver sustained service transformation.

- **The Quality Strategy** advanced safe, reliable and person centred care, supported system learning, innovation, research, and reduction of inequalities.
- **The People Strategy** strengthened culture, leadership, wellbeing, inclusion, workforce planning and talent development.
- **The Digital Strategy** enhanced digital maturity through improved infrastructure, cyber resilience, integrated records, data use and digital inclusion.
- **The Inclusion and Health Inequalities Strategy** embedded equity, strengthened data and insight, advanced Core20PLUS5 principles, and supported prevention focused approaches.

Together, these strategies provided the organisational capability, culture, and infrastructure needed to deliver the five year priorities and improve outcomes for local communities.



Key highlights from our current strategy:

- Wirral wide roll out of integrated Primary Care Network population health teams, recognised nationally as best practice proactive care.
- Community Integrated Response Team delivering rapid Urgent Community Response, Virtual Frailty Ward and HomeFirst, reducing conveyance and accelerating discharge.
- Embedded the Patient Safety Incident Response Framework (PSIRF).
- “*What Matters to You*” embedded across services, supporting personalised care in routine practice.
- Enhanced employee experience through improved onboarding, flexible retirement approaches and targeted engagement.
- Organisational wide embedding of a Restorative, Just and Learning Culture through the Behavioural Standards Framework.
- Strengthened digital foundations including Wi-Fi upgrades, Health and Social Care Network connectivity, hardware refresh and improved resilience.
- Achievement of Healthcare Information and Management Systems Society (HIMSS) Level 5 digital maturity, with progress toward Level 6.
- Improved data and analytics capability via a rebuilt data warehouse and Combined Intelligence for Population Health integration.

Preparing for our next strategic cycle: Joint Strategy 2026-2032

With the Organisational Strategy 2022-2027 concluding, the Trust now enters the next stage of its journey through the development of our Joint Strategy 2026-2032, created jointly with WUTH. As part of this transition, the remaining period of the current strategy has been aligned to support this shared direction of travel.

The new Joint Strategy establishes a single strategic framework as WCHC and WUTH come together to form a single organisation in Wirral. It sets out a unified vision for delivering more

coordinated, sustainable and seamless care across community and acute settings, building on the strong foundations established during the previous four years.

Freedom to Speak Up (FTSU)

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, services 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.

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 and service users/patients 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 2025/26:

- 'Speak Up Week' (October) was a key trust-wide initiative, led nationally by the National Guardian's Office to highlight the importance of Freedom to Speak Up and the role of speaking up in driving improvement and patient safety.

The 2025 theme, *"Follow Up in Action"*, reinforced that speaking up is only the first step. The focus was on how concerns and ideas are listened to, responded to, and translated into meaningful action, supporting the development of a culture where colleagues feel confident that their voices are heard.

To mark the week, the Trust's Chief People Officer recorded a video message highlighting the importance of effective follow up and the role of listening and action in building an open and supportive culture. Colleagues also showed their support for speaking up by wearing green. This initiative helped stimulate conversation across teams about the importance of openness, psychological safety, and creating a culture where all staff feel able to speak up.

- The Trust continued to progress its FTSU strategic plan, aiming to foster a culture in which speaking up and listening up are embedded as routine practice for all staff, and where concerns raised are consistently translated into learning and service improvement.
- 96.52% 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 126 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 our staff network groups to promote Speaking Up for everybody and support breaking down any potential barriers to raising concerns.

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 Strengths, Opportunities, Aspirations and Results (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 continues to demonstrate that all preceptees agree that the programme met their learning and development needs.

We have welcomed more Allied Health Professionals to the programme this year, than ever before. This brings a richness to the group facilitated sessions.

There is more work to be done in communicating the importance of preceptorship and the process to team leaders to ensure all new registrants are enrolled on the programme in the first month of their employment.

Accelerated Care Certificate

We launched the Accelerated Care Certificate Standard Operating Procedure and programme in April 2025, 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. Having commenced the programme with just 13.35% of people in scope and having achieved the care certificate, we end the financial year having achieved 54.12% of staff in scope who have been supported to develop and achieve the award. Given the programme can take approximately 12 weeks to commence, this is an outstanding achievement. We continue to work with services, teams and individuals to further improve the achievement rate, in line with mandatory and role essential training.

Those who have completed the care certificate have reflected on their learning. Some reflections are shared below:

"The Care Certificate has enhanced my previous learning and provided a framework for standardising my approach and reinforced my role with in [my team]."

"The course highlighted the necessity of maintaining professional trust, evidence-based care and helped me develop deeper understanding of my role and responsibilities."

"Moving forward the certificate will ensure I can reflect and identify areas for improvement, to reflect on what is good, but also what can be done to enhance the way I care for our patients."

"The Care Certificate will help me be more accountable for the quality of my work and to continuously improve my knowledge and skills."

"I will utilise management supervision sessions to discuss challenging situations and how things can be improved."

"At first, I felt like the Care Certificate was a lot to do on top of my job but I managed to complete it whenever I had a spare moment, I did bit. I realise now I'm really glad I've done it and feel really proud to get my certificate. I think doing the care certificate has given me a chance to reflect on my job role, on what I am proud of and why I wanted to work for the NHS."

Practice and Clinical Education

This year, we have enabled:

- Safe Learning Environments by launching and implementing the Safe Learning Environment Charter (SLEC) in all placement teams. This has led to several quality improvement projects in individual teams and new learning opportunities offered to all learners, including:
 - A monthly student forum - a reflective forum seeking to enable learners to identify what is going well, celebrate their success, identify what could go better and what they need to do to enable this. It provides real time student feedback to ensure problems are addressed early to ensure a positive overall experience.
 - Student journal club, facilitated by the Library and Knowledge Service.
 - Public facing student resources web page.
 - Updating of the pre and post registration learners page on the Trust's intranet (StaffZone).
- 9 registrants to access the Non-Medical Prescribing V300 programme.
- 2 nurses to complete the Specialist Practice - Community Programme, enabling them to progress their career and improve patient care, with an additional who commenced the programme in September.
- We supported several new clinical apprenticeships, including 5 Advanced Practitioners and 1 Student Nursing Associate.
- The following successfully completed their clinical apprenticeships:
 - x1 Occupational Therapist (OT)
 - x5 Nursing Associates
 - x1 Registered Nurse
- Arranged 504 placements, with 90,000 hours of practice learning activity completed.
- Delivered 39 Welcome to Practice meetings (total of 1178 hours) and 11 preparations 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.

This year we continued to provide high quality, high volume student placements across the Trust, consistently scoring above the regional average for positive learning experiences as reported in the PARE quality report. Below are comments from students about their experience...

"I truly felt like part of the team. My assessor and supervisor were wonderful throughout and have inspired me and paved the way for me to become the best nurse I can be."

"I felt very much part of the team and I had the opportunity to work with most of the team's health care professionals."

“All staff have been very supportive during my time on placement. All staff were willing to allow me to observe their visits/meetings to help assist with my learning. I have seen a variety of things during my placement which will all help me during the rest of my course.”

“Great welcome pack received on day one of my placement at Moreton community team. It gave me all the essential information needed when starting a new placement and also further reading materials regarding the job role the team do. Thank you Moreton Community Nursing Team.”

“I have loved my time on this placement and it has changed my whole idea on nursing. My assessor has been nothing but amazing with her teaching and knowledge.”

“The team were lovely and welcoming. I had opportunities to shadow many other physios and attend other classes. I was able to spend a day with pelvic health which is an area that I have interests in alongside attending a diagnostic ultrasound clinic. This placement was filled with many learning opportunities which enhanced my learning and development as a physiotherapist.”

Professional Nurse Advocates and Supervision Advocates

Professional Nurse Advocates (PNAs) and Supervision Advocates (SAs) are concerned with addressing the emotional needs of staff. They provide restorative supervision that involves the creation of a thinking space, supporting the individual to physically and mentally ‘slow down’, through a process of discussion, reflective conversation, compassion and positivity.

This year we have enabled 35 individuals to undertake the Resilience Based Clinical Supervision (RBCS) Course, and 10 Nurses to undertake the level 7 Professional Nurse Advocacy Module, increasing our ability to support our people’s wellbeing via the provision of restorative or RBCS. Additionally, PNAs are equipped to identify themes from the supervision they provide and generate quality improvement ideas that will improve staff and patient experience.

The network of PNAs and SAs are supported in the newly launched Supervision Advocacy Community of Practice.

Advancing Practice Governance Maturity Project

Launch of the NHSE Multi-Professional Advancing Practice Maturity Matrix Project. Working in collaboration with WUTH Advancing Practice Leads to develop governance systems and processes that will enable us to work towards full maturity against the defined NHSE maturity matrix, ensuring we have robust workforce plans, recruitment processes and supervision frameworks in place to ensure patient safety.

Achievements to date include:

- Launch of the Advancing Practice Community of Practice.
- Draft Clinical Supervision Policy for Advanced Practitioners.
- Drafting of a job description and person specification for a new Advancing Practice Professional lead role. This will be a joint role with WUTH.

Non-Medical Prescribing

Introduction of a Non-Medical Prescribing Expression of Interest Process, like the NHS England Continuing Professional Development (CPD) Training Needs Analysis (TNA) to

ensure that access to the programme is planned based on prescribing budgets and service need. Although this has reduced the amount of staff supported to access the programme by 50% in a year, this has meant that *all* staff nominated were enabled to commence the programme in a year, have access to designated prescribing practitioner (DPP) assessors and supervisors and ensuring funding was spent in year as planned. This is an improvement on previous years, when only 50% of those nominated were able to access the course due to a lack of availability of DPPs and places on programmes.

Anticoagulation Therapy Prescribing Competency Framework

The removal of anticoagulation modules at HEIs led to challenges in DVT nurses being able to develop competency in anticoagulant prescribing, after achieving the non-medical prescribing qualification. Clinical Education has worked with the DVT team to draft a competency document. When finalised this will go through approval for implementation. Use of the framework will enable DVT nurses to quickly develop their competencies and become independent prescribers, reducing pressure on the advanced nurse practitioners.

Leadership Development

A key focus this year has been aligning the Leadership Development offer to meet the evolving needs of both WCHC and WUTH as part of the integration journey. We successfully mapped our respective Leadership Qualities Frameworks, which underpin all leadership development programmes, and worked collaboratively with subject matter experts to co-design a refreshed *Leadership for All* offer. The respective Leadership Qualities Frameworks, which underpin all leadership development programmes, were successfully mapped, and work was undertaken with subject matter experts to co-design a refreshed *Leadership for All* offer.

Work has continued to align the Manager Essentials Programme across WCHC and WUTH. Colleagues at WCHC have continued to benefit from:

- Updated online materials and resources covering key processes and systems to support new managers in their leadership roles.
- A suite of training was offered, including courageous conversations, recruitment essentials, managing attendance, preventing sickness absence and coaching skills development.

This year's Mary Seacole Leading Teams Programme supported 18 delegates and, for the first time, was delivered across Cheshire and Merseyside, including colleagues from Team WCHC, through face-to-face sessions. 100% of delegates reported increased confidence in their leadership roles and responsibilities following completion of the programme.

Delegate feedback highlighted:

"It provided an excellent opportunity to listen and learn from other leads facing similar challenges—very reassuring."

"The workshops were by far the best, provoking new ways of thinking about the difference between management and real leadership."

"A valuable programme and I am keen to apply the learning, particularly around leading through difficult times."

The *Leading Services* programme for senior leadership teams has been developed over 2025/26 as a six-month programme aligned to the Leadership Qualities Framework. Designed for colleagues from WCHC and WUTH, the programme launched in March 2026.

Team WCHC were pleased to welcome Dr Amanda Super, Chartered Occupational Psychologist, who delivered an evidence-based *Compassionate Leadership* coaching workshop to 24 managers across our clinical services.

Feedback from participants:

“Excellent learning, understanding emotional regulation systems and how a coaching model can be integrated into my leadership role and supervision.”

“The self-compassion element made me reflect on how I could be a better version of myself as a leader and role model.”

“Developing a compassionate leadership approach will strengthen working relationships and ultimately improve patient care.”

Coaching

We have continued to embed a coaching culture across the Trust, with coaching offered to all staff by a pool of internal accredited coaches who are supported through regular coaching supervision. Coaching has been embedded within our Manager and Leadership Development programmes. In addition, we offer a one-day Introduction to Coaching Skills programme for staff.

As part of our Talent Management Strategy to support our staff, we trained a further 15 EMCC-accredited coaches to grow our internal coaching pool. In December 2025, we also launched the Wirral Coaching Hub in partnership with the North West Leadership Academy. This online platform has provided an opportunity to extend coaching across WUTH and develop a joint coaching pool. It has also supported the streamlining and co-ordination of coaching and enables coachees to self-select the coach to best match their needs. The online hub also provides access to free resources and ongoing CPD opportunities for our coaches.

Coaching is embedded within the appraisal process, encouraging colleagues to take a coaching approach to enhance the quality of appraisals.

Place-based meetings have continued to take place with our partner organisations to support a collaborative wide approach and sharing of best practice and resources. Plans are also underway to embed coaching within our WCHC and WUTH Wellbeing programme to support staff returning to work.

Feedback from staff who have accessed coaching:

“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”.

National NHS Staff Survey Results

The national NHS Staff Survey results for 2025 were published in early March 2026. The Trust performance reduced in all nine scores however three of these reductions are of statistical significance (*We are recognised and rewarded*, *we are always learning* and Staff engagement). Compared to the NHS overall, Trust scores were above average for seven out of nine indicators.

- With a response rate of 51%, this was the same as the previous year, and above the NHS average of 49%.
- Our staff engagement score has reduced to 6.85, with the average for Community Trusts being 7.09 and surpassing lowest community trust score of 6.56.
- We were ‘best in sector’ for 2025 staff survey results, for the third year running for Q13d “the last time you experienced physical violence at work, did you or a colleague report it?”
- Notably, we still perform above average for community trusts in the country for having an appraisal (93.70%) and for staff feeling their work is valued by their immediate manager (78.42%).

A Trust-wide action plan has been developed to address overarching themes along with local action plans at directorate level designed for local issues.

Actions identified to improve staff experience will be co-ordinated across the community and acute trust.

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 cycle to work 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.

As part of our ongoing staff support and our programme around tackling sickness absence, we worked with WUTH to develop a ‘return to work’ programme offering psychological support, confidence building and wellbeing advice and guidance to those who are of sick, particularly those experiencing anxiety, stress and depression. We have delivered three, 4-week, 1 day a week cohorts in the last half of the year and we continue to develop and deliver the programme.

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 Mindful Employer ‘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.

In 2025 we commenced our programme to have Mental Health First Aiders across our services so that staff can seek initial support from a trained colleague. Our cohort join a wider group of MFHA in the acute trust at WUTH continuing to work collaboratively to enhance our wellbeing offer to staff and the first aiders can access peer supervision and support.

Our intranet 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

The Recognition scheme at Team WCHC is our way of valuing the hard work and dedication of our people who go the extra mile for communities and colleagues.

There are many ways for staff to get involved, giving everyone the opportunity to say thank you and share stories of the amazing work colleagues do every day. Whether it's how they've supported each other or those we care for, the scheme has many opportunities to celebrate the amazing work that goes on at Team WCHC.

Throughout 2025/26 over 720 Shoutouts were shared by staff in the twice weekly staff communications - The Update. It remains an incredibly popular way of sharing messages of thanks and recognition on a weekly basis. Shoutouts can be between colleagues and teams, or from our patients and service users.

Each month we celebrate our Monthly StandOut (employee of the month) which enables staff to tell a more detailed story of how someone has stood out, gone the extra mile and demonstrated the Trust values in their role. Anyone can submit a Standout, and all staff are able to vote for their favourite. We received 67 nominations in 2025/26 with monthly winners showcased at the monthly all staff briefing.

In January 2026 as part of our integration journey with WUTH, the monthly all staff briefing is now held jointly. StandOut winners are announced alongside their colleagues at WUTH and presented with a certificate and hamper. There are plans in 2026/27 to bring the Stand Out and WUTH employee of the month schemes together.

Our Trust values of compassion, open and trust shine through every story, every thank you and every piece of positive feedback we receive from our patients and service users.



In 2025/26 the annual staff awards were paused whilst both WCHC and WUTH commenced discussions to develop a joint awards ceremony which would align with integration plans. To ensure staff received recognition and thanks in this interim year, a week of recognition was launched in March 2026. This brought together all the Shoutouts, StandOuts, Employees and Teams of the Month, CEO awards and Volunteer Awards into a week-long celebration featuring a screensaver takeover and special edition of The Update.

Our Long service awards continue to provide acknowledgement and recognition for members of staff who have spent significant periods of their lives (25 years and 40 years) working for the NHS.

In addition, we continue to encourage services to enter regional and national awards including the HSJ, Nursing Times and the recently launched NHS Excellent Awards.

Patient-Led Assessments of the Care Environment (PLACE)

The 2025 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, scoring 100% on Dementia. The assessment, undertaken by patient assessors, took place at the Community Intermediate Care Centre (CICC) in November 2025.

Feedback from the assessors was overwhelmingly positive. They were impressed with the maintenance of the high standards from 2024, 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 every March following the assessment in the Health Service Journal. NHS trusts, GP Practices, hospices and independent healthcare providers take part and are ranked by organisation. In the 2025 results, WCHC ranked 49th out of 224 organisations in the country.

Financial performance

The Trust achieved a strong financial performance in 2025/26.

The Trust successfully delivered 100% of its Cost Improvement Plan (CIP) target, totalling £6.6m, with £5.7m achieved on a recurrent basis, demonstrating a firm commitment to long term efficiency and sustainability. These results enabled the Trust not only to meet but to exceed its financial objectives for the year, delivering a surplus of £5.1m exceeding the planned surplus of £0.9m.

Looking ahead, the Trust remains committed to maintaining its financial resilience and driving continual improvement across all areas of operation.

Further commentary is provided below, detailing the Trust's key financial results as formally reported in the annual accounts.

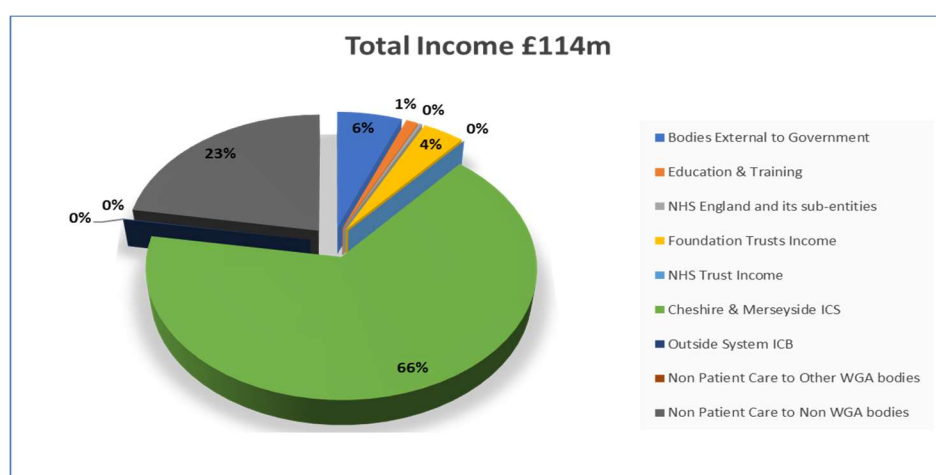
Income

The Trust has generated operating income and gains of £114m in the year.

NHS income in respect of patient care, at £109.4m, was the largest aspect of income in 2025/26. The Trust is part of the Cheshire and Merseyside ICS from which it receives Aligned Payment and incentive/system block income. This totalled £74.9m.

Other income in year includes £1.3m in respect of education and training and £1.1m in respect of lease charges.

The chart below depicts the Trust's total income and gains for 2025/26, split by customer or commissioner type:



The Trust has met the requirements of section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012), in that the income from the provision of goods and services for the purposes of the health service in England (principal) has exceeded income from the provision of goods and services for any other purposes (non-principal). Non-principal income is used to provide additional funding for the Trust. It is directly reinvested in the delivery of high-quality NHS services.

Expenditure

Total expenditure incurred by the Trust during 2025/26 was £107.6m. Pay is the largest expenditure category at £85m which is 79% of the Trust's total expenditure.

