

Compassion Open Trust



# Annual Report | 2023/24



Wirral Community Health & Care  
NHS Foundation Trust Annual  
Report and  
Accounts  
1 April 2023 -  
31 March 2024

Presented to  
Parliament pursuant  
to Schedule 7, paragraph 25  
(4) (a) of the  
National Health  
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The Annual Report and a full copy of the Annual Accounts 2023-24 will be made available on our website at [www.wchc.nhs.uk](http://www.wchc.nhs.uk). A limited number of printed copies will be sent to official statutory and non-statutory bodies. A summary of this report and accounts will be available as part of our Annual Members Meeting.

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

### **Your Experience - tell us what you think**

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

- ✓ Tel: 0800 694 5530
- ✓ Email: [yourexperience@nhs.net](mailto:yourexperience@nhs.net)

# Performance Report

## Performance overview from the Interim Chief Executive - a review of our performance during 2023-24

Welcome to our Annual Report and Accounts for 2023-24 which describe the Trust's continued commitment to delivering high quality community health and care services. This report describes our sustained service delivery, and key achievements all of which have been possible thanks to the continued resilience, determination, and compassion of our staff.



It gives me absolute pleasure to announce that following the CQC inspection of our Trust in 2023, the Trust was rated overall as **GOOD** with many areas described as **Outstanding**. The hard work, and specialist skills of the staff, and above all their care and compassion for local people and families has been recognised.

This is an absolutely tremendous achievement and recognition of our commitment to deliver safe, effective, responsive, caring and well-led services.

The CQC report reflects the outstanding care we deliver every day, the essential role of community services and is a great endorsement of the Trust. The report recognised the Trust was caring and treated patients with dignity and respect, ensuring they felt safe and included in decisions about their care.

The staff told the inspection team that they feel listened to, supported and valued, and the report describes how staff are proud to work for the Trust demonstrating a clear focus on our values of compassion, open and trust.

During 2023-24, the Trust has continued to work closely with our partners at many levels and actively contributes to the 'System' both at a Place level and the Cheshire & Merseyside ICS, supporting safe and effective care.

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

In 2023-24, our services collectively delivered over **1,168,000** contacts. We have significantly reduced the waiting times for our services based on the previous year, despite a 5.8% increase in referrals across all services. Waiting times for first appointments for all but one service is under 52 weeks, with a significant number of services having waiting times under 18 weeks.



Our urgent care services including urgent treatment centres, walk-in centres and minor injuries units have continued to develop and managing waiting times is an important part of ensuring patients receive a good experience. In the past year 96.5% of all patients attending the Trust's urgent care services were seen and treated within 4 hours.

The GP Out of Hours service recruited Advanced Nurse Practitioners in 2023-24 and their advanced skills in urgent care have proven invaluable and very complimentary to supporting the service working alongside GPs, as well as supporting the walk-in centre staff and patients.

We have increased the number of patients seen by our two-hour urgent community response (UCR) service, providing urgent assessments, care and treatment within two hours for people living in Wirral and personalised support in place within two days (usually 24 hours). The service provides interventions to prevent unnecessary hospital admissions as well as supporting patients who are experiencing social crisis.

The current activity target for the UCR is circa 173 patients per month. This target was exceeded significantly throughout 2023-24 with circa 250 patients a month and achieving a response rate consistently above 85%, surpassing the national response target of 70%.

Our innovative HomeFirst model continued to go from strength to strength, with 60% of HomeFirst patients continuing to live in their normal place of residence with no additional formal care. Where people do need long-term care, the level of that care is typically lower due to the service's person-centred assessment.

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

The contribution of the HomeFirst service was recognised by NHSE Chief Executive, Amanda Pritchard in her Healthcare Leaders Update.

*"I'd like to thank the team at Wirral Community Health and Care for sharing a case study on the impact of their HomeFirst service over the last year - a great example of integrated, multi-disciplinary working focused on what matters most to patients when they are being discharged from hospital."*

During 2023 we worked closely with Wirral Council to transfer adult social care services back at the end of June 2023, following a recommendation made by the Adult Social Care and Public Health Committee in October 2022. However, staff in both organisations continue to work together to deliver joined up holistic support to the people of Wirral, including through the HomeFirst service.