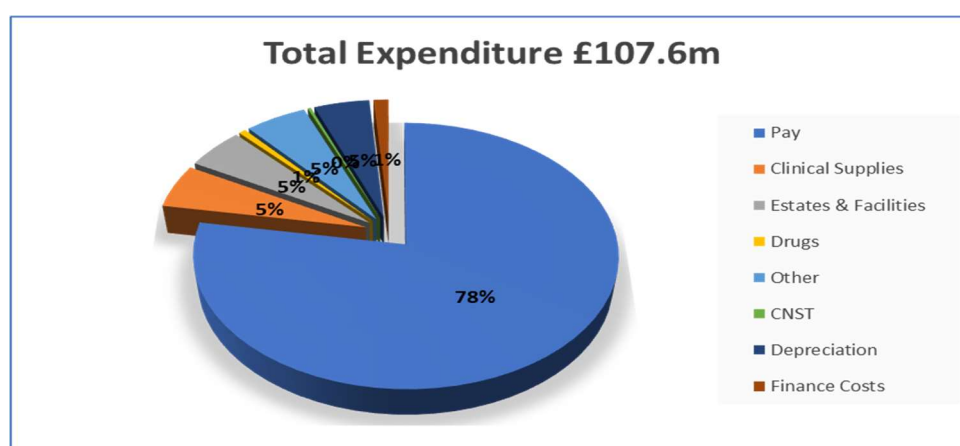
Non-pay and financing costs (£22.6m) represent 21% of the Trust's expenditure. Some notable expenditure items in 2025/26 are as follows.

- £5.4m on clinical supplies

- £4.1m on premises
- £1.8M on finance costs, including PDC dividend to DHSC.

Depreciation and amortisation of £5.3m is included in the overall expenditure figure. This is a non-cash item, which is charged annually to reflect the usage and consumption of capital assets which were purchased in 2025/26 and previous years.

The Chart below depicts the main categories within total reported expenditure for 2025/26.



Capital investment

Capital expenditure for the year totalled £6.6m which included £0.6m of PDC funded assets. All this expenditure underpins safety management, patient experience, service delivery and the achievement of efficiencies in the medium and long-term.

The Trust's capital schemes for 2025/26 were as follows:

- £2.1m spend on the WCHC share of the Urgent and Emergency Upgrade Programme at Arrowe Park.
- £0.9m on IT equipment.
- £0.9m on equipment.

Cash

The cash balance held at 31 March 2026 was £15.5m.

Cost Improvement Plans (CIP)

The CIP requirement is a national Department of Health and Social Care strategy requiring all NHS organisations to seek to improve productivity whilst maintaining high quality standards.

The Trust had a target of £6.6m and this was achieved in full, with £5.7m delivered recurrently and £0.9m non-recurrently. This is the most significant level of cost reduction the Trust has ever achieved in a single year.

There were notable successes in the period in respect of implementation of the joint Executive team with WUTH, the consolidation of the Central Booking Service and the further rationalisation of the Trust's estate.

Future outlook

The Trust has submitted a financial plan to deliver a £1.9m surplus. This will require CIP of £6m, approximately 6% of operating costs.

The major focus of 2026/27 will be on further integration with WUTH, both in respect of Corporate Services and key clinical areas, including Cardiology, Urgent and Emergency Care and MSK services.

Governance arrangements during 2025/26

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 the Trust. This is to evaluate the likelihood of those risks being realised and the impact should they be, and to manage them efficiently, effectively and economically.

The Board of Directors provides leadership for the risk management process and the Audit Committee comprising three 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 2025/26, 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 noting that 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 in the Director's Report.

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 2025/26 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.

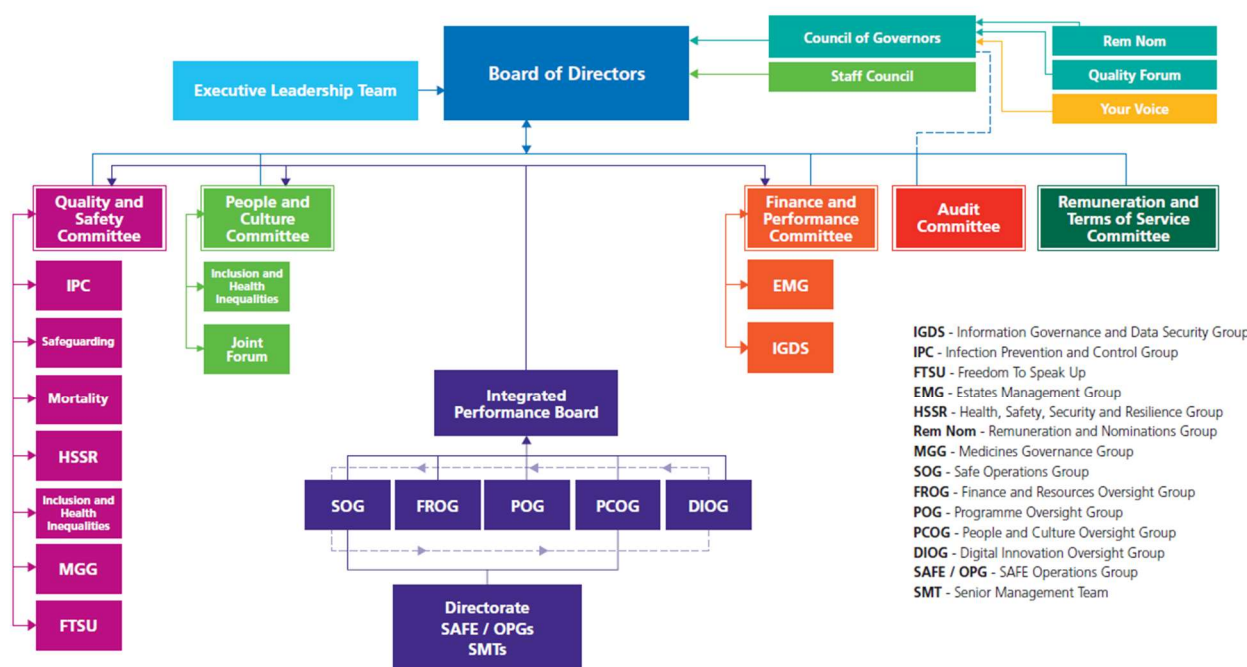
The governance model in place throughout the year is outlined below.

Arrangements for a group governance model at Board and Committee level were approved in March 2026, and implemented in April 2026, which allows for joint decision making with WUTH. Further information is provided in the Directors' Report.

Governance Structure



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



Strategic and operational risk and opportunities

The Trust's Risk Policy clearly defines the responsibilities of the Board, Chief Executive, and Executive Directors, with overall accountability for risk management held by the Chief Executive as Accountable Officer. It provides a structured, organisation-wide approach to identifying, managing, and escalating risks, aligned to governance arrangements at both local and corporate levels to ensure effective oversight.

Risk management is embedded across the organisation, supported by training within induction programmes and ongoing guidance from the Risk Manager. Staff at all levels are encouraged to identify, report, and manage risks using the Datix system, reinforcing the principle that risk management is everyone's responsibility and essential to maintaining a safe environment for patients, staff, and the public.

The policy promotes a consistent five-step approach to risk assessment: identifying hazards, determining who or what may be at risk, evaluating existing controls, recording findings, and

reviewing risks regularly. This structured methodology ensures clear documentation, accountability, and continuous improvement in managing risk.

During 2025/26, the Trust has maintained a robust risk management framework, enabling timely identification, reporting, and escalation of risks. The Trust Information Gateway (TIG) risk dashboard continues to support effective governance, offering real-time visibility of risks by score, age, and trends. This enables scrutiny across Board sub-committees and the Audit Committee, while built-in escalation processes ensure that higher-risk or long-standing issues receive appropriate senior oversight and support.

A culture of openness is reinforced through regular discussion of risks in team meetings, ensuring staff are aware of current challenges and mitigation actions. The continued use of Datix across service, divisional, and organisational levels provides comprehensive oversight of the risk register, supporting informed decision-making and sustained organisational resilience.

Throughout 2025/26, 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 2025/26 the BAF tracked 9 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.

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

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

The Audit Committee also considered the BAF at each of its meetings in April and October 2025, and February 2026.

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.

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 and the section on compliance with the NHS Code of Governance.

Sustainable Development Management Plan 2025/26 - 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+ and 0-25 Services in Cheshire East, St Helens and Knowsley from 23 bases including medical centres and Children's Centres/Family Hubs.

The Green Plan originally produced in 2022-25 was updated in 2025, and this will be aligned with the current Green Plan for WUTH to ensure continuity across both Trusts. The Green Plan currently 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, patients and staff.
- Have robust governance arrangements in place to monitor progress.
- Demonstrate a reputation for sustainability.
- 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. Appointment to the role will be completed once resourcing structures are known across the organisation. This will ensure there is a dedicated resource who can manage the Green Plan, oversee environmental management across the integrated Trust, 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. Due to financial constraints our certification was not renewed in 2025 however the management system remains in place and continues to benefit the Trust from an environmental and cost management perspective. We will review our decision to proceed with ISO 14001 certification again in future.

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 across the Trust.
- Highlighting sustainability learning opportunities throughout the workforce.
- Encouraging sustainability considerations in processes such as policy reviews.

Waste Management and Recycling

In line with updated national regulations on waste management, from April 2025 the Trust began to segregate general waste from dry mixed recycling and food waste, supported by our waste carrier 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 CO₂ created. Roll out of the offensive waste stream has continued and been extended into locations with high volumes of waste generation such as the Walk-in Centre at VCH.

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 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.

Electric Vehicle Charging Points

The benefits of electric vehicles to the environment are clear. 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 fluorescent 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

In 2025 the Trust was granted capital funding to enable the upgrade and overhaul of the building management system (BMS), which was uneconomical to repair and approaching the end of its expected lifespan.

The BMS upgrade project was awarded to a local company, Inteb, who completed the work in 2025. The upgraded system now 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.

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 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, service users and patients 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.

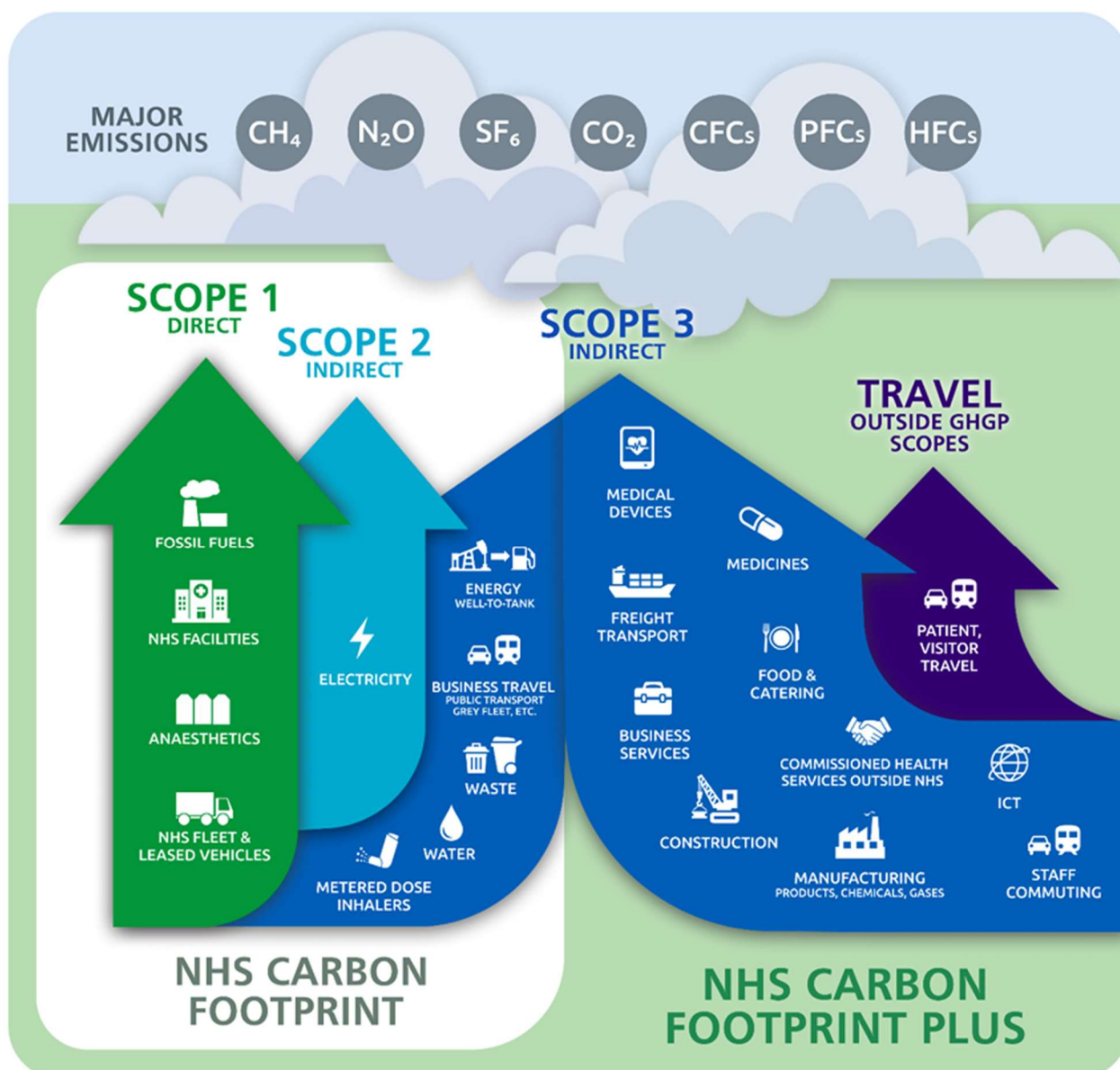
In line with the NHS England target for every trust to procure 100% renewable energy for their estate, we moved to a 'UK Renewable for Business' tariff from 1 April 2023, which means that our electricity is sourced from a range of renewable technologies across the UK.

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 of 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 service user/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 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 a community owned wellbeing garden, 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.

The Directors' Report

Board of Directors - role and composition

As an NHS Foundation Trust, we are required to comply with the arrangements set out by our independent regulator, NHS England, in the Code of Governance for NHS provider trusts 2022. The Code of Governance requires us to have a comprehensive framework in place to ensure we are managed and governed properly.

The Board of Directors has collective responsibility for all aspects of the business of the Trust. The Board is responsible for approving the annual report and accounts. Specific responsibilities of the Board include:

- setting the organisation's strategic aims and objectives, taking into consideration the views of the Council of Governors, and ensuring the necessary financial and human resources are in place to deliver the Trust's plans;
- ensuring compliance with the Trust's provider licence, constitution, mandatory guidance and contractual and statutory duties;
- providing effective and proactive leadership of the Trust within a robust governance framework of clearly defined internal controls and risk management processes;
- ensuring the quality and safety of services, research and education, and application of clinical governance standards including those set by NHSE, the CQC, NHS Resolution and other relevant bodies;
- setting and maintaining the Trust's vision and values, fostering a just and learning culture through compassionate, open, and transparent leadership;
- ensuring that its obligations to stakeholders, including patients, members, and the local community are met; and
- actively promoting the success of the organisation through the direction and supervision of its affairs.

The Board of Directors is held to account by the Council of Governors to discharge the Trust's accountability to the local population.

The Board of Directors has established a governance structure which sets out how performance management is organised, and assurance obtained on delivery. This is defined by the standing orders, standing financial instructions, and scheme of reservation and delegation. Together they are the "Governance Manual" and they define the governance arrangements and include decisions reserved for the Board and its committees and those delegated through the chief executive to management. The Governance Manual was re-written at the end of 2025-26 to allow for joint working and a group governance model with the Wirral University Teaching Hospital NHS Foundation Trust (WUTH). These documents were approved by Board of Directors and Council of Governors in March 2026 and took effect in April 2026.

In 2025-26, the Board comprised a Non-Executive Chair, and in accordance with the FT Constitution the number of independent Non-Executive Directors increased to six with five Executive (voting Directors). There were three non-voting executive directors who regularly attended the Board to bring additional capacity and capability. This includes the Director of Corporate Affairs who provides independent and objective advice to the Board and Council of Governors. Non-executive directors are generally appointed to a three-year term of office,

with appointments phased where possible to provide stability and reduce unnecessary disruption.

The unitary nature of the Board of Directors means that non-executive and executive directors are collectively and corporately responsible for organisational performance. There is a clear division of responsibilities between the chair and the chief executive. The chair is responsible for the leadership and effectiveness of the Board of Directors and the Council of Governors, ensuring that members of both bodies receive information that is timely, accurate and appropriate for their respective duties. It is the role of the chair to facilitate the effective contribution of all directors, and for ensuring that constructive relationships exist between the Board of Directors and the Council of Governors. The chief executive is responsible for the performance of the executive directors, the day-to-day running of the Trust and the implementation of approved strategy and policies.

During the 2025-26, a number of Board level changes took place, including the appointment of Joint NEDs with WUTH to facilitate group governance during the integration process. By the end of the financial year, all NEDs were joint NEDs at both WUTH and WCHC, carrying equal statutory responsibilities to both organisations.

A further exercise was undertaken to move to a single Executive Team, responsible for both WUTH and WCHC, and a number of interim roles were undertaken during the year whilst the changes took effect. All changes to the Board and Executive team are outlined below.

Non-Executive Directors

Steve Igoe, Chair

Chair from 3rd November 2025.

Acting Chair from 20th October - 3rd November 2025.

Non-Executive Director, Chair of Finance & Performance Committee - April 2025 - 20th October 2025

Steve was appointed as Non-Executive Director in April 2025 and brings a wealth of experience to the Trust. Following Sir David Henshaw's departure in October 2025, Steve took on an Acting Chair role whilst an interview process was undertaken. He was then substantively appointed as Chair of WUTH (Joint with WCHC) on 3rd November 2025.

Steve was the Deputy Vice-Chancellor of Edge Hill University until April 2024, where he had responsibility for the operational areas of capital projects, financial services, human resources, IT services, learning services, strategic policy & planning, and facilities management. He was also a director of several of Edge Hill's commercial enterprises.

He graduated with a first degree in Law from the University of Liverpool. He subsequently qualified as a Chartered Accountant in 1988 and went on to become a senior manager at PricewaterhouseCoopers, with specific expertise in project management and advising listed PLCs on corporate governance and risk management.

Steve was previously a Non-Executive Director and Senior Independent Director at Alder Hey Children's NHS Foundation Trust.

Steve is also Chair of the WUTH Board, appointed on 3rd November 2025.

Steve's current tenure will end on 30th September 2027.

Steve Ryan, Non-Executive Director

Steve was appointed to the Board in October 2025.

Steve was a consultant paediatrician and specialised mainly in general paediatrics but included specialty work in his clinical career. He spent some time in academic practice - his main research interests being in nutrition of premature babies and headaches in children.

Steve has over 12 years of experience as an executive medical director at Alder Hey Children's NHS Foundation Trust and at Barts Health NHS Trust. He undertook a range of regional strategic roles including being the clinical chair of the NHS Next Stage ("Darzi") review in the North West in 2008. Whilst in London he provided leadership in the transformation of young people's mental health services and in the reconfiguration of cancer and cardiac services.

Steve was a member of the Quality & Safety Committee and will be the Chair of the new Joint Quality Committee from April 2026.

Steve is also a NED on the WUTH Board.

Lesley Davies, CBE, FCFE, Non-Executive Director & Deputy Chair

Lesley was appointed to the Board in August 2025 and was Deputy Chair from December 2025.

Lesley has worked in the education and training sector for the majority of her career. She is Executive Director for the Chartered Institution for Further Education (CIFE) and Chair of the Corporation of the Hull College Group, and prior to this, she was CEO and Principal of the Trafford College Group. She joined Trafford from Pearson, where she was Senior Vice President and Senior Responsible Officer with responsibility for qualification standards, quality, and the awarding of all academic and vocational qualifications worldwide. Lesley joined Pearson from the Association of Colleges (AoC) where she was Deputy CEO and led on education policy and international. Lesley has also held senior positions in the Learning and Skills Council and the Adult Learning Inspectorate.

In 2016 she became Chair of the newly formed UK Skills Partnership Board, a network of the UK's leading education sector organisations and which was established to promote the development of vocational and technical skills internationally. She is a member of the DIT's Ministerial Education Sector Advisory Group and British Council's Education Advisory Board. Lesley is a Trustee for the education charity CVQO.

In 2015 she was made an Officer of the Order of the British Empire for services to education, she is also a fellow of the Chartered Institute for Further Education and Honorary Vice President for the Council of British International Schools

Lesley was a member of the People & Culture Committee and will be the Chair of the new Joint People Committee from April 2026.

Lesley is also a NED and the Deputy Chair on the WUTH Board.

Meredydd David, Non-Executive Director & Senior Independent Director

Meredydd was appointed to the Board in 2024 for 3-years.

He was the Senior Independent Director from December 2025.

Meredydd 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.

Meredydd was awarded an OBE for Services to Education in 2009 and was appointed as Deputy Lieutenant for Cheshire in 2017.

For the past six years he has been a Further Education Commissioner for England, a Ministerial appointment supporting quality and financial improvement across the sector. Meredydd has previously served as Chair and President of the University of Chester Board of Governors and is currently Chair of the Board of Governors at Furness College in Cumbria.

Meredydd was the Chair of the Audit Committee and will be the Chair of the new Joint Finance & Performance Committee from April 2026.

Meredydd is also a NED on the WUTH Board.

Professor Chris Bentley, Non-Executive Director

Chris was reappointed to the Board in 2025 for a final term of 3-years.

Chris has worked at Board level in the NHS for 22 years.

He was Director of Policy and Public Health in Health Authorities in West Sussex and then Sheffield, and subsequently for the Strategic Health Authority of South Yorkshire.

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

Chris was the Chair of the Quality & Safety Committee.

Chris is also a NED on the WUTH Board.

Lisa Greenhalgh, Non-Executive Director

Lisa was appointed to the Board in January 2026 for 3-years.

Lisa is a Fellow of the Chartered Institute of Management Accountants who has worked in both the public, private and not for profit sectors for over 30 years both in the UK and Northern Europe.

Lisa is now a portfolio FD/NED, currently serving as Non-Executive Director and Chair of Remuneration & Nominations for Torus Housing Association, alongside NED and committee roles supporting innovation at Innovate UK and various SME businesses.

In her executive roles Lisa was the former CEO and Finance Director of MSIF/Alliance Fund Managers, leading over £180m of SME investment and creating a self-sustaining legacy fund and as a non-executive was previously Vice Chair, Chair of Audit & Risk, and Chair of Remuneration and Nominations for 10 years at Edge Hill University.

Recognised for combining commercial and financial expertise with strong governance, strategic challenge, and pragmatic delivery. Proven record in driving performance improvement, supporting restructuring, fundraising and exit processes, and strengthening board effectiveness and diversity.

Lisa is the Chair of the Audit Committee and is also a NED on the WUTH Board.

Haris Sultan, Non-Executive Director

Haris was appointed to the Board in July 2025 for 3-years.

Haris brings valuable insight and experience to the role having previously worked with Leeds Community Healthcare NHS Trust, was appointed as the NExT Director for Citizens and Future Generations on West Yorkshire Integrated Care Board and has sat on NHS England's Children and Young People's Programme Board.

Alongside his professional contributions, Haris is also a medical student at the University of Liverpool and is undertaking an MBA at UCL's Global Business School for Health.

Haris is also a NED on the WUTH Board and will be the Chair of the new Joint Digital Committee from April 2026.

Sir David Henshaw, Chair

In November 2024, Sir David was appointed as Chair of Wirral Community Health and Care (WCHC) and serves as joint Chair both for WCHC and WUTH. He chairs WUTH's Estates and Capital Committee, Research and Innovation Committee, and Remuneration Committee, as well as the Council of Governors.

Sir David stood down as Joint Chair of both WUTH and WCHC in October 2025 following his appointment as Chair of the Cheshire & Merseyside ICB.

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;

- New Joint Non-Executive Directors
- A new Joint Chair
- A new Audit Chair

Non-Executive Director	Term expiry
Steve Igoe	September 2027
Lesley Davies	May 2028
Chris Bentley	January 2028
Meredydd David	July 2027
Steve Ryan	January 2027
Lisa Greenhalgh	January 2029
Haris Sultan	July 2028

Executive Directors

Janelle Holmes, Joint Chief Executive (*voting*)

Janelle was appointed as Chief Executive for both WCHC and WUTH in November 2024.

Janelle has worked in the NHS since qualifying as a Registered General Nurse in 1991. She is passionate about service improvement, staff development and whole system working to improve patient outcomes and experience.

Dr Nikki Stevenson, Joint Chief Medical Officer & Deputy CEO (*voting*)

In November 2025, Nikki was appointed the Joint Chief Medical Officer and Deputy CEO for WCHC and WUTH.

Dr Nikki Stevenson joined WUTH in 2007 as a consultant physician in respiratory & general (internal) medicine.

She was appointed as Medical Director in October 2018 and was also appointed Deputy CEO in April 2020. She continues to undertake clinical work; both in respiratory outpatient clinics and by participating in the medical on-call rota.

Nikki is a trained mentor and coach with a keen interest in education, research and quality improvement.

Dr Ranjeev Mehra, Interim Medical Director

Ranj was appointed Interim Medical Director for WCHC in June 2025 and remained in post until Dr Nikki Stevenson was appointed into the joint Chief Medical Officer role in November 2025.

Christine Douglas, MBE, Joint Chief Nursing Officer (*voting*)

Chris was appointed as Joint Chief Nursing Officer for WUTH and WCHC in January 2026. She has held a number of senior leadership roles in both hospital and community settings throughout her career.

She has made a significant contribution to the NHS over the years always with a passion and determination to provide safe, personal, high-quality and effective care.

Christine received an MBE in the Queen's New Year's Honour's list in 2021 in recognition of her services to healthcare and was also awarded the prestigious Queen's Nurse honour in December 2023.

Claire Wedge, Interim Chief Nurse

Claire was interim Chief Nurse following Paula Simpson leaving the Trust in November 2025 and until Chris Douglas started in post in January 2026.

Claire's substantive role is the Deputy Chief Nurse at WCHC.

Paula Simpson, Chief Nurse

Paula was Chief Nurse of the Trust until she left in November 2025.

Mark Chidgey, Joint Chief Finance Officer & Senior Information Risk Owner (*voting*)

In November 2025, Mark was appointed Joint Chief Finance Officer for WCHC and WUTH.

Mark Chidgey joined WUTH in June 2022, having been the Chief Finance Officer for NHS Wirral Clinical Commissioning Group. Mark is a qualified accountant, who graduated from the University of York.

Since joining the NHS in 1990, Mark has considerable experience in both acute and commissioning sectors. Mark has worked at board level for over 10 years, most of that time as a finance leader, but his responsibilities have also included Quality, Safeguarding, Commissioning and Performance.

Mark brings with him a wealth of experience of partnership working across health and care systems and has worked at a national level on the development and implementation of payment systems and outcomes frameworks for population health.

Robbie Chapman, Acting Chief Finance Officer

Robbie was Acting Chief Finance Officer from May 2025 - November 2025.

Dave Miles, Acting Chief Finance Officer

Dave was Acting Chief Finance Officer from April - May 2025 before he left the Trust for a new role.

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

Mark Greatrex, Chief Finance Officer and Deputy Chief Executive Officer

Mark officially held the post of CFO and Deputy CEO until September 2025 but was out of the workplace from February 2025.

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.

Hayley Kendall, Joint Executive Managing Director (*voting*)

In November 2025, Hayley was appointed Joint Executive Managing Director for WCHC and WUTH.

Hayley joined WUTH in January 2022 having spent six years at Liverpool Heart and Chest Hospital latterly as the Chief Operating Officer. Hayley previously worked at the Countess of Chester Hospital NHSFT in a number of operational management roles.

Matthew Swanborough, Joint Chief Strategy Officer (*non-voting*)

In November 2025, Matthew was appointed Joint Chief Strategy Officer for WCHC and WUTH.

Matthew Swanborough joined WUTH in November 2019. Prior to this, he was Director of Resilience at Manchester University NHS Foundation Trust. Matthew has also held a number of operational roles at Manchester University Hospitals NHS Foundation Trust including director of operations at Manchester Infirmary and Trust turnaround director, directing the financial recovery programme.

Prior to this, Matthew worked as a Director of Healthcare Consulting at PricewaterhouseCoopers LLP in Sydney, Australia, leading on service improvement, financial recovery and mergers with a range of public and private healthcare organisations.

Tony Bennett, Chief Strategy Officer

Tony was Chief Strategy Officer for the Trust until August 2025 when he left to take up a new role at WUTH.

Deborah Smith, Joint Chief People Officer (*non-voting*)

Deborah was appointed Joint Chief People Officer for both WUTH and WCHC in October 2024.

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 NHS Trusts. Prior to joining WUTH, she was the Deputy Chief People Officer at Warrington and Halton Hospitals NHS Trust.

Dr Jo Chwalko, Joint Chief Integration and Partnerships Officer (*non-voting*)

In November 2025, Jo was appointed as Joint Chief Integration and Partnerships Officer for WCHC and WUTH.

Prior to this, Jo was the Chief Operating Officer at WCHC from 2022 and took on the dual role of Director of Integration across both Trusts from July 2024.

Jo is a registered nurse with extensive clinical and operational experience, beginning her career in the acute sector with a focus on women's health. She has held leadership roles across nursing, therapies, social care, and children's services within community services, built on experience spanning frontline practice and senior operational leadership. Jo has significant experience in system collaboration and has led a range of integration programmes across Wirral.

Jo completed her Professional Doctorate in Health and Social Care in 2019.

She is a Queen's Nurse and a registered Health Visitor and has previously served as a specialist advisor to the Care Quality Commission (CQC).

Alison Hughes, Joint Director of Corporate Affairs and Communications

In November 2025, Alison was appointed as Joint Director of Corporate Affairs & Communications for WCHC and WUTH.

Prior to this appointment Alison was Director of Corporate Affairs for WCHC.

Alison has worked in the NHS and in Wirral, for over 15 years providing leadership and advice to NHS Boards of Directors on all matters associated with corporate governance.

She has a sound understanding of the regulatory and political environment in which NHS organisations operate and provides leadership on all matters of corporate governance ensuring all statutory duties are met. She is also responsible for the Communications and Marketing strategies for the trust and has Executive leadership for the WUTH Charity.

Alison also provides advice and regulatory guidance to Councils of Governors.

Alison previously worked in the pharmaceutical industry and brings a sound understanding and almost 10 years' experience working in the commercial healthcare sector.

Dave Murphy, Chief Digital Information Officer and SIRO

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 left the Trust in February 2026.

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

Post	Governance roles	Responsible for
Chief Nurse	Director of Infection Prevention & Control (DIPC)	Infection Prevention & Control Service and related policies. Publishing an annual IPC report.
	Safeguarding Lead Officer	Ensuring best practice principles are followed, appropriate recruitment processes followed, and job-specific training provided. Attends partnership boards. Publishing an annual safeguarding report.
	Executive Nurse	Helps the board make strategic decisions in view of their effect on the quality and safety of patient care.
	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.

Post	Governance roles	Responsible for
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	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.

Board meetings and attendance

The Board of Directors met in public on 13 occasions in 2025/26. Each meeting was quorate. Board member attendance at the meetings was as follows:

Director	Meeting Attendance Actual/ Possible
Sir David Henshaw	6/6
Steve Igoe	11/13
Dr Steve Ryan	7/7
Lesley Davies	6/9
Haris Sultan	9/9
Meredydd David	13/13
Professor Chris Bentley	13/13
Lisa Greenhalgh	5/5
Janelle Holmes	12/13
Dr Nikki Stevenson	4/6
Dr Ranj Mehra	2/3
Paula Simpson	5/6
Claire Wedge	3/4
Hayley Kendall	5/6

Debs Smith	10/13
Matthew Swanborough	6/6
Mark Chidgey	6/6
Robbie Chapman	6/6
Ali Hughes	13/13
Joanne Chwalko	12/13
Dave Murphy	6/7
Tony Bennett	2/3

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](#).

Balance, completeness, and appropriateness

In accordance with the requirements of the Code of Governance for NHS provider trusts 2022, the Board considers each of the non-executive directors to be independent in character and judgement and has identified no relationships or circumstances that are likely to affect, or appear to affect, their judgement. In line with requirements, the Chair was considered independent on appointment. The criteria considered by the Board in determining the independence of the non-executive directors were, whether the individual:

- had been an employee of the Trust within the last five years.
- has, or has had within the last three 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.
- has received, or receives, remuneration from the Trust in addition to a director's fee, participates in a performance-related pay scheme or is a member of the Trust's pension scheme.
- has close family ties with any of the Trust's advisers, directors or senior employees.
- holds cross-directorships or has significant links with other directors through involvement in other companies or bodies.
- has served on the Board of the Trust for more than six years from the date of their first appointment.
- is an appointed representative of the Trust's university, medical or dental school.

Performance evaluation of the Board, its committees and individual directors is undertaken in a number of ways including the annual appraisal of directors, reviews of terms of reference, and year end evaluations of Committees.

The Board believes that its composition is appropriate with a good balance of skills, experience and length of service, but also recognises the value of effective and timely succession planning. All directors participate in an annual appraisal process which includes evaluation of their performance against agreed objectives.

The chair appraises all non-executive directors. The senior independent director appraises the chair, taking into account the views of other Board members and members of the Council of Governors in accordance with the national guidance published by NHSE in 2024. Appraisals have been undertaken for all non-executive directors. Outcomes of the appraisals of the chair and non-executive directors are reported to the Council of Governors.

The chief executive appraises executive directors, and the chair appraises the chief executive. A report on outcomes of these appraisals is presented to the Remuneration Committee of the Board of Directors.

Operations of the wider governance structure

The Board of Directors has a number of governance documents, found in the Corporate Governance Manual, which include the Trust's Constitution, Standing Financial Instructions (SFIs), and a Scheme of Reservation and Delegation (SORD), and all Terms of Reference for the Board, its Committees, the Council of Governors, and its Committee. The SORD lays out the schedule of matters reserved to the Board and Council of Governors, and what is then delegated to the relevant Committees. These documents were refreshed in March 2026 to allow for further joint working and a group Governance model to be established with WUTH in the new financial year.

Decisions reserved for the Board are generally high level and strategic decisions, such as approving strategy and organisational plans, establishing an effective governance structure, approving the appointment of the internal auditors, and continuous monitoring of the affairs of the Trust. Decisions reserved to the Council of Governors are in line with statutory requirements, and include the appointment and/or removal of the Chief Executive and the Non Executive Directors including the Chair, appointing the external auditor, monitoring appraisal of the Non-Executive Directors, and holding the Non-Executive Directors to account for the performance of the Trust.

The Committee Terms of Reference lay out their delegated authority from both bodies, and these can be found on the Trust website, along with the other documents from the Corporate Governance Manual.

In practice, the operation of the governance structure feeds both from the Committees up to the Board, and further to the Council of Governors, and vice versa. Committees review, scrutinise and approve areas delegated to them, and escalate as appropriate to the Board. Each Committee brings a report to the Board and to the Council of Governors. The Board has the authority to request Committees review specific areas, as does the Council of Governors, and requests therefore can feed down through the structure to the Committees.

Additionally, to engender good relationships, communication, and transparency, Governors are invited to observe the Board of Directors and its Committee's meetings, and the Board of Directors attend and present reports to the Council of Governors. While no areas of conflict between the Board and Governors have arisen in year, any disagreement between the two would be handled in line with the processes laid out in the Trust Constitution.

Further detail on the relationship between the Board and Council of Governors can be found below, in the section of this report which deals with the Council.

Committees of the Board

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

- Quality & Safety Committee
- Finance & Performance Committee
- People & Culture Committee
- 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 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.

The Board of Directors undertakes regular reviews to ensure that the Trust maintains a robust committee structure which enables it to fulfil its purpose. In order to facilitate a group governance model, the Committee structure was reviewed to facilitate joint Committees commencing operation in 2026/27.

The Joint People Committee, Joint Quality and Safety Committee, and Joint Finance and Performance Committee commenced in April 2026, replacing those Committees outlined above. The Audit and Remuneration Committees remain separate to fulfil statutory requirements, but Audit and Remuneration meet at the same time and place as the corresponding WUTH committees.

Membership of Committees was aligned in November 2025, so that the WCHC Committee membership matches the WUTH Committee membership and further facilitates integrated decision making.

Through 2025/26, the Board delegated specific functions to its committees as outlined within their terms of reference and the scheme of reservation and delegation. Committee terms of reference are reviewed annually, and this took place as part of the revisions to the Committee structure outlined above.

Audit Committee

The Audit Committee membership consists of non – executives only. Its purpose is to scrutinise the Trust's risk and assurance structure and processes to ensure they are effective and support all aspects of the Trust's business.

The Audit and Risk Committee met 5 times during the financial year. All meetings were quorate, and a Chair's report was submitted to the Board of Directors following each meeting to outline the key areas of discussion and actions to be undertaken to address any issues identified.

The Audit Committee reviewed a number of accounting issues for the year ended 31 March 2026. These included the following matters:

- going concern
- material management estimates
- non-pay spend control and waivers
- bad debt policy

The majority of the audit risks are inherent to most reporting organisations and the Committee was content that these matters would not have an adverse impact in relation to audit work on the financial statements.

Going concern was discussed at the meeting in February 2026 and guidance from HM Treasury, NHSE, and DHSC was considered. Guidance confirmed that while all NHS bodies are required to document their basis for adopting the going concern basis, the assessment should solely be based on the anticipated future provision of services in the public sector, meaning that it would be highly unlikely that NHS organisations would have any material uncertainties over going concern to disclose, although this would still be subject to sufficient and appropriate audit procedures by external audit.

In addition, the Committee critically assessed the appropriateness of the accounting policies adopted and were satisfied that the policies were reasonable and appropriate.

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 2025-26.

In October 2025 the Trust held governor elections. The elections were run independently by Civica and in accordance with the Model Election Rules as included in the FT Constitution.

The 2025 election included 4 public and 2 staff governors seats as follows;

Constituency and Class	Number of Seats
Public - Rest of England	1
Public - Wirral South & Neston	1
Public - Wirral West	1
Public - Wallasey	1
Staff	2

The composition of the Council of Governors

The current Council of Governors comprises 10 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 2025-26.

Name	Constituency/ Organisation	Term of Office (End date)
Public Elected Governors		
Irene Cooke	Birkenhead	3 years (2027)
<i>Vacant seat</i>	Birkenhead	3 years
<i>Vacant seat</i>	Rest of England	3 years
Gary Kelly-Hartley	Wallasey	3 years (2027)
Geoffrey Caton	Wallasey	3 years (2028)
Lynn Collins	Wirral West	3 years (2027)
Eileen Hume	Wirral West	3 years (2028)
Frieda Rimmer	Wirral South & Neston	3 years (2027)
Nicola Fletcher	Wirral South & Neston	3 years (2028)

Staff Elected Governors		
Jenna Brassington	Staff Governor	3 years (2028)
Emma Carvell	Staff Governor	3 years (2027)
Gary Grady	Staff Governor	3 years (2028)
Appointed Governors		
Eve Collins	Appointed Governor, University of Chester	
Karen Prior	Appointed Governor, HealthWatch Wirral	
Vacancy	Appointed Governor	
Vacancy	Appointed Governor	
Vacancy	Appointed Governor	
Vacancy	Appointed Governor	

Council of Governors meetings

During 2025-26, the Council of Governors met formally on 3 occasions.

- 28 May 2025
- 17 October 2025
- 26 February 2026 (Joint meeting with WCHC and WUTH)

Four informal development days were also held as follows;

- 9 July 2025
- 12 November 2025
- 12 February 2026 (Joint CoG meeting with WCHC and WUTH)

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

		Possible Meetings	Meetings Attended
Public Elected Governors			
Irene Cooke	Public Governor, Birkenhead	3	2
Rach Markey	Public Governor, Birkenhead	2	0
Lynn Collins	Public Governor, Wirral West (Lead Governor)	3	3
Irene Hume	Public Governor, Wirral West	1	1
Ronnie Morris	Public Governor, Wirral West	2	1
Gary Kelly-Hartley	Public Governor, Wallasey	3	1
Kevin Sharkey	Public Governor, Wirral South/Neston	2	2
Frieda Rimmer	Public Governor, Wirral South/Neston	3	3
Nicola Fletcher	Public Governor, Wirral South/Neston	1	0
Staff Elected Governors			
Jenna Brassington	Staff Governor	3	1
Emma Carvell	Staff Governor	3	3

Gary Grady	Staff Governor	1	1
Appointed Governors			
Eve Collins	Appointed Governor, University of Chester	2	1
Karen Prior	Appointed Governor, HealthWatch Wirral	3	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

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

Council of Governors Subgroups

The Council of Governors Remuneration & Nomination sub-group meets to discuss the formal aspects of the Non-Executive Directors role including remuneration, terms of office and annual performance evaluation.