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

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

The CICC maintained high occupancy levels above 88% throughout 2023-24 and length of stay demonstrated marked improvements reducing from 26 days to 22. More than 90% of patients are sufficiently re-abled to return home on discharge.

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

The Wirral and Cheshire East services also deliver the Childhood Immunisation Programme for school-aged children and maintain a high level of immunisation uptake.

Key Performance Indicators across core contacts in all our 0-19 and 0-25 services have improved significantly in 2023-24 further strengthening access and our offer to our communities.

The Trust successfully retained the Sexual Health Wirral contract. Following a robust tender process led by Wirral Council, the Trust was awarded a five-year contract to continue delivering local sexual health services and is proud to be working in partnership with Liverpool University Teaching Hospital NHS Foundation Trust (LUHFT) and Axxess Sexual Health to jointly deliver elements of the service.

The new contract was launched on 1 April 2024 and the contract award was a reflection of the outstanding care the Sexual Health Service delivers to the people of Wirral every day, as recognised by the CQC, and a perfect example of the vital role community services play in supporting our local communities.

The Trust opened the Marine Lake Health and Wellbeing Centre, a new state of the art development in West Kirby, in May 2023. The project is an example of a highly successful partnership between primary care, community services and the voluntary sector and demonstrates a clear commitment to enhancing green space and biodiversity wherever possible through the provision of community-owned wellbeing gardens, providing additional social benefits to the wider Wirral community.

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

The Trust was the first NHS Community Trust to partner with NHSE and St John's Ambulance to deliver the NHS Cadets Programme and, in 2023-24, we expanded the programme further to include young people in Knowsley and St Helens. This year, 121 young people across Wirral, St Helens and Knowsley will graduate from the programme.

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

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

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

**Together...**

we will support you and your community to live well.

**Compassion**

Supportive and caring, listening to others.

**Open**

Communicating openly, honestly and sharing ideas.

**Trust**

Trusted to deliver, feeling valued and safe.

This performance overview provides a summary of the Trust, our purpose, the key risks to the achievement of our objectives and how we performed during the 2023-24.

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

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

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

Wirral Community Health & Care NHS Foundation Trust's Head Office is at:  
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Tel: 0151 651 3939  
[www.wchc.nhs.uk](http://www.wchc.nhs.uk)

The accounts for the year ended 31 March 2024 have been prepared by Wirral Community Health and Care NHS Foundation Trust under section 232 (15) of the National Health Service Act 2006 in the form which the Secretary of State has, with the approval of Treasury, directed.

### Who we are

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

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

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

We have an excellent clinical reputation employing around 1,800 members of staff, most of whom are in patient-facing roles.

### What we do

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

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

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

In total, we deliver community services from around 50 sites plus many thousands of individual homes, in areas that cover 43% of the Cheshire & Merseyside population.

## Who we serve

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

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

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

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

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

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

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

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

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

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

## Our business environment

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

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

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

Recent legislative change has introduced the 'Provider Selection Regime', which affects Wirral Community Health & Care NHS Foundation Trust (WCHC) as both a provider and a buyer of services. It aims to make it more straightforward for systems to continue with existing service provision where the arrangements are working well and there is limited or no value in seeking an alternative provider. This has the potential to allow commissioners and providers to improve partnerships between providers and increase integration of services.

This, and the establishment of Integrated Care Systems and associated place-based planning more broadly, moves NHS services further from the traditional model of competitive tendering. It is likely to have a significant influence on Trust service development. The Trust has considered the potential competition from other organisations. We have also calculated the risk to our Trust based on potential loss of services.

## Strategic and operational risk and opportunities

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

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

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

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

The internal audit plan included a Risk Management Core Controls review during 2023-24 and the management of strategic risks was assessed through the annual Assurance Framework Review - *see further detail included in the Annual Governance Statement.*

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

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

The policy, updated in August 2023 and approved by the Audit Committee, provides a systematic approach to the identification, management, and escalation of risks within the Trust. The policy ensures clear alignment to the Trust's governance arrangements at a local and trust-wide level recognising the flow and escalation of risk appropriately and the mechanisms in place to ensure robust risk management and monitoring.

During 2023-24 the need for robust systems and processes to support continuous programmes of risk management has remained essential, enabling staff to integrate risk management into their activities and support informed decision-making through an understanding of risks, their likely impact, and their mitigation.

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

The Trust has continued to support and encourage staff at all levels to identify, report and manage risks.

The 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 2023-24 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.

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

Major strategic risk themes related to;

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

Further information is included in the Annual Governance Statement

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

The National NHS 2024-25 priorities and operational planning guidance acknowledges that the coming year will be challenging for all health providers due to the continuing complexity and pressures we face, including the multi-year recovery from the Covid-19 pandemic.

Priorities for system-level joint forward planning reflect the triple aim of better health outcomes, better experiences for people and better use of resources.

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

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

Our plans and 5-year Organisational Strategy align with these priorities and support the triple aim of better health outcomes, better experiences for people and better use of resources.

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

For 2024-25, this planning was produced for the whole system by Cheshire and Merseyside ICB colleagues. Whilst finance plans were submitted for each organisation, the Trust plan was combined with the ICB and the 15 other Trust submissions to form part of a combined Cheshire and Merseyside plan.

## Achieving Key Performance Indicators (KPIs) during 2023-24

### Headlines

- The Trust is monitored against a large number of NHSE, ICB and Local Authority key performance indicators (KPIs) which are reported through formal contract monitoring meetings.
- Internally, operational performance is managed and monitored locally at service level, reporting through to Locality/System 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.
- After the transfer of Adult Social Care to Wirral Borough Council and an in-year review of all KPIs in collaboration with ICB colleagues, a revised suite of KPI metrics was reported from Q3 onwards. KPI definitions and targets were updated in line with national, local, and best practice guidelines as well benchmarking with other providers.



- The Trust demonstrated consistently strong performance against key performance indicators ending the year on 69 green, 8 amber, 9 red KPIs.



*Comparison of KPI performance based on RAG rating between 2022-23 and 2023-24.*

- The Urgent Crisis Response (UCR) performance was consistently above the national 70% target at 85%.
- Urgent Treatment Centre (UTC) and Walk-in-Centre 4-hour performance was 96.5%.
- Community Intermediate Care Centre (CICC) maintained high occupancy levels throughout the year and a median Length of Stay of 22 days.
- GP Out of Hours (GPOOH) service demonstrated month on month improvements in CAS20, CAS120 and UCAT15 performance.
- Waiting times for first appointments for all but one service is under 52 weeks. Fourteen services have waits under 31 weeks and ten services have waits less than 18 weeks. This is a significant improvement on 2022-23, despite a 5.8% increase in referrals across all services.