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 formally 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 full day development days during the year, to provide an opportunity to reflect on achievements and look ahead to future priorities and revisit the key duties of the governor role.

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

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

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

Membership and constituencies

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

The Trust has two constituencies;

- Staff constituency and,
- Public constituency

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

The public constituencies include;

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

The Trust has set out 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 2025-26, the Trust had 7,721 members split as follows across the two constituencies.

- 5,898 public members
- 1,823 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 2025-26, 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 2025-25 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
- A patient information leaflet on Palliative Care
- Working Carers Staff Network
- Patient Choice Award
- 'What Matters to You' campaign
- Referral routes to Urgent Community Response
- 'Let's Talk' service
- SEND inspection update
- Planning the Trust 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.

HM Treasury cost allocation and charging guidance

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.

Policy on the payment of suppliers

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 2025-26 against the Better Payment Practice Code.

	2025/26		2024/25	
	Number	£000	Number	£000
Non-NHS				
Trade invoices paid in the period	82,595	136,828	7,682	36,542
Trade invoices paid within target	36,038	65,277	7,087	34,954
Percentage of trade invoices paid within target	43.6%	47.7%	92.3%	95.7%
NHS				
Trade invoices paid in the period	6,601	81,179	910	13,773
Trade invoices paid within target	3,356	54,834	840	13,225
Percentage of trade invoices paid within target	50.8%	67.5%	96.3%	96.2%
Total				
Total invoices paid in the period	89,196	218,007	8,592	50,315
Total invoices paid within target	39,394	120,111	7,927	48,179
Percentage of invoices paid within target	44.2%	55.1%	92.3%	95.8%

Income for the purposes of the health service in England

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England (principal) must be greater than its income from the provision of goods and services for any other purposes (non-principal). The Trust has met this statutory requirement. Non-principal income is used to provide additional funding for the Trust. It is directly reinvested in the delivery of high-quality NHS services.

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.

Statement of disclosure to auditors

Each of the Trust Directors (excluding those who have resigned during the financial year):

-
- is not aware of any relevant audit information of which the Trust's auditors are unaware
 - has 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 Trust's auditor is aware of that information.

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

Date: 18 June 2026

Remuneration Report

This report to stakeholders:

- sets out the Trust's remuneration policy
- explains the policy under which the chair, executive directors and non-executive directors were remunerated for the period 1 April 2025 to 31 March 2026.
- sets out tables of information showing details of the salary and pension interest of all directors for the financial period 1 April 2025 to 31 March 2026.

Annual statement on remuneration

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.

Salaries for all directors are considered carefully on appointment and approved by the Remuneration & Terms of Service Committee. Steps are taken to ensure that remuneration is commensurate with an individual's experience and with reference to benchmarking data. The aim is to remunerate senior managers at a level sufficient to attract and retain whilst avoiding excessive payments.

Members of the Committee have no financial interest in the matters to be decided. The Chief Executive, Chief People Officer and Director of Corporate Affairs & Communications normally attend meetings except where their own salaries or performance were discussed. The Committee's major decisions during the year are summarised below:

- The approvals for the single executive team's recruitment processes, outcomes, and appointments
- Secondment of a Deputy Chief Nurse whilst a substantive replacement was recruited
- Agreeing that very senior managers (VSMs) would receive the 3.25% annual VSM pay award, in line with recommendations from ministers (found in the *Annual pay increase recommendation for very senior managers (VSMs)* letter, issued by NHS England) ;
- Agreeing an uplift for deputy executives whose workload is disproportionately affected by the merger;
- Agreeing a process for the recruitment of a Joint Chief People Officer, following the current role-holder's resignation.

The Chair of the Committee confirms that the above listed items were the major decisions and/or substantial changes to senior manager remuneration in year.

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.

Senior managers' remuneration policy

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 £170,000. 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.

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

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.

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 2025-26, the Council of Governors through the Remuneration & Nomination Committee ensured appropriate oversight and decision-making in relation to the recruitment processes and appointments of the Joint NEDs and the Joint Chair.

The recommendations were then presented to the full Council of Governors for ratification.

The Remuneration & Nomination Committee included the following members in 2025/26:

- 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.

There were no expenses claimed in the period by governors or Directors.

Hutton review of fair pay

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. In line with the previous disclosures, the amounts disclosed in the current year include March 2026 average annualised amounts for bank and agency staff as at March.

The banded remuneration of the highest-paid director in the organisation in the financial year 2025/26 was £245k-£250K (2024/25 £185k-£190k).

Total remuneration includes salary, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. There was no performance related pay and therefore this is not included. No employees received remuneration in excess of the highest-paid director in 2025/26.

For employees of the Trust as a whole, the range of remuneration in 2025/26 was from £0 to £249k (2024/25 £0k to £215k). 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 2.97%. The salary of £0k reflects those staff on extended unpaid leave and also those in receipt of prior month adjustments, reducing their salary to this amount.

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.

2025/26	25th Percentile £000 Percentile	Median £000	75th Percentile £000 Percentile
Salary component of pay			
Total Pay and benefits excluding Pension Benefits	30.2	38.5	47.4
Pay & Benefits, excluding pension for highest paid director	245-250		
Pay ratio for highest paid director	8.3	6.5	5.3

2024/25	25th Percentile	Median	75th Percentile
Salary component of pay			
Total Pay and benefits excluding Pension Benefits	29.1	37.3	45.0
Pay & Benefits, excluding pension for highest paid director	185-190		
Pay ratio for highest paid director	6.4	5.0	4.2

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 the financial statements.

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

		1 April 2025 - 31 March 2026											1 April 2024 - 31 March 2025										
Name	Position	Salary			Taxable Benefits	Pension Related Benefits			Total			Salary			Taxable Benefits	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)			of (Nearest £100)	(Bands of £2,500)			(Bands of £5,000)				
Non-Executive Directors																							
Sir David Henshaw	Joint Chairman (1 April 2025 to 20 October 2025)	10	-	15	0	N/A	-	N/A	10	-	15	10	-	15	0	N/A	-	N/A	10	-	15		
Steve Igoe	Joint Chairman (From 3 November 2025) (Acting Joint Chair 21 October to 2 November 2025)	10	-	15	0	N/A	-	N/A	10	-	15	0	-	0	0	N/A	-	N/A	0	-	0		
Steve Igoe	Joint Non-Executive Director (1 April 2025 to 2 November 2025)	5	-	10	0	N/A	-	N/A	5	-	10	0	-	0	0	N/A	-	N/A	0	-	0		
Chris Bentley	Non-Executive Director	5	-	10	0	N/A	-	N/A	5	-	10	10	-	15	0	N/A	-	N/A	15	-	20		
Meredydd David	Non-Executive Director	10	-	15	0	N/A	-	N/A	10	-	15	5	-	10	0	N/A	-	N/A	5	-	10		
Haris Sultan	Joint Non-Executive Director (From 1 July 2025)	5	-	10	0	N/A	-	N/A	5	-	10	0	-	0	0	N/A	-	N/A	0	-	0		
Lesley Davies	Joint Non-Executive Director (From 11 August 2025)	5	-	10	0	N/A	-	N/A	5	-	10	0	-	0	0	N/A	-	N/A	0	-	0		
Steve Ryan	Joint Non-Executive Director (From 17 October 2025)	5	-	10	0	N/A	-	N/A	5	-	10	0	-	0	0	N/A	-	N/A	0	-	0		
Lisa Greenhalgh	Joint Non-Executive Director (From 16 January 2026)	0	-	5	0	N/A	-	N/A	0	-	5	0	-	0	0	N/A	-	N/A	0	-	0		
Michael Brown	Chairman (to 30 September 2024)	0	-	0	0	N/A	-	N/A	0	-	0	15	-	20	0	N/A	-	N/A	15	-	20		
Gerald Meehan	Chairman (from 1 October 2024 to 5 November 2024)	0	-	0	0	N/A	-	N/A	0	-	0	0	-	5	0	N/A	-	N/A	0	-	5		
Beverley Jordan	Non-Executive Director	0	-	0	0	N/A	-	N/A	0	-	0	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)	0	-	0	0	N/A	-	N/A	0	-	0	15	-	20	0	N/A	-	N/A	15	-	20
Executive Directors																					
Janelle Holmes	Chief Executive	120	-	125	0	30	-	32.5	155	-	160	45	-	50	0	47.5	-	50	95	-	100
Dr Edward Roche	Medical Director (From 1 April 2025 to 30 May 2025)	10	-	15	0	2.5	-	5	15	-	20	85	-	90	0	430	-	432.5	515	-	520
Dr Ranj Mehra	Interim Medical Director (From 1 June 2025 to 16 November 2025) 1	50	-	55	0	35	-	37.5	85	-	90	0	-	0	0	0	-	0	0	-	0
Dr Nicola Stevenson	Medical Director (From 17 November 2025) 2	45	-	50	0	40	-	42.5	85	-	90	0	-	0	0	0	-	0	0	-	0
Paula Simpson	Director of Nursing (From 1 April 2025 to 30 November 2025)	95	-	100	2,600	15	-	17.5	110	-	115	130	-	135	4,000	55	-	57.5	195	-	200
Claire Wedge	Interim Chief Nurse (1 December 2025 to 31 January 2026)	15	-	20	0	5	-	7.5	20	-	25	0	-	0	0	0	-	0	0	-	0
Christine Douglas	Director of Nursing (From 12 January 2026)	10	-	15	0	0	-	0	10	-	15	0	-	0	0	0	-	0	0	-	0
Joanne Chwalko	Chief Operating Officer (From 1 April 2025 to 16 November 2025) Chief Integration and Partnerships Officer (From 17 November 2025)	115	-	120	2,500	37.5	-	40	160	-	165	35	-	40	1,100	5	-	7.5	45	-	50
Hayley Kendall	Executive Managing Director (From 17 November 2025)	30	-	35	0	5	-	7.5	35	-	40	0	-	0	0	0	-	0	0	-	0
Mark Greatrex	Chief Finance Officer (From 1 April 2025 to 31 August 2025)	60	-	65	1,600	0	-	0	65	-	70	90	-	95	2,200	0	-	2.5	155	-	160
David Miles	Chief Finance Officer (From 1 April 2025 to 2 May 2025)	5	-	10	0	2.5	-	5	10	-	15	65	-	70	0	325	-	327.5	390	-	395
Robbie Chapman	Interim Chief Finance Officer (From 6 May 2025 to 16 November 2025)	70	-	75	0	15	-	17.5	85	-	90	0	-	0	0	0	-	0	0	-	0
Mark Chidgey	Chief Finance Officer (From 17 November 2025)	30	-	35	0	17.5	-	20	45	-	50	0	-	0	0	0	-	0	0	-	0
Tony Bennett	Chief Strategy Officer (From 1 April 2025 to 31 July 2025)	40	-	45	1,300	30	-	32.5	70	-	75	125	-	130	4,000	25	-	27.5	155	-	160
Matthew Swanborough	Chief Strategy Officer (From 1 August 2025)	50	-	55	0	12.5	-	15	65	-	70	0	-	0	0	0	-	0	0	-	0
Deborah Smith	Chief People Officer	70	-	75	0	30	-	32.5	100	-	105	30	-	35	900	12.5	-	15	45	-	50

Alison Hughes	Director of Corporate Affairs and Communications	95	-	100	0	42.5	-	45	140.0	-	145	115	-	120	0	22.5	-	25	135	-	140
Gareth Robinson	Director of Transformation and Turnaround (from 18 March 2026)	0	-	5	0	0	-	0	0	-	5	0	-	0	0	0	-	0	0	-	0
Karen Howell	Chief Executive (From 1 April 2024 to 31 May 2024)	0	-	0	0	0	-	0	0	-	0	30	-	35	700	0	-	2.5	30	-	35
Mark Greatrex	Chief Executive (1 June 2024 to 5 November 2024)	0	-	0	0	0	-	0	0	-	0	70	-	75	1,700	587.5	-	590	120	-	125
Bradley Palin	Chief Operating Officer (From 15 July 2024 to 31 March 2025)	0	-	0	0	0	-	0	0	-	0	80	-	85	0	255	-	257.5	340	-	345
Claus Madsen	Chief People Officer (From 1 April 2024 to 20 October 2024)	0	-	0	0	0	-	0	0	-	0	70	-	75	2,200	20	-	22.5	95	-	100
Dave Murphy	Chief Digital Information Officer	0	-	0	0	0	-	0	0	-	0	110	-	115	0	880	-	882.5	990	-	995

All Executive Director salaries for joint roles are disclosed on the basis of the time in office during 2025-26. The pension related benefits reflect the full year accrued values provided by NHS Pensions agency. These have not been apportioned.

With the exception of the Chairman, Chief Executive and Chief People Officer, all other joint Executive roles commenced after the 1st April 2025, the start and end dates (where applicable) have been stated in the table above. The salaries have been apportioned accordingly based on their time in office.

1 The element of the Medical Director's remuneration above includes both remuneration for their management role as Medical Director, and remuneration for their clinical role as a Consultant. The element included which relates to their clinical role is in the range £50,000 - £55,000

2 The element of the Medical Director's remuneration above includes both remuneration for their management role as Medical Director, and remuneration for their clinical role as a Consultant Respiratory Physician. The element included which relates to their clinical role is in the range £30,000 - 35,000

3 The Chief Nurse does not contribute to the NHS Pension scheme

The element of the Medical Director's remuneration above includes both remuneration for their management role as Medical Director, and remuneration for their clinical role as a Consultant Respiratory Physician. The element included which relates to their clinical role is in the range £30k-£35k (Dr Nicola Stevenson) and £50k-£55k (Dr Ranj Mehra).

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

Pension-related benefits represent the value of pension benefits accrued during the year and are 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. The value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table below provides further information on the pension benefits accruing to the individual.

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 2026			Lump Sum at Pension Related Age to Accrued Pension at 31 March 2026			Cash Equivalent Transfer Value at 1 April 2025	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2026
		(Bands £2,500)	of		(Bands £2,500)	of		(Bands £5,000)	of		(Bands £5,000)	of		£000	£000	£000
Janelle Holmes	Chief Executive	2.5	-	5	0	-	2.5	90	-	95	230	-	235	2,095	80	2,240
Dr Edward Roche	Medical Director (From 1 April 2025 to 30 May 2025)	0	-	2.5	0	-	2.5	20	-	25	40	-	45	393	26	427
Dr Ranj Mehra	Interim Medical Director (From 1 June 2025 to 16 November 2025)	7.5	-	10	12.5	-	15	55	-	60	145	-	150	1,158	174	1,361
Dr Nicola Stevenson	Medical Director (From 17 November 2025)	10	-	12.5	20	-	22.5	95	-	100	265	-	270	2,040	244	2,351
Paula Simpson	Director of Nursing 1	0	-	2.5	0	-	0	50	-	55	120	-	125	1,104	0	0
Claire Wedge	Interim Chief Nurse (1 December 2025 to 11 January 2026)	2.5	-	5	0	-	0	35	-	40	80	-	85	704	35	763
Christine Douglas 1	Director of Nursing (From 12 January 2026)	0	-	0	0	-	0	0	-	0	0	-	0	0	0	0
Joanne Chwalko	Chief Operating Officer (From 1 April 2025 to 16 November 2025), Director of Partnership and Integration (From 17 November 2025)	2.5	-	5	2.5	-	5	40	-	45	105	-	110	918	57	1,009
Hayley Kendall	Executive Managing Director (From 17 November 2025)	2.5	-	5	0	-	0	10	-	15	0	-	0	105	19	144
Mark Greatrex	Chief Finance Officer (From 1 April 2025 to 31 August 2025)	0	-	0	0	-	0	60	-	65	150	-	155	1,363	0	1,367
David Miles	Chief Finance Officer (From 1 April 2025 to 2 May 2025)	0	-	2.5	0	-	0	25	-	30	60	-	65	531	10	551

Robbie Chapman	Interim Chief Finance Officer (From 6 May 2025 to 16 November 2025)	0	-	2.5	0	-	0	10	-	15	0	-	0	112	15	144
Mark Chidgey	Chief Finance Officer (From 17 November 2025)	5	-	7.5	7.5	-	10	65	-	70	165	-	170	1,396	118	1,556
Tony Bennett	Chief Strategy Officer (From 1 April 2025 to 31 July 2025)	0	-	2.5	0	-	0	45	-	50	105	-	110	865	32	917
Matthew Swanborough	Chief Strategy Officer (From 1 August 2025)	2.5	-	5	0	-	0	25	-	30	0	-	0	324	24	371
Deborah Smith	Chief People Officer	2.5	-	5	0	-	0	35	-	40	0	-	0	413	41	478
Alison Hughes	Director of Corporate Affairs and Communications	2.5	-	5	0	-	0	30	-	35	0	-	0	402	42	466
Gareth Robinson	Director of Transformation and Turnaround (from 18 March 2026) ²	0	-	0	0	-	0	0	-	0	0	-	0	0	0	0

All Executive Director pension calculations for 2025/26 reflect the full year accrued values provided by NHS Pensions Agency. These have not been apportioned as these values reflect their time in the NHS Pension, regardless of employing organisation

¹ The former Director of Nursing and Chief Nurse are already drawing pension

² Pensions information has not been obtained due to timing of appointment

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
		(Bands of £2,500)			(Bands of £2,500)			(Bands of £5,000)			(Bands of £5,000)			£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
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	0	0
Mark Greatrex	Chief Finance Officer/Deputy Chief Executive (1 April 2024 to 31 May 2024, 6 November 2024 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

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
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
Edward Roche	Medical Director	20.0	-	22.5	40.0	-	42.5	20.0	-	25.0	40.0	-	45.0	0	382	393
Tony Bennett	Chief Strategy Officer	0.0	-	2.5	0.0	-	2.5	40.0	-	45.0	105.0	-	110.0	774	25	865
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
Bradley Palin	Chief Operating Officer (from 15 July 2024)	12.5	-	15	0.0	-	2.5	10.0		15.0				0	143	152
David Murphy	Chief Digital Information Officer	37.5	-	40	100.0	-	102.5	35.0	-	40.0	100.0	-	105.0	0	892	906
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
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

Notes to the remuneration and pension tables

Non-Executive Directors do not receive pensionable remuneration. Other directors disclosed in the *Salaries and benefits* table, who do not appear in the *Pensions benefits* table, are not in receipt of workplace pension benefits. All pension benefits relate to the NHS Pension Scheme.

NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to pension benefits in 2015. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement.

Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.



Janelle Holmes
Chief Executive

18 June 2026

Staff Report

As at 31 March 2026, Wirral Community Health and Care NHS Foundation Trust employed 1,823 people.

The following staff costs have been incurred during the period:

	Permanently employed	Other	2025/26 Total	Permanently employed	Other	2024/25 Total
Salaries and wages	60,533	3,898	64,431	59,703	3,601	63,304
Social security costs	7,075	-	7,075	6,583	-	6,583
Apprenticeship levy	283	-	283	298	-	298
Employer's contributions to the NHS Pension Scheme	12,793	-	12,793	13,125	-	13,125
Employer's contributions to the National Employment Savings Scheme (NEST)	38	-	38	54	-	54
Bank and agency staff	457	-	457	861	-	861
Total pay costs	81,179	3,898	85,077	80,624	3,601	84,225

Staff numbers

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

Employee category	Permanently employed	Other	2025/26 Total	Permanently employed	Other	2024/25 Total
Medical and dental	11	10	21	11	9	20
Administration & estates	263	6	269	325	11	336
Healthcare assistants and other support staff	324	1	325	310	7	317
Nursing, midwifery and health visiting staff	683	28	711	697	27	724
Scientific, therapeutic and technical staff	160	1	161	168	3	171
Healthcare science staff	8	-	8	-	-	-
Other	2	-	2	-	-	-
Total average staff numbers	1,451	46	1,497	1,511	57	1,568

Staff composition - employee gender distribution

The figures reflecting the breakdown of gender distribution of employees within the Trust as at 31 March 2026 are included in the table below:

	2025-2026	Headcount
Directors male (<i>including Non-Executives</i>)	71.43%	5
Directors female (<i>including Non-Executives</i>)	28.57%	2
All Employees male	12.32%	223
All Employees female	87.68%	1600

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 2025	Adjusted FTE days lost to Cabinet Office Definitions	FTE Days Available	FTE Days Lost to Sickness Absence	Average Sick Days per FTE
1,465.30	22,691.31	533,649	36,810.35	15.48

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 2025-26 as 7.06%. 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 2025-26 was 12.25%. This figure excludes staff that have been part of the transfer out under TUPE legislation.

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 as part of the EQIA process, 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 an 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 continues to review 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 report of staff demographics in relation to protected characteristics along with producing annually its

Gender Pay Gap, Workforce Race Equality Standard, and Workforce Disability Equality Standard, all of which are available on the Trust website.

These reports involved reviewing staff data and staff experience and are analysed to identify actions to improve staff experience which are co-produced with the relevant staff networks, and progress to the plans is monitored through the People Committee.

With the support of the Pride staff network the Trust embarked on promoting awareness raising in relation to LGBTQ+ by attending the 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 continues to champion 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 considering the workforce demographics and predominantly female workforce. Manager training is available to support and aid staff experiencing menopause symptoms at work promoting the health adjustments that can be made to roles.

During 2025 the Trust has continue to promote support available for staff who are part of the Armed Forces community and launched a joint network with the hospital. We have promoted Remembrance Day, Armed Forces Day and continued to work with other NHS trusts to share good practice and support patients and gained re accreditation with Veterans Aware which shows on ongoing commitment to 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 2025-26, 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 2025 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 along with the quarterly pulse survey is one method used to understand staff experience and levels of engagement in the Trust. For more information see the Staff Survey section below.

Joint Union Committee 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 continues to meet and 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 jointly held Monthly All Staff 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, Menopause and Armed Forces which launched in 2025 jointly with the acute trust. In total our Staff networks have nearly 100 members from across the organisation, who regularly meet.

Each of the staff Networks is linked to an 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.

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 2025/26 survey among trust staff was 51 % (2024/25: 51 %). Scores for each indicator together with the average of the survey benchmarking group (community Trust CT) are presented below, alongside years 2025 and 2023.

Indicators	2025	2024	2023
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	Trust score	CT Average	NHS	Trust score	CT Average	NHS	Trust score	CT Average	NHS
We are compassionate and inclusive	7.69	7.70	7.33	7.70	7.76	7.28	7.76	7.75	7.30
We are recognised and rewarded	6.09	6.36	5.95	6.32	6.79	5.99	6.40	6.51	5.99
We each have a voice that counts	6.87	6.98	6.63	7.00	7.11	6.69	7.14	7.15	6.72
We are safe and healthy	6.13	6.41	6.12	6.20	6.49	6.14	6.32	6.42	6.13*
We are always learning	5.56	5.92	5.63	5.86	5.97	5.67	6.13	6.04	5.64
We work flexibly	6.53	6.89	6.31	6.63	6.91	6.31	6.79	6.93	6.28
We are a team	7.08	7.12	6.80	7.20	7.20	6.80	7.28	7.20	6.80
Staff engagement	6.85	7.02	6.75	7.02	7.23	6.85	7.18	7.26	6.89
Morale	5.71	5.84	5.90	6.05	6.23	5.94	5.7	6.1	5.73

The Trust's performance reduced in all nine scores however only three of these reductions are of statistical significance (*We are recognised and rewarded*, *we are always learning* and *Staff Engagement*). Compared to the NHS overall, Trust scores were above average for seven out of nine indicators.

In comparison to benchmarked Community Trusts, the Trust were below average scores for all scores.

We were 'best in sector' for 2025 staff survey results, for the second year running for Q13d "the last time you experienced physical violence at work, did you or a colleague report it?"

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 engagement sessions within the directorates to develop plans for local actions.

On review of survey findings, the following areas of focus are proposed for 2026/7

1. Improved feedback, communications and engagement
2. Feedback on actions taken and celebrating success
3. Leadership visibility
4. Enhanced support for middle managers
5. Enhanced support for 'hot spot' areas



Progress and monitoring of actions identified at a directorate level will be done through the locality/system structures and the overarching plan will be done through the Staff Engagement updates provided at monthly People and Culture Oversight Group reporting to People Committee.

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

Expenditure on consultancy

During the year, the Trust paid £6k 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 2026 earning £245 per day or greater

	Number
Number of existing engagements as of 31 March 2026	1
Of which, the number that have existed:	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	1
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 2026 earning £245 per day or greater

	Number
Number of off-payroll workers engaged during the year ended 31 March 2024	13
Of which:	
Not subject to off-payroll legislation*	13
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 2025 and 31 March 2026

	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

Foundation Trusts are required to disclose summary information of staff exit packages which have been agreed in the year. This section is subject to audit.

There were six compulsory redundancies in 2025/26. In 2025/26 there were 15 cases comprising pay in lieu of notice relating to:

- Mutually agreed resignations (MARS)
- Capability and conduct
- Statutory reason
- Sickness absence

Ongoing costs related to ill-health retirements are met by NHS Pensions and are not included in this disclosure.

The following table also details the number and value of non-compulsory exit packages agreed in the year. The expense associated with these departures may have been recognised in part or in full in a previous period.

Exit package cost per band 2025/26	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other agreed departures	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
<£10,000	2	15	9	39	11	54
£10,000 - £25,000	-	-	3	53	3	53
£25,001 - £50,000	1	38	2	59	3	97
£50,001 - £100,000	1	58	1	69	2	127
£100,001 - £150,000	-	-	-	-	-	-
£150,001 - £200,000	2	320	-	-	2	320
Total	6	431	15	220	21	651

A single exit package can be made up of several components, each of which will be counted separately in the above table, whereas the first table details individual departures.

Non-contractual exit packages require HM Treasury pre-approval. No payments were made in 2025/26.

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 31st March 2025 reported during 2025-26 can be viewed at:

[Wirral Community Health and Care NHS Foundation Trust gender pay gap report for 2025-26 reporting year](#)

NHS Oversight Framework

NHS England's NHS Oversight Framework 2025-26 is the framework for assessing health systems including providers. It promotes transparency, improvement, and helps identify potential support or intervention needs. NHS organisations are allocated to one of five 'segments'.

Segmentation indicates performance and whether improvement is required, from high performing across all domains (segment 1) to low performance across a range of domains (segment 4). An organisation assessed as segment 4 combined with a low capability to improve is allocated to segment 5.

NHS England's oversight response to an organisation is based on:

- a) Its segment derived from scored metrics under five performance domains (being access to services, effectiveness and experience of care, patient safety, people and workforce, and finance and productivity)
- b) considering financial override which may limit a segment to be no better than 3
- c) contextual metrics which are not scored (for example those under sixth domain of improving health and reducing inequality) and
- d) capability assessments which consider the organisation's leadership and governance.

Segmentation

As of the 31st March 2025, the Trust was placed in segment 1.

This segmentation information is the trust's position as at 31 March 2026. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: <https://www.england.nhs.uk/nhs-oversight-framework/segmentation-and-league-tables/>. The trust is included on the non-acute dashboard.

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 2026

NHS Foundation Trust Code of Governance Disclosures

NHSE revised its Code of Governance in October 2022 for adoption from April 2023. The table therefore provides compliance against this code, *the Code of governance for NHS provider trusts*.

As part of this compliance, NHS foundation trusts are required to provide a specific set of disclosures in their annual report to meet the requirements of the Code of Governance. Schedule A to the Code of Governance specifies everything that is required within these disclosures. Where the information is already contained within the annual report, a reference to its location is sufficient to avoid unnecessary duplication.

The information in the table below covers those items from Schedule A which require disclosure, and which require a “comply or explain” approach.

The table also includes requirements that are not part of the Code of Governance, but which are required by the FT ARM.

Part of Schedule A	Code section	Summary of requirement	Trust Response
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.	Included in the Overview of Performance and Performance Analysis.
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.	Included in the Performance Analysis and Staff Report.
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	Included in the Overview of Performance.

		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.	
Disclose	B 2.6	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: • has been an employee of the trust within the last two years • 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 • 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 • has close family ties with any of the trust's advisers, directors or senior employees • holds cross-directorships or has significant links with other directors through involvement with other companies or bodies • has served on the trust board for more than six years from the date of their first appointment • is an appointed representative of the trust's university medical or dental school. Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.	Included in the Directors' Report.
Disclose	B 2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	Included in the Directors' 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	Included in the Directors' report.

		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.	
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.	Not required in year.
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.	Included in the Remuneration Report. All Committee terms of reference are available on the Trust website.
Disclose	C 4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience.	Included in the Directors' report.
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.	The Trust was last inspected by the CQC including a well-led inspection in 2023.
Disclose	C 4.13	The annual report should describe the work of the nominations committee(s), including: - the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline - 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 - 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 - 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 - the gender balance of senior management and their direct reports.	Included in the Remuneration report.

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.	Included in the Directors' report.
Disclose	D 2.4	The annual report should include: - the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed - 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 - where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit - an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services.	Included in the Annual Governance Statement
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.	Included in the Director's report, Annual Governance Statement, and the Auditor's 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.	Completed. Further detail in the Overview of Performance report and 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.	Included in the Annual Governance Statement.

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.	Included in the performance analysis.
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.	Not required.
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.	Included in the Directors' 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.	Included on the Trust website and in the Directors' report.
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, eg through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Included in the Directors' report.
Disclose	Additional requirement of FT ARM resulting from legislation	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. 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.	Not required in year.

		* 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). ** As inserted by section 151 (6) of the Health and Social Care Act 2012)	
Comply or explain	A 2.2	The board of directors should develop, embody and articulate a clear vision and values for the trust, with reference to the ICP's integrated care strategy and the trust's role within system and place-based partnerships, and provider collaboratives. This should be a formally agreed statement of the organisation's purpose and intended outcomes and the behaviours used to achieve them. It can be used as a basis for the organisation's overall strategy, planning, collaboration with system partners, and other decisions.	A new co-produced Joint Strategy for WUTH and WCHC was launched in April 2026 which takes these elements into account.
Comply or explain	A 2.4	The board of directors should ensure that adequate systems and processes are maintained to measure and monitor the trust's effectiveness, efficiency and economy, the quality of its healthcare delivery, the success of its contribution to the delivery of the five-year joint plan for health services and annual capital plan agreed by the ICB and its partners, and to ensure that risk is managed effectively. The board should regularly review the trust's performance in these areas against regulatory and contractual obligations, and approved plans and objectives, including those agreed through place-based partnerships and provider collaboratives.	The Audit Committee monitors controls and risk, while the Quality & Safety Committee monitors the delivery of healthcare. No joint plan has been agreed for the ICB but the Trust is committed to working towards it once complete.
Comply or explain	A 2.5	The board of directors should ensure that relevant metrics, measures, milestones and accountabilities are developed and agreed so as to understand and assess progress and performance. Where appropriate and particularly in high risk or complex areas, the board of directors should commission independent advice, eg from the internal audit function, to provide an adequate and reliable level of assurance.	The Board Assurance Framework and Trust's Performance Dashboard are reviewed in full annually to ensure detail is correct, and relevant.
Comply or explain	A 2.6	The board of directors should report on its approach to clinical governance and its plan for the improvement of clinical quality in the context of guidance set out by the Department of Health and Social Care (DHSC), NHS England and the Care Quality Commission (CQC). The board should record where in the structure of the	This is completed within the Quality Account. Clinical Governance feeds up from divisions through the Integrated Performance Board to the Quality & Safety Committee.

		organisation clinical governance matters are considered.	
Comply or explain	A 2.7	The chair should regularly engage with stakeholders including patients, staff, the community and system partners, in a culturally competent way, to understand their views on governance and performance against the trust's vision. Committee chairs should engage with stakeholders on significant matters related to their areas of responsibility. The chair should ensure that the board of directors as a whole has a clear understanding of the views of the stakeholders including system partners. NHS foundation trusts must hold a members' meeting at least annually. Provisions regarding the role of the council of governors in stakeholder engagement are contained in Appendix B.	The Chair has regular meetings with system partners and key stakeholders, and Committee chairs engage with relevant key stakeholders. The Chair has a slot on each Board and Council of Governors agenda to provide feedback on his meetings. The Trust holds a member meeting annually.
Comply or explain	A 2.9	The workforce should have a means to raise concerns in confidence and – if they wish – anonymously. The board of directors should routinely review this and the reports arising from its operation. It should ensure that arrangements are in place for the proportionate and independent investigation of such matters and for follow-up action.	The Trust has a Freedom to Speak Up Lead who reports to Board. Any concerns raised anonymously are taken through this route, and appropriate investigations undertaken. The People & Culture Committee and Board receive biannual reports from the FTSU Lead. One of the Non-Executive Directors is also identified as the FTSU Champion at Board.
Comply or explain	A 2.10	The board of directors should take action to identify and manage conflicts of interest and ensure that the influence of third parties does not compromise or override independent judgement.	All staff band 8a (or decision makers if lower banded), including Board Members, must complete an annual declaration of interest which requires manager approval. Board and Board Committees ensure that ad hoc declarations of interest are raised at every meeting and recorded in the minutes if relevant.
Comply or explain	A 2.11	Where directors have concerns about the operation of the board or the management of the trust that cannot be resolved, these should be recorded in the board minutes. If on resignation a non-executive director has	Not required in year.

		any such concerns, they should provide a written statement to the chair, for circulation to the board.	
Comply or explain	B 2.1	The chair is responsible for leading on setting the agenda for the board of directors and, for foundation trusts, the council of governors, and ensuring that adequate time is available for discussion of all agenda items, in particular strategic issues.	This is carried out by the Chair, and he is advised on this by the Director of Corporate Affairs, Board Secretary and relevant Executives.
Comply or explain	B 2.2	The chair is also responsible for ensuring that directors and, for foundation trusts, governors receive accurate, timely and clear information that enables them to perform their duties effectively. A foundation trust chair should take steps to ensure that governors have the necessary skills and knowledge to undertake their role.	The chair manages this through the Board Secretariat. The chair also meets with each Governor on their induction.
Comply or explain	B 2.3	The chair should promote a culture of honesty, openness, trust and debate by facilitating the effective contribution of non-executive directors in particular, and ensuring a constructive relationship between executive and non-executive directors.	The Chair encourages openness and transparency, and the culture of the Board is constructive and cooperative, balanced with scrutiny. The Chair facilitates a Meeting Review at the end of each board meeting to seek feedback.
Comply or explain	B 2.4	A foundation trust chair is responsible for ensuring that the board and council work together effectively.	The Board and the COG work together as required. The Chair of the Trust is also the Chair of the COG, which helps to ensure this working relationship, and Governors are invited to the public board meetings. The Lead Governor has an agenda item on the public board to provide either a written or verbal update on the work of the CoG.
Comply or explain	B 2.5	The chair should be independent on appointment when assessed against the criteria set out in Section B, provision 2.6. The roles of chair and chief executive must not be exercised by the same individual. A chief executive should not become chair of the same trust. The board should identify a deputy or vice chair who could be the senior independent director. The chair should not sit on the audit committee. The chair of the audit committee, ideally, should not be the	The Chair was independent on appointment, and the Chair and CEO role are not held by the same individual, nor has the CEO become the Chair. The SID is Meredydd David, and the Deputy Chair is Lesley Davies. The Chair of the Audit Committee is Lisa

		deputy or vice chair or senior independent director.	Greenhalgh, and the Chair of the Board does not sit on Audit.
Comply or explain	B 2.7	At least half the board of directors, excluding the chair, should be non-executive directors whom the board considers to be independent.	Complied with.
Comply or explain	B 2.8	No individual should hold the positions of director and governor of any NHS foundation trust at the same time.	Complied with.
Comply or explain	B 2.9	The value of ensuring that committee membership is refreshed and that no undue reliance is placed on particular individuals should be taken into account in deciding chairship and membership of committees. For foundation trusts, the council of governors should take into account the value of appointing a non-executive director with a clinical background to the board of directors, as well as the importance of appointing diverse non-executive directors with a range of skill sets, backgrounds and lived experience.	Committee membership was reviewed in November – February 2025, with a mix of NEDs and a cross-representation of Exec portfolios. Dr Steve Ryan and Prof. Chris Bentley serve as the clinical NEDs. The Trust's commitment to diversity of skill and background and experience formed part of the processes undertaken this year.
Comply or explain	B 2.10	Only the committee chair and members are entitled to be present at nominations, audit or remuneration committee meetings, but others may attend by invitation of the particular committee.	Complied with.
Comply or explain	B 2.11	In consultation with the council of governors, NHS foundation trust boards should appoint one of the independent non-executive directors to be the senior independent director: to provide a sounding board for the chair and serve as an intermediary for the other directors when necessary. Led by the senior independent director, the foundation trust non-executive directors should meet without the chair present at least annually to appraise the chair's performance, and on other occasions as necessary, and seek input from other key stakeholders. For NHS trusts the process is the same but the appraisal is overseen by NHS England as set out in the chair appraisal framework.	Meredydd David is the SID and will follow this process during this year's appraisal process.
Comply or explain	B 2.12	Non-executive directors have a prime role in appointing and removing executive directors. They should scrutinise and hold to account the performance of management and individual executive directors against	The Remuneration Committee is made up of all NEDs and has responsibility for appointing, removing, and monitoring the

		agreed performance objectives. The chair should hold meetings with the non-executive directors without the executive directors present.	performance of the Executive Directors. The Chair meets one on one with the NEDs regularly.
Comply or explain	B 2.13	The responsibilities of the chair, chief executive, senior independent director if applicable, board and committees should be clear, set out in writing, agreed by the board of directors and publicly available.	These are in place.
Comply or explain	B 2.14	When appointing a director, the board of directors should take into account other demands on their time. Prior to appointment, the individual should disclose their significant commitments with an indication of the time involved. They should not take on additional external appointments without prior approval of the board of directors, with the reasons for permitting significant appointments explained in the annual report. Full-time executive directors should not take on more than one non-executive directorship of another trust or organisation of comparable size and complexity, and not the chairship of such an organisation.	Complied with during last recruitment exercise. Full time executive directors' appointments are managed in line with this provision, and are listed in the register of interests.
Comply or explain	B 2.15	All directors should have access to the advice of the company secretary, who is responsible for advising the board of directors on all governance matters. Both the appointment and removal of the company secretary should be a matter for the whole board.	This is the case.
Comply or explain	B 2.16	All directors, executive and non-executive, have a responsibility to constructively challenge during board discussions and help develop proposals on priorities, risk mitigation, values, standards and strategy. In particular, non-executive directors should scrutinise the performance of the executive management in meeting agreed goals and objectives, receive adequate information and monitor the reporting of performance. They should satisfy themselves as to the integrity of financial, clinical and other information, and make sure that financial and clinical quality controls, and systems of	This is the case – reflected in the minutes and Board observations.

		risk management and governance, are robust and implemented.	
Comply or explain	B 2.17	The board of directors should meet sufficiently regularly to discharge its duties effectively. A schedule of matters should be reserved specifically for its decisions.	The Board held 9 meetings during 2025-26 along with other development and training sessions. The Scheme of Reservation and Delegation lays out the matters reserved to the Board.
Comply or explain	C 2.1	The nominations committee or committees of foundation trusts, with external advice as appropriate, are responsible for the identification and nomination of executive and non-executive directors. The nominations committee should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the trust and the skills and expertise required within the board of directors to meet them. Best practice is that the selection panel for a post should include at least one external assessor from NHS England and/or a representative from the ICB, and the foundation trust should engage with NHS England to agree the approach.	This is the case – further detail on the Nominations Committee is in the Remuneration Report.
Comply or explain	C 2.2	There may be one or two nominations committees. If there are two committees, one will be responsible for considering nominations for executive directors and the other for non-executive directors (including the chair). The nominations committee(s) should regularly review the structure, size and composition of the board of directors and recommend changes where appropriate. In particular, the nominations committee(s) should evaluate, at least annually, the balance of skills, knowledge, experience and diversity on the board of directors and, in the light of this evaluation, describe the role and capabilities required for appointment of both executive and non-executive directors, including the chair.	There are two Committees - one called the Remuneration and Terms of Service Committee and the other the Remuneration and Nomination Committee. Further detail in the Remuneration Report.
Comply or explain	C 2.3	The chair or an independent non-executive director should chair the nominations committee(s). At the discretion of the committee, a governor can chair the committee in the case of appointments of non-executive directors or the chair.	This is the case.

Comply or explain	C 2.4	The governors should agree with the nominations committee a clear process for the nomination of a new chair and non-executive directors. Once suitable candidates have been identified, the nominations committee should make recommendations to the council of governors.	Complied with at last point of recruitment.
Comply or explain	C 2.5	Open advertising and advice from NHS England's Non-Executive Talent and Appointments team should generally be used for the appointment of the chair and non-executive directors.	Complied with for recruitment during 2025-26 and this will be the case when recruitment is next required.
Comply or explain	C 2.6	Where an NHS foundation trust has two nominations committees, the nominations committee responsible for the appointment of non-executive directors should have governors and/or independent members in the majority. If only one nominations committee exists, when nominations for non-executives, including the appointment of a chair or a deputy chair, are being discussed, governors and/or independent members should be in the majority on the committee and also on the interview panel.	Complied with.
Comply or explain	C 2.7	When considering the appointment of non-executive directors, the council of governors should take into account the views of the board of directors and the nominations committee on the qualifications, skills and experience required for each position.	Complied with at the point of last recruitment.
Comply or explain	C 2.9	Elected governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The names of governors submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to make an informed decision on their election. This should include prior performance information.	Complied with
Comply or explain	C 4.1	Directors on the board of directors and, for foundation trusts, governors on the council of governors should meet the 'fit and proper' persons test described in the provider licence. For the purpose of the licence and application criteria, 'fit and proper' persons are defined as those having the qualifications, competence, skills,	Complied with. The new regime for Fit and Proper Persons has been implemented at the Trust.

		experience and ability to properly perform the functions of a director. They must also have no issues of serious misconduct or mismanagement, no disbarment in relation to safeguarding vulnerable groups and disqualification from office, be without certain recent criminal convictions and director disqualifications, and not bankrupt (undischarged). Trusts should also have a policy for ensuring compliance with the CQC's guidance Regulation 5: Fit and proper persons: directors.	
Comply or explain	C 4.2	Alongside this, the board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the trust. Both statements should also be available on the trust's website.	The Statement of Composition of the Board is in place.
Comply or explain	C 4.3	The chair should not remain in post beyond nine years from the date of their first appointment to the board of directors and any decision to extend a term beyond six years should be subject to rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time, particularly where on appointment the chair was an existing non-executive director. The need for extension should be clearly explained and should have been agreed with NHS England.	Steve Igoe's tenure was extended to reach 9 years prior to his appointment as the Chair, as he was previously a NED and the SID. NHSE would be fully engaged with should there be a proposal to extend the current Chair's tenure (end in 2027).
Comply or explain	C 4.4	Elected foundation trust governors must be subject to re-election by the members of their constituency at regular intervals not exceeding three years. The governor names submitted for election or re-election should be accompanied by sufficient biographical details and any other relevant information to enable members to make an informed decision on their election. This should include prior performance information. Best practice is that governors do not serve more than three consecutive terms to ensure that they retain the objectivity and independence required to fulfil their roles.	Complied with.
Comply or explain	C 4.5	There should be a formal and rigorous annual evaluation of the performance of the board of directors, its committees, the chair and individual directors. For NHS	This takes place annually.

		foundation trusts, the council of governors should take the lead on agreeing a process for the evaluation of the chair and non-executive directors. The governors should bear in mind that it may be desirable to use the senior independent director to lead the evaluation of the chair. NHS England leads the evaluation of the chair and non-executive directors of NHS trusts. NHS foundation trusts and NHS trusts should make use of NHS Leadership Competency Framework for board level leaders.	
Comply or explain	C 4.6	The chair should act on the results of the evaluation by recognising the strengths and addressing any weaknesses of the board of directors. Each director should engage with the process and take appropriate action where development needs are identified.	Included in the appraisal process.
Comply or explain	C 4.8	Led by the chair, foundation trust councils of governors should periodically assess their collective performance and regularly communicate to members and the public how they have discharged their responsibilities, including their impact and effectiveness on: • holding the non-executive directors individually and collectively to account for the performance of the board of directors • communicating with their member constituencies and the public and transmitting their views to the board of directors • contributing to the development of the foundation trust's forward plans. The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice. Further information can be found in Your statutory duties: a reference guide for NHS foundation trust governors and an Addendum to Your statutory duties – A reference guide for NHS foundation trust governors.	During 25-26, the governors were involved in development sessions to consider its role and structure in the context of integration. This will continue to be considered through the process of integration during 26-27.
Comply or explain	C 4.9	The council of governors should agree and adopt a clear policy and a fair process for the removal of any governor who consistently and unjustifiably fails to attend its meetings or has an actual or potential	The policy is held in the Governors' Code of Conduct. Process for removal is laid out in the

		conflict of interest which prevents the proper exercise of their duties. This should be shared with governors.	Trust Constitution at Annex 5.
Comply or explain	C 4.10	In addition, it may be appropriate for the process to provide for removal from the council of governors if a governor or group of governors behaves or acts in a way that may be incompatible with the values and behaviours of the NHS foundation trust. NHS England's model core constitution suggests that a governor can be removed by a 75% voting majority; however, trusts are free to stipulate a lower threshold if considered appropriate. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties should be asked to consider the evidence and determine whether or not the proposed removal is reasonable. NHS England can only use its enforcement powers to require a trust to remove a governor in very limited circumstances: where they have imposed an additional condition relating to governance in the trust's licence because the governance of the trust is such that the trust would otherwise fail to comply with its licence and the trust has breached or is breaching that additional condition. It is more likely that NHS England would have cause to require a trust to remove a director under its enforcement powers than a governor.	As Above.
Comply or explain	C 4.11	The board of directors should ensure it retains the necessary skills across its directors and works with the council of governors to ensure there is appropriate succession planning.	A skills matrix forms part of the board evaluation framework and has been used to formulate a board succession plan. Review of this plan is due in 2026/27 as part of integration.
Comply or explain	C 4.12	The remuneration committee should not agree to an executive member of the board leaving the employment of the trust except in accordance with the terms of their contract of employment, including but not limited to serving their full notice period and/or material reductions in their time commitment to the role, without the board first completing and approving a full risk assessment.	Complied with.

Comply or explain	C 5.1	All directors and, for foundation trusts, governors should receive appropriate induction on joining the board of directors or the council of governors and should regularly update and refresh their skills and knowledge. Both directors and, for foundation trusts, governors should make every effort to participate in training that is offered.	Induction is in place.
Comply or explain	C 5.2	The chair should ensure that directors and, for foundation trusts, governors continually update their skills, knowledge and familiarity with the trust and its obligations for them to fulfil their role on the board, the council of governors and committees. The trust should provide the necessary resources for its directors and, for foundation trusts, governors to develop and update their skills, knowledge and capabilities. Where directors or, for foundation trusts, governors are involved in recruitment, they should receive appropriate training including on equality diversity and inclusion, including unconscious bias.	This is the case.
Comply or explain	C 5.3	To function effectively, all directors need appropriate knowledge of the trust and access to its operations and staff. Directors and governors also need to be appropriately briefed on values and all policies and procedures adopted by the trust.	Included in induction packs and process.
Comply or explain	C 5.4	The chair should ensure that new directors and, for foundation trusts, governors receive a full and tailored induction on joining the board or the council of governors. As part of this, directors should seek opportunities to engage with stakeholders, including patients, clinicians and other staff, and system partners. Directors should also have access at the trust's expense to training courses and/or materials that are consistent with their individual and collective development programme.	Induction processes in place.
Comply or explain	C 5.5	The chair should regularly review and agree with each director their training and development needs as they relate to their role on the board.	This forms part of the annual appraisals.
Comply or explain	C 5.6	A foundation trust board has a duty to take steps to ensure that governors are	Induction process is in place.

		equipped with the skills and knowledge they need to discharge their duties appropriately.	
Comply or explain	C 5.7	The board of directors and, for foundation trusts, the council of governors should be given relevant information in a timely manner, form and quality that enables them to discharge their respective duties. Foundation trust governors should be provided with information on ICS plans, decisions and delivery that directly affect the organisation and its patients. Statutory requirements on the provision of information from the foundation trust board of directors to the council of governors are provided in Your statutory duties: a reference guide for NHS foundation trust governors.	Papers are provided in line with Terms of Reference requirements of 4 working days before each meeting. Governors receive updates from the Chair on the ICS at every meeting via a private session and a Chair's update at the public session
Comply or explain	C 5.8	The chair is responsible for ensuring that directors and governors receive accurate, timely and clear information. Management has an obligation to provide such information but directors and, for foundation trusts, governors should seek clarification or detail where necessary.	Complied with.
Comply or explain	C 5.9	The chair's responsibilities include ensuring good information flows across the board and, for foundation trusts, across the council of governors and their committees; between directors and governors; and for all trusts, between senior management and non-executive directors; as well as facilitating appropriate induction and assisting with professional development as required.	Complied with and managed with the assistance of the Board Secretariat.
Comply or explain	C 5.10	The board of directors and, for foundation trusts, the council of governors should be provided with high-quality information appropriate to their respective functions and relevant to the decisions they have to make. The board of directors and, for foundation trusts, the council of governors should agree their respective information needs with the executive directors through the chair. The information for boards should be concise, objective, accurate and timely, and complex issues should be clearly explained. The board of directors should have complete access to any information about the trust that it deems necessary to discharge its duties, as well as access to senior management and other employees.	Complied with and managed with the assistance of the Board Secretariat.

Comply or explain	C 5.11	The board of directors and in particular non-executive directors may reasonably wish to challenge assurances received from the executive management. They do not need to appoint a relevant adviser for each and every subject area that comes before the board of directors, but should ensure that they have sufficient information and understanding to enable challenge and to take decisions on an informed basis. When complex or high-risk issues arise, the first course of action should normally be to encourage further and deeper analysis within the trust in a timely manner. On occasion, non-executives may reasonably decide that external assurance is appropriate.	Complied with. No external assurance required in year.
Comply or explain	C 5.12	The board should ensure that directors, especially non-executive directors, have access to the independent professional advice, at the trust's expense, where they judge it necessary to discharge their responsibilities as directors. The decision to appoint an external adviser should be the collective decision of the majority of non-executive directors. The availability of independent external sources of advice should be made clear at the time of appointment.	Not required in year.
Comply or explain	C 5.13	Committees should be provided with sufficient resources to undertake their duties. The board of directors of foundation trusts should also ensure that the council of governors is provided with sufficient resources to undertake its duties with such arrangements agreed in advance.	Complied with and managed via the Board Secretariat.
Comply or explain	C 5.14	Non-executive directors should consider whether they are receiving the necessary information in a timely manner and feel able to appropriately challenge board recommendations, in particular by making full use of their skills and experience gained both as a director of the trust and in other leadership roles. They should expect and apply similar standards of care and quality in their role as a non-executive director of a trust as they would in other similar roles.	Complied with.
Comply or explain	C 5.16	Where appropriate, the board of directors should in a timely manner take account of the views of the council of governors on the	The Council of Governors was invited to take part in focus groups related to the

		forward plan, and then inform the council of governors which of their views have been incorporated in the NHS foundation trust's plans, and explain the reasons for any not being included.	development of the new Joint Strategy.
Comply or explain	C 5.17	The trust should arrange appropriate insurance to cover the risk of legal action against its directors. Assuming foundation trust governors have acted in good faith and in accordance with their duties, and proper process has been followed, the potential for liability for the council should be negligible. Governors may have the benefit of an indemnity and/or insurance from the trust. While there is no legal requirement for trusts to provide an indemnity or insurance for governors to cover their service on the council of governors, where an indemnity or insurance policy is given, this can be detailed in the trust's constitution.	Insurance is in place.
Comply or explain	D 2.1	The board of directors should establish an audit committee of independent non-executive directors, with a minimum membership of three or two in the case of smaller trusts. The chair of the board of directors should not be a member and the vice chair or senior independent director should not chair the audit committee. The board of directors should satisfy itself that at least one member has recent and relevant financial experience. The committee as a whole should have competence relevant to the sector in which the trust operates.	Complied with.
Comply or explain	D 2.2	The main roles and responsibilities of the audit committee should include: • monitoring the integrity of the financial statements of the trust and any formal announcements relating to the trust's financial performance, and reviewing significant financial reporting judgements contained in them • providing advice (where requested by the board of directors) on whether 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 position and performance, business model and strategy	Included in the Committee's Terms of Reference.

		• reviewing the trust's internal financial controls and internal control and risk management systems, unless expressly addressed by a separate board risk committee composed of independent non-executive directors or by the board itself • monitoring and reviewing the effectiveness of the trust's internal audit function or, where there is not one, considering annually whether there is a need for one and making a recommendation to the board of directors • reviewing and monitoring the external auditor's independence and objectivity • reviewing the effectiveness of the external audit process, taking into consideration relevant UK professional and regulatory requirements • reporting to the board of directors on how it has discharged its responsibilities.	
Comply or explain	D 2.3	A trust should change its external audit firm at least every 20 years. Legislation requires an NHS trust to newly appoint its external auditor at least every five years. An NHS foundation trust should re-tender its external audit at least every 10 years and in most cases more frequently than this.	A tender was undertaken in 2025 and Azets appointed as joint External Auditor for WUTH and WCHC for 3 years with the option to extend for a further 2 years.
Comply or explain	D 2.5	Legislation requires an NHS trust to have a policy on its purchase of non-audit services from its external auditor. An NHS foundation trust's audit committee should develop and implement a policy on the engagement of the external auditor to supply non-audit services.	Not required.
Comply or explain	E 2.1	Any performance-related elements of executive directors' remuneration should be designed to align their interests with those of patients, service users and taxpayers and to give these directors keen incentives to perform at the highest levels. In designing schemes of performance-related remuneration, the remuneration committee should consider the following provisions. • Whether the directors should be eligible for annual bonuses in line with local procedures. If so, performance conditions should be relevant,	No performance related elements are in place at this point.

		stretching and designed to match the long-term interests of the public and patients. • Payouts or grants under all incentive schemes should be subject to challenging performance criteria reflecting the objectives of the trust. Consideration should be given to criteria which reflect the performance of the trust against some key indicators and relative to a group of comparator trusts, and the taking of independent and expert advice where appropriate. • Performance criteria and any upper limits for annual bonuses and incentive schemes should be set and disclosed and must be limited to the lower of £17,500 or 10% of basic salary. • The remuneration committee should consider the pension consequences and associated costs to the trust of basic salary increases and any other changes in pensionable remuneration, especially for directors close to retirement	
Comply or explain	E 2.2	Levels of remuneration for the chair and other non-executive directors should reflect the <i>Chair and non-executive director remuneration structure</i> .	Remuneration for the Chair and NEDs is set in line with this document.
Comply or explain	E 2.4	The remuneration committee should carefully consider what compensation commitments (including pension contributions and all other elements) their directors' terms of appointments would give rise to in the event of early termination. The aim should be to avoid rewarding poor performance. Contracts should allow for compensation to be reduced to reflect a departing director's obligation to mitigate loss. Appropriate claw-back provisions should be considered in case of a director returning to the NHS within the period of any putative notice.	To be complied with should the situation arise.
Comply or explain	E 2.5	Trusts should discuss any director-level severance payment, whether contractual or non-contractual, with their NHS England regional director at the earliest opportunity.	Not required in year.
Comply or explain	E 2.6	The board of directors should establish a remuneration committee of independent non-executive directors, with a minimum	Complied with. Further detail is included in the Remuneration Report.

		membership of three. The remuneration committee should make its terms of reference available, explaining its role and the authority delegated to it by the board of directors. The board member with responsibility for HR should sit as an advisor on the remuneration committee. Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the trust	
Comply or explain	E 2.7	The remuneration committee should have delegated responsibility for setting remuneration for all executive directors, including pension rights and any compensation payments. The committee should also recommend and monitor the level and structure of remuneration for senior management. The board should define senior management for this purpose and this should normally include the first layer of management below board level.	Included in the Terms of Reference.

Annual Governance Statement 2025-26

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 6th 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 2026 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 three Non-Executive Directors, oversees the systems of internal control and overall assurance processes associated with managing risk.

During 2025-26, there were changes at Board level (described in the Director's Report) including a number of interim arrangements.

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 2025-26, 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 2025-26, 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 2025-26 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 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 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 developed in 2024-25 and has been implemented through a bespoke training programme tailored to specific needs and includes advice and guidance on the management of risk and practical support to use the Risk Module on Datix. The training was offered to Team Managers/Team Leaders/Service Leads/Directors/Executive Leads with over 100 staff identified to complete.

During 2025-26, 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 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 includes 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 the year, 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 AAA (Alert, Advise, Assure) 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 2025-26, 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 2025-26 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.

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.

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. The Trust's Freedom To Speak Up Guardian is supported by 126 FTSU Champions in the Trust and in all Staff Network Groups promoting the Speak Up culture and Trust values.

96.52% 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 meet regularly 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.

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 2025-26, 9 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;

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

At year-end and as reported to the Board of Directors in April 2026, of the 9 strategic risks two were categorised as risk averse; these related to safe delivery of services and ensuring equity of access.

As at year end, the highest scoring risk (ID07), with a risk rating of 16 (L4 x C4) related to ensuring our people have a positive employee experience, and a focus on their health and wellbeing to ensure retention and attract new talent.. The People & Culture Committee maintained oversight of this risk providing regular updates, assurance and recommendations to the Board of Directors.

No risks achieved the target risk rating, but each was tracked for gaps and completion of actions.

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

The BAF was highly visible throughout the financial year providing a focus for sub-committee and Board discussions to ensure 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. Similarly, the BAF reports to the sub-committees acknowledged any alignment with WUTH strategic risks recognising the integrated working across corporate and clinical services. This has led to the development of a single Joint BAF for 2026-27, aligned to the new Joint Strategy.

The Audit Committee also considered the BAF at each of its meetings in June, July and October 2025, and February 2026.

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 2025-26 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 2026.

The same paper to the Board of Directors also proposes a new set of strategic risks for the 2026-27 financial year. These are joint risks with WUTH and will be recorded and tracked via a new joint BAF, in a format that allows greater transparency for actions and mitigations. The Joint BAF will also allow for individual Trust risks to be raised, should this be required.

Risk Description	Committee oversight	Link to 5-year strategy	Initial rating (LxC) risk	Current rating (LxC) risk (March 2026)	Target rating (LxC) risk	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 - Inability to achieve the financial plan including CIP will impact on the Trust's financial sustainability and service delivery and the system financial plan.	Finance & Performance Committee	Make most efficient use of resources to ensure value for money	3 x 3 (9)	3 x 4 (12) ↔	2 x 4 (8)	Cautious
ID05 - Inability to effectively implement business continuity and EPRR arrangements due to a failure in critical infrastructure or a cyber-attack impacting on the quality of patient care	Finance & Performance Committee	Safe care and support every time Make most efficient use of resources to ensure value for money	3 x 3 (9)	3 x 4 (12) ↔	2 x 4 (8)	Cautious
ID06 - Failure to effectively embed service transformation and change will impact on the Trust's ability to deliver sustainable efficiency gains and the CIP plan for 2025-26.	Finance & Performance Committee	Make most efficient use of resources to ensure value for money	3 x 4 (12)	3 x 4 (12) ↔	2 x 4 (8)	Moderate
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)	4 x 4 (16) ↔	1 x 4 (4)	Moderate

Risk Description	Committee oversight	Link to 5-year strategy	Initial rating (LxC) risk	Current rating (LxC) risk (March 2026)	Target rating (LxC)	Risk Appetite
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
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 effectively deliver the 2-year integration plan including delivery of the transaction between WCHC and WUTH, resulting in the benefits of integration (clinical, operational, workforce, financial and patient experience/outcomes) not being realised	Integration Management Board	Delivery sustainable health and care services	3 x 3 (9)	3 x 3 (9) ↔	2 x 3 (6)	Open

Quality Governance

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

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

During 2025-26 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 the year, the Trust has continued to engage with the CQC team through regular engagement meetings, which has been positive.

The Eastham Walk-in Centre and the Arrowe Park Urgent Treatment Centre (UTC) were inspected by the CQC in September 2025 and the final reports were published on 20 January 2026.

Both inspections resulted in an overall rating of Requires Improvement and robust action plans have been developed which have been accepted by the CQC, and progress has been reported to the Quality & Safety Committee.

Following the inspection a section 29a warning notice for both services was issued, in relation to Regulation 17: Good Governance noting that “the management and governance of safety incidents failed to identify risk and did not ensure full investigation and timely action was taken to drive improvement and prevent a recurrence”. A full action plan has also been developed and accepted by the CQC, and the Trust anticipates a re-inspection of these services during 2026-27.

It is noted that the CQC feedback related to the application of the governance system at a local level within the services inspected, however, the Trust has committed to testing arrangements across other trust services to assess the effectiveness of the local quality governance systems for assurance. This approach has been reported to the Quality & Safety Committee.

Since the reports were received in December 2025, weekly meetings have taken place with the services to track progress against the developed action plans and a programme of testing at the frontline has commenced, to evidence impact and sustainability of the developed actions.

The Quality Account includes further information on quality governance systems, processes and performance during 2024-25.

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 2025-26 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.

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 2025-26 the Trust delivered against Year 4 of the People Strategy with assurance provided bi-monthly to the People & Culture Committee.

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 2025-26 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 2025-26 on 18 June 2025 and will receive the financial statements and Annual Report & Accounts for 2025-26 at the end of June 2026.

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 2025-26 required in-year productivity and efficiency saving of £6.6m; which was fully delivered.

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, and a joint document with WUTH has been produced, ensuring consistency in approach and approvals across both organisations. This was approved by the Board in March 2026.

Under the new NHS Oversight Framework, NHS England ranks providers based on performance against key indicators including access to services, staff engagement, finance and productivity.

The Trust is currently in segment 1 which reflects strong performance across all areas relevant to Community Trusts

In 2025-26 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, which was approved by the Audit Committee in February 2026.

The Trust welcomes the opportunity to further enhance and strengthen partnership working and engagement at system and place level where it provides services. During 2025-26 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.

As stated above, an Organisational Change process was undertaken in year to create a single Executive Team providing shared leadership across both Trusts. All Non-Executive Directors are now members of both the WCHC and WUTH Boards and a group governance model was implemented in April 2026 to allow joint decision making where appropriate.

In October 2024, Sir David Henshaw stood down from his role as Joint Chair, and Steve Igoe was appointed, with support from NHSE, as his replacement. The Council of Governors, through the Remuneration Committee, supported this process to appoint the Joint Chair and to approve appointments of all WUTH and WCHC NEDs onto the other Trust's Board, 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, and further information on the changes to the Board appointments is included in the Directors' Report.

Implementation of actions from the Independent Review of all 0-19/25 contracts

At the end of 2024-25, the new Chair and Chief Executive 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.

The review 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 has been reviewed and progress monitored by the Board of Directors during 2025-26.

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 has led the establishment of the Wirral Provider Alliance established in June 2025 with a Memorandum of Understanding agreed between all partner members.

During 2025-26, through the leadership of the Chief Executive and members of the Executive Team were actively engaged in the work of the Cheshire & Merseyside Provider Collaborative (CMPC) with the Board of Directors reviewing and approving a working agreement to support a Committee in Common approach.

The Board of Directors has received regular briefings on developments at Place, system and provider collaborative.

Information governance

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 Trust's DSPT was submitted on 30 June 2025 with all but one outcome meeting the required standards. An action plan was developed to ensure compliance with the outcome, this action plan was shared with NHSE.

The 2025-2026 DSPT baseline submission was completed by 31 December 2025 and the final submission will be made by 30 June 2026.

The Trust's Information Governance and Data Security Assurance Framework is underpinned by robust policies and procedures, and all Information Governance policies are currently in-date. 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	Review Date
Data Protection and Confidentiality Policy	March 2027
Information Governance Policy	August 2027
Records Management Policy	January 2028
Individual Rights and Accessing Records Policy	February 2028
FOI Policy	April 2028
Data Quality Policy	April 2028
Data Protection Impact Assessment (DPIA) 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.

Duty of confidentiality is reflected in all Trust employment contracts.

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 e-Learning for Healthcare Data Security Awareness Training. This is mandated against annual training requirements. In 2025-26, compliance against mandatory Data Security Awareness e-Learning was 96% with bespoke training packages also developed and delivered where knowledge gaps were identified.

The Information Governance and Data Security Group meets monthly and supports the information governance agenda, ensuring effective management of information risk and providing the Finance & Performance Committee as required, with assurance that best practice mechanisms in line with national standards and local contract requirements are in place for information governance and data security. Membership of the group includes the Senior Information Risk Owner (SIRO), Caldicott Guardian, Chief Nursing Information Officer (CNIO), Chief Information Officer (CIO) 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 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. A list of approved DPIAs is available on the Trusts public facing website.

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 Digital Maturity Assessment (DMA) an annual assessment for all NHS Trusts in England against the 'What Good Looks Like' framework launched by NHS England in September 2022. The DMA measures digital maturity, highlights strengths and gaps in provision of digital services and supports year-on-

year progress tracking and peer benchmarking. The assessment provides all ICBs and NHS providers across England with access to a consistent DMA.

The Trust submitted evidence against the framework as required 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 2025-2026, 120 Information Governance incidents were reported and of these, 94 were deemed attributable to the Trust. This is compared to 151 reported in 2024-2025.

Of the 94 incidents, 92 (97.87%) 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 2025-2026, the Trust notified the Information Commissioner's Officer (ICO) of two incidents; both were closed with no further action by the ICO in September 2025 and February 2026.

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.

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 2024, 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 2025-26. 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 2025-26 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 2025-26 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 Transactional Processing Controls	Substantial
Fit and Proper Persons	Substantial
Transitional Arrangements – New Payroll Provider	Substantial
IT Service Continuity / Disaster Recovery	Substantial
Contract Management	Moderate
Data Quality – Community Cardiology	Moderate
Clinical and Professional Supervision	Moderate

Governance Arrangements - Divisional Level (mapping)	Not applicable for assurance opinion
Risk Management – Core Controls	Not applicable for assurance opinion

The overall Head of Internal Audit Opinion for the period 1st April 2025 to 31st March 2026 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, 27 recommendations were raised, and all were accepted by management. There were no critical recommendations, and 3 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 all open 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 2025-26, and an annual update on these audits is provided to the Quality & Safety Committee at its first meeting in each new financial year. 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 2025-26.

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 2025-26.

During the year, the governors also completed business for the Trust, in accordance with their statutory duties, including the appointment of a new Joint Chair (following Sir David Henshaw’s resignation in October 2025), and a series of Joint NED appointments resulting in a fully shared Board membership with Wirral University Teaching Hospitals. The Governors also approved the appointment of Azets as the new External Auditor, following a joint procurement exercise with WUTH and Mersey and West Lancashire Teaching Hospitals NHS FT. In March 2026, the Governors reviewed and approved a suite of governance documents,

including new Constitutions for both this Trust and WUTH to support a new group governance model.

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 2025-26 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 2026

Independent Auditor's Report to the Council of Governors of Wirral Community Health and Care NHS Foundation Trust

Report on the audit of the financial statements

Opinion on the 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 2026, 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 accounting policies and other information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted 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 2025 to 2026.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2026 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025 to 2026; 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)), applicable law and Practice Note 10 'Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom', as required by 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

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 the date 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 this gives rise to 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.

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 set out in the NHS foundation trust annual reporting manual 2025/26; and
- Based on the work undertaken in the course of the audit of the financial statements, the other information published together with the audited 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

Under 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 2025/26 or is misleading or inconsistent with 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 respect of the above matters.

Responsibilities of the Accounting Officer

As explained more fully in the Statement of Accounting Officer's Responsibilities, 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, 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 and functions to another public sector entity. The Accounting Officer is required to comply with the requirements set out in the Department of Health and Social Care Group Accounting Manual 2025 to 2026.

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 it 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.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material

misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISA's (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

We obtain and update our understanding of the Trust, its activities, control environment, and likely future developments, including in relation to the legal and regulatory framework applicable and how the Trust is complying with that framework. We determined that the most significant legal and regulatory frameworks that are applicable to the Trust, which are directly linked to specific assertions in the financial statements, are those related to the financial reporting frameworks. These include the National Health Service Act 2006 and international accounting standards, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025 to 2026.

Based on this understanding, we identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. This includes consideration of the risk of acts by the Trust that were contrary to applicable laws and regulations, including fraud.

In response to the risk of irregularities and non-compliance with laws and regulations, including fraud, we designed procedures which included:

- Enquiry of management, internal audit, and those charged with governance concerning the Trust's operations, the key policies and procedures, and the establishment of internal controls to mitigate risks related to fraud and non-compliance with laws and regulations, together with their knowledge of any actual or potential litigation and claims and actual, suspected and alleged fraud;
- Reviewing minutes of meetings of those charged with governance;
- Assessing the extent of compliance with the laws and regulations considered to have a direct material effect on the Trust's financial statements and the operations of the Trust through enquiry and inspection;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management bias and override of controls, including testing of high-risk journal entries and other adjustments for appropriateness, evaluating the rationale of any significant transactions outside the normal course of business and reviewing key accounting estimates including property plant and equipment valuations for indicators of potential bias;
- Other audit procedures responsive to the risk of fraud, non-compliance with laws and regulation or irregularity including testing the accuracy and occurrence of other income and assessing the completeness of non-pay expenditure; and

- Assessing whether the engagement team collectively had the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations. We concluded that more experienced audit team members needed to be allocated to perform work on the significant risks identified.

We also communicated potential non-compliance with laws and regulations, including potential fraud risks to all engagement team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulations. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Report on other legal and regulatory matters

Reports in the public interest or to the regulator

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; 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.

Report on 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 2026.

We have nothing to report in this respect.

Responsibilities of the Accounting Officer

The Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

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 Schedule 10(1)(d) 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 which will be included 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.

Delayed certificate

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 2026 in accordance with the requirements of the National Health Service Act 2006 and the Code of Audit Practice (the "Code") until we have completed all our responsibilities mandated by the Code.

Confirmation has not been received from the NAO that the Department of Health and Social Care (DHSC) Group Accounts audit for 2025-26 has been certified by the Comptroller and Auditor General.

We are satisfied that this work does not have a material effect on the financial statements, or on our conclusion on the Trust's arrangements for securing economy, efficiency, and effectiveness in its use of resources for the year ended 31 March 2026.

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.

Chris Brown

Chris Brown, Key Audit Partner

for and on behalf of Azets Audit Services, Local Auditor
Quay 2
139 Fountainbridge
Edinburgh
EH3 9QG

26 June 2026



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

WIRRAL COMMUNITY HEALTH AND CARE NHS FOUNDATION TRUST

FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2026

FOREWORD TO THE ACCOUNTS

Wirral Community Health and Care NHS Foundation Trust

Accounts for the year ended 31 March 2026

The following presents the accounts for Wirral Community Health and Care NHS Foundation Trust for the year ended 31 March 2026.

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 2026

Statement of Comprehensive Income (SoCI)

		2025/26	2024/25
	Note	£000	£000
Operating income from patient care activities	2	109,424	111,868
Other operating income	3	4,009	3,585
Operating expenses of continuing operations	4	(105,791)	(107,862)
Operating surplus/(deficit)		7,642	7,591
Finance costs			
Finance income	7	499	619
Finance expense	7	(299)	(289)
PDC dividend expense		(1,481)	(916)
Net finance costs		(1,281)	(586)
Other gains/losses		66	0
Surplus/(deficit) for the year		6,427	7,005
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(178)	0
Revaluations		1,549	204
Other reserve movements		0	4
Total comprehensive income/(expense) for the period		7,798	7,213

The notes on pages 8 to 44 form part of these accounts.

Statement of Financial Position (SoFP)

		31 March 2026 £000	31 March 2025 £000
	Note		
Non-current assets			
Intangible assets	9	731	104
Property, plant and equipment	10	46,420	41,399
Right of use assets	11	30,538	32,246
Total non-current assets		77,689	73,749
Current assets			
Inventories	13	614	614
Receivables	14	11,595	11,284
Cash and cash equivalents	16	15,552	7,795
Total current assets		27,761	19,693
Current liabilities			
Trade and other payables	17	(14,490)	(8,847)
Borrowings	18	(2,184)	(2,855)
Provisions	19	(120)	(412)
Other liabilities	17	(414)	(436)
Total current liabilities		(17,208)	(12,550)
Total assets less current liabilities		88,242	80,892
Non-current liabilities			
Borrowings	18	(28,990)	(30,058)
Total non-current liabilities		(28,990)	(30,058)
Total assets employed		59,252	50,834
Financed by taxpayers' equity			
Public dividend capital		3,770	3,150
Revaluation reserve		4,840	3,487
Income and expenditure reserve		50,642	44,198
Total taxpayers' and others' equity		59,252	50,834

The financial statements and notes on pages XX to XX were approved by the Board of Directors on 18 June 2026 subject to the completion of the financial audit. They are signed on its behalf by:



Janelle Holmes, Chief Executive

18 June 2026

Statement of Changes in Taxpayers' Equity (SoCITE)

	Total Taxpayers' Equity £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000
Taxpayers' and others' equity at 1 April 2025 - brought forward	50,834	3,150	3,487	44,198
Surplus/(deficit) for the year	6,427	0	0	6,427
Net impairments	(178)	0	(178)	0
Revaluations	1,549	0	1,549	0
Transfer to retained earnings on disposal of assets	0	0	(18)	18
Public Dividend Capital received	620	620	0	0
Taxpayers' and others' equity at 31 March 2026	59,252	3,770	4,840	50,642
Taxpayers' and others' equity at 1 April 2024	43,622	3,150	3,283	37,189
Surplus/(deficit) for the year	7,005	0	0	7,005
Revaluations	204	0	204	0
Other reserve movements	4	0	0	4
Taxpayers' and others' equity at 31 March 2025	50,834	3,150	3,487	44,198

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows (SoCF)

	Note	2025/26 £000	2024/25 £000
Cash flows from operating activities			
Operating surplus/(deficit)		7,642	7,591
Non-cash or non-operating income and expense:			
Depreciation and amortisation	4	5,288	6,268
Impairments and reversals	4	(1,334)	(458)
(Increase)/decrease in receivables		(311)	(3,788)
(Increase)/decrease in inventories		-	(57)
Increase/(decrease) in trade and other payables		3,203	(6,648)
Increase/(decrease) in other liabilities		(22)	13
Increase/(decrease) in provisions		(292)	226
Other movements in operating cash flows		(14)	5
Net cash generated from/(used in) operations		14,159	3,152
Cash flows from investing activities			
Interest received		499	619
Purchase of intangible assets		(802)	-
Purchase of property, plant and equipment		(2,703)	(4,440)
Net cash generated from/(used in) investing activities		(3,006)	(3,821)
Cash flows from financing activities			
Public dividend capital received		620	-
Capital element of lease liability repayments		(2,781)	(2,955)
Interest element of lease liability repayments		(299)	(289)
PDC dividend (paid)/refunded		(936)	(1,010)
Net cash generated from/(used in) financing activities		(3,396)	(4,255)
Increase/(decrease) in cash and cash equivalents		7,757	(4,924)
Cash and cash equivalents at 1 April - brought forward		7,795	12,719
Cash and cash equivalents at 31 March		15,552	7,795

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2025/26 issued by the Department of Health and Social Care. 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 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.

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.

Note 1.2 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.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The 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 main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under block contract arrangements.

The Trust also receives 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:

- 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 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.

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.

Note 1.4 Other forms of income

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 Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service.

Where these funds are paid directly to an accredited training provider from the Trust's apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement 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.

Pension costs – NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.6 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- 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 be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- 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 cost of more than £250, where the assets are functionally interdependent, had

broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

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.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs 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 which are held for their service potential and are in use (ie operational assets used to deliver either front-line services or back-office functions) are measured 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.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use is defined as market value except where a building is so specialised in nature no active market exists from which to draw satisfactory transactional evidence. In this case a valuer will adopt a depreciated replacement cost (DRC) model on a modern equivalent asset (MEA) basis. A DRC model estimates current value in existing use 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. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in

accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets 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 lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which have been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income.'

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. 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.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their fair value less costs to sell. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

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.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	5	44
Plant & machinery	5	25
Information technology	3	10
Furniture & fittings	5	24

Note 1.7 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the Trust's business or arise from contractual or other legal rights. Intangible assets are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg 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, eg application software, is capitalised as an intangible asset where it meets recognition criteria.

Measurement

Intangible assets are recognised initially 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. From 1 April 2025, subsequent measurement of intangible assets is at cost less amortisation.

Prior to 1 April 2025, intangible assets were held under a revaluation approach reflecting current value in existing use. Revaluation gains and losses and impairments were treated in the same manner as for property, plant and equipment. On 1 April 2025, the carrying value of these assets was carried forward as 'deemed cost' and any related revaluation surpluses in the revaluation reserve were transferred to the I&E reserve.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Impairments

Where indicators of impairment exist, the recoverable amount is assessed as the higher of its fair value and the cost to replace the service capacity. Where this is lower than the carrying value, an impairment is recognised in expenditure. The recoverable amount of intangible assets under construction is assessed annually, irrespective of indicators of impairment.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life Years	Max life Years
Intangible assets - purchased		
Software	3	10

Note 1.8 Insurance contracts (Trust as the insurer)

An insurance contract is a contract under which the Trust has accepted significant pre-existing insurance risk from the policyholder by agreeing to compensate the policyholder if a specified uncertain future event adversely affects the policyholder.

IFRS 17 is effective from 2025/26 for the insurer accounting for such contracts. The standard is applied retrospectively with a transition date of 1 April 2024, restating prior periods.

The Trust has not identified any material arrangements where the Trust is the issuer of insurance.

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Note 1.10 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.

Note 1.11 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. 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 ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost. Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

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 estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 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.

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 includes 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 5.32% to new leases commencing in 2026.

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.

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.

Finance leases

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.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic 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.

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2026:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.64%	4.03%
Medium-term	After 5 years up to 10 years	4.22%	4.07%
Long-term	After 10 years up to 40 years	5.32%	4.81%
Very long-term	Exceeding 40 years	5.07%	4.55%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2026:

	Inflation rate	Prior year rate
Year 1	2.50%	2.60%
Year 2	2.00%	2.30%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.95% in real terms (prior year: 2.40%).

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. 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 at Note 20 but is not recognised in the Trust's accounts.

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 when the liability arises.

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 20 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 20. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), 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 calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.18 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- Monetary items are translated at the spot exchange rate on 31 March
- Non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
- Non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

- Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.
- Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.19 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.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.21 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2025/26.

Note 1.22 Standards, amendments and interpretations in issue but not yet effective or adopted

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 following future changes to adaptations and interpretations of IAS 16 for the public sector are also not yet adopted:

Changes to valuation of property, plant and equipment (PPE) assets – The DHSC GAM for 2026/27 and associated consultation response document confirms future changes which will impact on the financial statements.

From 2026/27 NHS bodies' valuation methodology will be a mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years. The requirement in IAS 16 to revalue an asset when its fair value differs materially from its carrying value is being withdrawn for the public sector. Given the variation in PPE valuations in any given year, and future changes in indices, it is not possible to quantify the impact of applying these changes in future periods. PPE and right of use assets currently subject to revaluation have a total book value of £35.6m as at 31 March 2026.

Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Segmental reporting

IFRS 8 Operating Segments requires additional annual accounts disclosures for certain significant business streams ('reportable segments') which engage in distinct business activities and whose operating results are regularly and separately reviewed by the entity's 'chief operating decision maker' (CODM).

As the Trust's CODM, the Trust's Board of Directors does regularly review the performance of the Trust's operational divisions, whilst reviewing the financial position of the Trust as a whole, in its decision-making framework. However, these divisions are not judged to comprise distinct reportable segments, as they share similar economic characteristics, having similar locations, outputs, and customers, and operating within the same funding and regulatory environment. At an operational level, the workforce is flexibly deployed, and assets are shared across the divisions in providing services and delivering the Trust's objectives.

The accompanying financial statements have consequently been prepared under one single reporting segment, that is, 'the provision of healthcare.'

Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Asset valuation and lives

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 as at 31 March 2026. 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.

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. The lives of equipment assets are estimated using historical experience of similar equipment lives with reference to national guidance and consideration of the pace of technological change. Intangible software licences are depreciated over the shorter of the term of the licence and the useful economic life.

Provisions

The amount recognised as a provision is a best estimate at the end of the reporting period of the expenditure required to settle a present obligation, or a constructive obligation taking into account risks and uncertainties.

2. Operating income

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4.

2.1 Operating income (by nature)

	2025/26 £000	2024/25 £000
Community services		
API contract income/system block income*	75,190	75,141
Income from other sources (e.g. local authorities)	29,055	31,466
All services		
Additional pension contribution central funding**	5,108	5,197
Other clinical income	71	64
Total income from patient care activities (by nature)	109,424	111,868

*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 2025/26 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 2025. 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.

2.2 Operating income (by source)

	2025/26 £000	2024/25 £000
Income from patient care activities received from:		
NHS England	5,365	6,369
Integrated care boards	74,933	73,969
NHS Foundation Trusts	3,714	7,198
Local authorities	25,318	24,233
Department of Health and Social Care	23	35
Injury cost recovery scheme	54	62
Non-NHS: other	17	2
Total income from patient care activities (by source)	109,424	111,868
Of which relates to continuing operations	109,424	111,868

2.3 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.

	2025/26 £000	2024/25 £000
Income from services designated as commissioner requested services	80,298	80,338
Income from services not designated as commissioner requested services	29,126	31,530
	109,424	111,868

3.1 Other operating income

	2025/26 £000	2024/25 £000
Research and development	55	3
Education and training	1,293	1,594
Non-patient care services to other bodies	400	1
Other (recognised in accordance with IFRS 15)	1,000	43
Rental revenue from operating leases	1,096	1,289
Other (recognised in accordance with standards other than IFRS 15)	165	655
Total other operating income	4,009	3,585

3.2 Analysis of other income

	2025/26 £000	2024/25 £000
Car parking income	13	14
Other income generation schemes (recognised under IFRS 15)	987	28
Other income not already covered (recognised under IFRS 15)	0	1
Total other income	1,000	43

4 Operating expenses

	2025/26 £000	2024/25 £000
Purchase of healthcare from NHS and DHSC group bodies (excl. expenses as a mental health collaborative lead provider)	484	1,766
Purchase of healthcare from non-NHS and non-DHSC group bodies (excl. expenses as a mental health collaborative lead provider)	230	304
Staff and executive directors costs	84,556	83,684
Non-executive directors	109	104
Supplies and services – clinical (excluding drugs costs)	5,467	6,067
Supplies and services - general	1,867	2,047
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	627	540
Consultancy	6	301
Establishment	747	1,387
Premises - business rates collected by local authorities	752	673
Premises - other	4,102	1,899
Transport	959	1,024
Depreciation	5,113	6,063
Amortisation	175	204
Net impairments	(1,334)	(458)
Movement in credit loss allowance: contract receivables/assets	0	575
Provisions arising / released in year	(292)	261
Audit services - statutory audit ²	152	174
Internal audit - non-staff	91	69
Clinical negligence - amounts payable to NHS Resolution (premium) ¹	284	232
Legal fees	57	101
Insurance	79	78
Education and training - non-staff	231	196
Lease expenditure	7	-
Redundancy costs - staff costs	420	63
Car parking and security	442	428
Hospitality	2	2
Other losses and special payments - non-staff	8	9
Other services (e.g. external payroll)	-	1
Other	449	68
Total operating expenditure	105,791	107,862

The limitation on auditor's liability for external audit work is £1m (2024/25: £1m).

¹ Clinical negligence costs relate to the Trust's annual contribution to NHS Resolution under its risk-pooling scheme.

² External audit fees includes VAT. Fees in 2025/26 include payments to the Trust's former auditor, Grant Thornton, totalling £8,500

5 Operating leases

a. Trust as lessor (operating lease income)

This note discloses income generated in operating lease agreements where the Trust is the lessor. The majority of rental agreements are in respect of Trust-owned properties occupied by other NHS organisations. Several contracts are now negotiated on a rolling basis with up to one years' notice and therefore there is no contractual obligation after one year

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

	2025/26 £000	2024/25 £000
Operating lease revenue		
Minimum lease payments	1,096	1,289
Total	1,096	1,289

	2025/26 £000	2024/25 £000
Future lease receipts		
Not later than one year	1,026	1,328
Later than one year and not later than five years	3,834	5,138
Later than five years	4,413	5,364
Total	9,273	11,830

6.1 Employee benefits

	2025/26 £000	2024/25 £000
Salaries and wages	64,431	63,304
Social security costs	7,075	6,583
Apprenticeship levy	283	298
Pension cost - employer contributions to NHS pension scheme	12,793	13,125
Pension cost - other	38	54
Temporary staff - agency	457	861
Total staff costs	85,077	84,226
Included within:		
Costs capitalised as part of assets	(101)	(479)
Total employee benefits excl. capitalised costs	84,976	83,747

On 1 December 2025, 155 corporate services staff from Wirral Community Health and Care NHS Foundation Trust transferred into the Trust under a Transfer of Undertakings (Protection of Employment) arrangement.

Details regarding the remuneration of senior managers can be found in the remuneration section of the Annual report.

6.2 Retirements due to ill-health

During 2025/26 there were three early retirements from the Trust agreed on the grounds of ill-health (four in the year ended 31 March 2025). There were £0.364m in costs for the pension liability of these ill-health retirements (£0.417m in 2024/25).

7 Finance and other

7.1 Finance income

Finance income represents interest received on assets and investments in the period.

	2025/26 £000	2024/25 £000
Finance income		
Interest on bank accounts	499	619
Total	499	619

7.2 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2025/26 £000	2024/25 £000
Finance expenditure		
Interest on lease obligations	(299)	(289)
Total	(299)	(289)

8 Impairment of assets

During 2025/26, 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.

	2025/26		
	Net impairments £000	Impairments £000	Reversals £000
Impairments and (reversals) charged to operating surplus/deficit			
Changes in market price	(1,334)	-	(1,334)
Total impairments and (reversals) charged to operating surplus/deficit	(1,334)	-	(1,334)
Total net impairments charged to revaluation reserve	178	178	0
Total impairments and (reversals)	(1,156)	178	(1,334)

	2024/25		
	Net impairments £000	Impairments £000	Reversals £000
Impairments and (reversals) charged to operating surplus/deficit			
Changes in market price	(458)	29	(487)
Total impairments and (reversals) charged to operating surplus/deficit	(458)	29	(487)
Total net impairments charged to revaluation reserve	0	0	0
Total impairments and (reversals)	(458)	29	(487)

9 Intangible assets

	Total (Software licences) £000
2025/26	
Valuation/gross cost at 1 April 2025 - brought forward	4,274
Additions	802
Disposals/derecognition	(1,768)
Valuation/gross cost at 31 March 2026	3,308
Accumulated amortisation at 1 April 2025 - brought forward	4,170
Provided during the year	175
Disposals/derecognition	(1,768)
Accumulated amortisation at 31 March 2026	2,577
Net book value at 31 March 2026	731
	Total (Software licences) £000
2024/25	
Valuation/gross cost at 1 April 2024 - brought forward	2,990
Reclassifications	1,284
Valuation/gross cost at 31 March 2025	4,274
Accumulated amortisation at 1 April 2024 - brought forward	2,807
Provided during the year	204
Reclassifications	1,159
Accumulated amortisation at 31 March 2025	4,170
Net book value at 31 March 2025	104

The economic life of intangible assets is based on assessment of the individual asset within 3 to 10 years.

10.1 Property, plant, and equipment – 2025/26

	Total £000	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000
2025/26							
Valuation/gross cost at 1 April 2025 - brought forward	55,121	2,106	31,350	2,900	3,468	14,219	1,077
Additions - purchased	4,732	-	552	2,100	561	984	535
Impairments charged to the revaluation reserve	(178)	-	(178)	-	-	-	-
Revaluations	2,134	126	2,008	-	-	-	-
Disposals/derecognition	(4,462)	(27)	(45)	-	-	(4,390)	-
Valuation/gross cost at 31 March 2026	57,347	2,205	33,687	5,000	4,029	10,813	1,612
Accumulated depreciation at 1 April 2025 - brought forward	13,722	0	313	0	2,180	10,770	459
Provided during the year	2,361	-	731	-	319	1,272	39
Reversal of impairments credited to operating expenses	(1,334)	-	(1,334)	-	-	-	-
Revaluations	585	-	585	-	-	-	-
Disposals/derecognition	(17)	-	(17)	-	-	(4,390)	-
Accumulated depreciation at 31 March 2026	10,927	0	278	0	2,499	7,652	498
Net Book Value 31 March 2026	46,420	2,205	33,409	5,000	1,530	3,161	1,115
Net Book Value 31 March 2025	41,399	2,106	31,037	2,900	1,288	3,449	619

The £5m classified as assets under construction at 31 March 26 is represented by the Urgent and Emergency Care Upgrade Programme.

10.2. Property, plant and equipment – 2024/25

	Total	Land	Buildings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024 - brought forward	51,464	1,924	31,050	-	3,261	14,495	735
Additions - purchased	4,683	-	224	2,900	208	1,009	343
Reversal of impairments credited to operating expenses	54	54	-	-	-	-	-
Revaluations	204	128	76	-	-	-	-
Reclassifications	(1,284)	-	-	-	-	(1,284)	-
Valuation/gross cost at 31 March 2025	55,121	2,106	31,350	2,900	3,468	14,218	1,078
Accumulated depreciation at 1 April 2024 - brought forward	12,153	-	-	-	1,865	9,851	437
Provided during the year	3,132	-	717	-	315	2,078	22
Impairments charged to operating expenses	29	-	29	-	-	-	-
Reversal of impairments credited to operating expenses	(433)	-	(433)	-	-	-	-
Revaluation	(1)	-	(1)	-	-	-	-
Reclassification	(1,158)	-	-	-	-	(1,159)	-
Accumulated depreciation at 31 March 2025	13,722	0	313	0	2,180	10,770	459
Net Book Value 31 March 2025	41,399	2,106	31,037	2,900	1,288	3,449	619
Net Book Value 31 March 2024	39,311	1,924	31,050	-	1,396	4,644	298

10.3 Valuation of land and buildings

The Trust's land and buildings comprise several health centres and clinics across the Wirral. The estate was revalued by Cushman and Wakefield (DTZ Debenham Tie Leung Ltd) as at 31 March 2026. 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 2026.

A revaluation of the Trust's estate was undertaken as at the valuation date of 31 March 2026. This resulted in a net revaluation gain recorded in the revaluation reserve (within the Statement of Financial Position) of £1.371m and £1.334m net impairment charged to income and expenditure (within the Statement of Comprehensive Income).

The Trust continues to place reliance on the valuation which has been produced to the same professional standards and regulations as in prior years. It will further mitigate the risk of material misstatement of asset values by maintaining the existing annual revaluation cycle of Trust properties. The useful economic lives of equipment assets are estimated on historical experience of similar equipment lives with reference to national guidance and consideration of the pace of technological change. The lives of assets determined at recognition are disclosed within the accounting policies. The remaining useful economic lives of non-land property assets as at 31 March 2026 are as follows:

Buildings excluding dwellings	5 to 44 years
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11. Leases – Trust as a lessee

This note details information about leases for which the Trust is a lessee. The majority of the Trust's operating leases are in respect of properties which are owned by NHS Property Services.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

11.1. Right of use assets – 2025/26

	Total: Property (land and buildings)	Of which: leased from DHSC group bodies
2025/26		
Valuation/gross cost brought forward at 1 April 2025	40,855	14,497
Remeasurements of the lease liability	1,070	-
Disposal/derecognition	(288)	(288)
Valuation/gross cost at 31 March 2026	41,637	14,209
Accumulated depreciation at 1 April 2025	8,609	4,574
Provided during the year	2,752	1,352
Disposal/derecognition	(262)	(262)
Accumulated depreciation at 31 March 2026	11,099	5,664
Net book value at 31 March 2026	30,538	8,545

	Total: Property (land and buildings)	Of which: leased from DHSC group bodies
2024/25		
Valuation/gross cost brought forward at 1 April 2025	40,293	14,049
Remeasurements of the lease liability	562	448
Valuation/gross cost at 31 March 2025	40,855	14,497
Accumulated depreciation at 1 April 2024	5,678	3,002
Provided during the year	2,931	1,572
Accumulated depreciation at 31 March 2025	8,609	4,574
Net book value at 31 March 2025	32,246	9,923

11.2 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.

	2025/26 Lease liabilities £000	2024/25 Lease liabilities £000
Carrying value at 31 March	32,912	35,305
Lease liability remeasurements	1,070	562
Interest charge arising in year	299	289
Lease Termination	(27)	0
Lease payments (cash outflows)	(3,080)	(3,245)
Carrying value at 31 March	31,174	32,912

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. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

12.1 Maturity analysis of future lease payments at 31 March 2026

	Total 31 March 2026 £000	Of which: leased from DHSC group bodies 31 March 2026 £000
Undiscounted future lease payments payable in:		
- not later than one year	2,184	901
- later than one year and not later than five years	9,364	3,965
- later than five years	20,600	3,913
Total gross future lease payments	32,148	8,779
Finance charges allocated to future periods	(974)	(111)
Net lease liabilities at 31 March 2026	31,174	8,668
Of which:		
Leased from other NHS providers		-
Leased from other DHSC group bodies		8,668

12.2 Maturity analysis of future lease payments at 31 March 2025

	Total	Of which: leased from DHSC group bodies
	31 March 2025	31 March 2025
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year	2,855	1,392
- later than one year and not later than five years	10,189	4,340
- later than five years	22,487	4,989
Total gross future lease payments	35,531	10,721
Finance charges allocated to future periods	(2,618)	(699)
Net lease liabilities at 31 March 2025	32,913	10,022
Of which:		
Leased from other NHS providers		190
Leased from other DHSC group bodies		9,832

13. Inventories

	2025/26	2024/25
	Consumables	Consumables
	£000	£000
Carrying value at 1 April - brought forward	614	557
Additions	0	57
Carrying value at 31 March	614	614

14. Trade and other receivables

	31 March 2026 £000	31 March 2025 £000
Current		
Contract receivables (IFRS 15): invoiced	11,943	11,888
Allowance for impaired contract receivables / assets	(1,170)	(1,214)
Prepayments	822	336
VAT receivable	-	275
Total current receivables	11,595	11,284
Non-current		
Contract receivables (IFRS 15): not yet invoiced / non-invoiced	0	0
Total non-current receivables	0	0
Of which receivable from NHS and DHSC group bodies:		
Current	1,558	6,181

15.1. Provision for impairment of receivables

	Total £000
Allowance for credit losses at 1 April 2025 - brought forward	1,214
New allowances arising	-
Utilisation of allowances (write off)	(44)
Total allowance for credit losses at 31 March 2026	1,170
Allowance for credit losses at 1 April 2024 - brought forward	639
New allowances arising	575
Total allowance for credit losses at 31 March 2025	1,214

16. Cash and cash equivalents

	2025/26 £000	2024/25 £000
At 1 April	7,795	12,719
Net change in year	7,757	(4,924)
At 31 March	15,552	7,795
Broken down into:		
Cash at commercial banks and in hand	1	1
Cash with the Government Banking Service	15,551	7,794
Total cash and cash equivalents as in SoFP	15,552	7,795

17. Trade and other payables

	31 March 2026 £000	31 March 2025 £000
Current		
Trade payables	2,505	3,220
Capital payables (including capital accruals)	2,166	270
Accruals (revenue costs only)	5,546	2,431
Annual leave accrual	0	463
Social security costs	1,407	764
VAT payables	300	0
Other taxes payable	-	681
PDC dividend payable	509	(36)
Pension contributions payable	926	1,054
Other payables	1,131	0
Total current trade and other payables	14,490	8,847
Of which payable to NHS and DHSC group bodies:	6,010	2,626

	31 March 2026 £000	31 March 2025 £000
Other current liabilities		
Deferred income: contract liability (IFRS 15)	414	436
Total other current liabilities	414	436

18.1 Borrowings

	31 March 2026 £000	31 March 2025 £000
Current		
Lease liabilities	2,184	2,855
Total current borrowings	2,184	2,855
Non-current		
Lease liabilities	28,990	30,058
Total non-current borrowings	28,990	30,058

18.2 Reconciliation of liabilities arising from financing activities

	Total (lease liability) 25/26 £000	Total (lease liability) 24/25 £000
Carrying value at 1 April - brought forward	32,912	35,305
Cash movements:		
Financing cash flows - payments and receipts of principal	(2,781)	(2,955)
Financing cash flows - payments of interest	(299)	(289)
Non-cash movements:		
Lease additions	0	0
Lease liability remeasurements	1,070	562
Application of effective interest rate	299	289
Termination of lease	(27)	0
Carrying value at 31 March	31,174	32,912

19 Provisions for liabilities and charges analysis

	2025/26 Total
	£000
At 1 April - brought forward	412
Arising during the year	29
Utilised during the year - cash	-
Reversed unused - revenue	(321)
At 31 March	120
Expected timing of cash flows:	
- not later than one year	120
- later than one year and not later than five years	-
- later than five years	-
Total	120

Legal claims are primarily made up of employee tribunal and employer liability claims.

20 Contingencies

The Trust has £1,741,922 contingent liabilities relating to NHS Resolution cases as at 31 March 2026 (31 March 2025: £101,755). There have been no other contingent liabilities recognised at 31 March 2026 (31 March 2025: nil).

21 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.

a. 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.

b. 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.

c. 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.

d. 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 2026 £000	31 March 2025 £000
Financial assets per the SoFP:		
Trade and other receivables (excluding non-financial assets)	10,773	10,673
Cash and cash equivalents	15,552	7,795
Total as at 31 March	26,325	18,468

	Financial liabilities at amortised cost	
	31 March 2026 £000	31 March 2025 £000
Financial liabilities per the SoFP:		
Obligations under leases	31,174	32,913
Trade and other payables (excluding non-financial liabilities)	11,348	5,651
Total as at 31 March	42,522	38,564

e. Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2026 £000	31 March 2025 £000
Financial liabilities fall due in:		
In one year or less	13,532	8,505
In more than one year but not more than five years	9,364	10,189
In more than five years	20,600	22,487
Total financial liabilities	43,496	41,181

22 Related party transactions

The Department of Health and Social Care is the parent department of Wirral Community Health and Care NHS Foundation Trust. The main entities within the public sector with which the body has had dealings are NHS England, ICBs, Foundation Trusts, NHS Trusts, NHS Resolution and Health Education England. 'Other bodies' with the WGA boundary include Local Authorities, HM Revenue & Customs and NHS Pension Agency.

During the year, the Trust has had a number of transactions with WGA bodies. Listed below are those entities other than DHSC for which the total transactions or total balances with the Trust have been collectively significant or potentially material to the other body.

Bridgewater Community Healthcare NHS Foundation Trust
Cheshire and Wirral Partnership NHS Foundation Trust
Cheshire East Unitary Authority
Knowsley Metropolitan Borough Council
Liverpool University Hospitals NHS Foundation Trust
NHS Cheshire and Merseyside ICB
NHS England (including sub entities)
NHS Pensions Agency
NHS Resolution
Mersey & West Lancashire Teaching Hospitals NHS Trust
St Helens Metropolitan Borough Council
The Clatterbridge Cancer Centre NHS Foundation Trust
Wirral Metropolitan Borough Council
Wirral University Teaching Hospital NHS Foundation Trust

Public dividend capital (PDC) transactions with DHSC

The Trust made PDC dividend payments to DHSC totalling £0.936m (£1.010m 2024/25). There is a year-end payable of PDC dividend £0.509m payable (receivable of £0.036m 2024/25).

Allowance for credit losses - related parties

No related party debts have been written off by the Trust in 2025/26 (none in 2024/25). The Trust's *Allowance for credit losses* is calculated such that it includes no balance in relation to its related parties.

Key management personnel

Key management personnel are *related parties* to the Trust and are defined in IAS 24 *Related Party Disclosures* as 'those persons having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity.' They are identified by the Trust as being the same individuals as the 'senior managers' which are disclosed in the remuneration section of the Annual Report, which contains details of their remuneration and other benefits.

In 2025/26, the Trust had expenditure as follows:

- £76.8k with the University of Liverpool where Haris Sultan (Non-Executive Director) is a medical student.

These expenditures are not believed to be in any way material to either party as all dealings were undertaken on an arms-length basis.

During the financial year under review, no other member of key management personnel, and no other party closely related to these individuals outside of the NHS, has undertaken transactions with Wirral University Teaching Hospital NHS Foundation Trust.

23 Events after the reporting date

The Trust has not identified any events that occurred after the reporting year that would require disclosure as non-adjusting events in accordance with IAS10.