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



## KPI Summary Table 2023-24

Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	2022/23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	2023/24
<b>Urgent Care Attendances</b>	6,697	7,364	7,487	8,036	7,499	6,957	7,849	8,016	8,820	6,535	6,505	7,496	<b>89261</b>	7,124	7,608	7,600	7,454	7,702	7,586	7,699	7,363	7,914	7,516	7,445	7,887	<b>90898</b>
<b>Urgent Care 4hr Performance</b>	98.9%	98.5%	97.4%	97.8%	98.9%	99.6%	98.8%	97.7%	93.1%	97.0%	97.9%	96.0%	<b>97.6%</b>	95.6%	96.4%	96.1%	96.9%	97.3%	97.1%	98.4%	98.0%	96.2%	96.3%	94.8%	95.3%	<b>96.5%</b>
<b>UCR Total Referrals</b>	100	144	138	173	157	161	147	127	157	171	171	230	<b>1876</b>	210	208	225	208	280	231	244	285	229	318	263	250	<b>2951</b>
<b>UCR Performance % Within 2 Hrs</b>	92%	95%	91%	95%	94%	83%	76%	82%	78%	94%	89%	84%	<b>88%</b>	83%	80%	80%	81%	85%	90%	90%	87%	83%	83%	88%	87%	<b>85%</b>
<b>CICC Median LoS</b>	25.4	26.7	29.3	30.1	25.2	28.2	28.9	25.0	27.4	21.7	27.3	19.5	<b>26.0</b>	22.4	26.7	23.1	25.1	20.1	23.8	21.7	19.5	17.1	20.7	20.1	22.0	<b>22.0</b>
<b>Total CAS 20 Referrals</b>	50	41	62	47	75	96	75	75	43	97	67	73	<b>801</b>	220	178	157	190	205	201	211	199	253	214	182	214	<b>2424</b>
<b>% Seen Within 20 mins</b>	25%	21%	31%	24%	39%	51%	32%	35%	19%	43%	37%	38%	<b>33%</b>	37%	48%	64%	68%	46%	52%	53%	60%	63%	71%	75%	81%	<b>60%</b>
<b>Total CAS 120 Referrals</b>	41	54	45	48	59	56	49	59	57	64	49	53	<b>634</b>	73	68	63	65	47	53	34	39	54	47	32	76	<b>651</b>
<b>% Seen Within 120 mins</b>	71%	80%	62%	88%	86%	91%	86%	85%	82%	92%	90%	96%	<b>85%</b>	93%	82%	84%	86%	74%	77%	74%	85%	70%	72%	88%	86%	<b>82%</b>
<b>Total UCAT Referrals</b>	173	145	178	173	152	112	171	148	188	141	137	145	<b>1863</b>	162	167	149	164	164	139	160	123	153	150	149	150	<b>1830</b>
<b>% Seen Within 15 mins</b>	49%	37%	48%	53%	49%	66%	54%	59%	54%	52%	53%	58%	<b>52%</b>	53%	58%	66%	57%	67%	55%	49%	60%	59%	69%	66%	67%	<b>61%</b>
<b>Homefirst Activity</b>														64	84	93	90	96	111	117	130	130	158	179	176	<b>1428</b>

In 2023-24 we were delighted that our staff and the services they deliver were recognised regionally and nationally including;

- The Infection Prevention and Control Service won the Infection Prevention Society (IPS) Award for Excellence - Gold Award, at the **Infection Prevention Society Impact Awards 2023**.
- A finalist in the **Culture for Innovation Award** category at the North-West Coast Research and Innovation Awards 2023, with a nomination about Quality Improvement culture change within our organisation.
- The **University of Chester's CAPE (Celebrating Achievement and Practice Excellence) Award** in the category of Innovation in Practice.
- The VCHA **Veteran Aware** accreditation.
- Silver -Level in the **Defence Employer Recognition Scheme (ERS)**.
- **National Preceptorship for Nursing** - Gold Quality Mark.
- NHS Cadets Programme shortlisted in the **Nursing Times Workforce Summit and Awards**.
- Student Nurse, winner of the **Student Nurse of the Year** at the Student Nursing Awards.
- Communications Team shortlisted in the **NHS Communicate Awards**.
- The INVOLVE Youth Participation Group shortlisted in the **HSJ Patient Safety Awards**.
- Nominated Education Link Professionals (NELPS) shortlisted in the **Smarter Working Live Conference and Awards**.
- Tissue Viability Team shortlisted in the **10<sup>th</sup> Annual Student Practice Awards** at Liverpool John Moore's University.
- A **Student Nurse shortlisted in the RCN Nursing Awards**.
- Adult Social Care Occupational Therapist received international recognition at the **World Federation of Occupational Therapists Congress**.

## Developing Place-Based and Intermediate Care models

During 2023-24 we continued our work to define and test place-based care models with partners in primary care.

This work continues with a fully integrated primary-community team working on a Primary Care Network (PCN) footprint in Moreton & Meols PCN. This team is focused on more proactively identifying and supporting people with moderate and severe frailty. It is identifying the principles and features of such an integrated team, to inform the roll out of this type of approach elsewhere in Wirral and beyond.

In 2023-24 we also completed the roll out of the Wirral system HomeFirst discharge model.

By addressing capacity, coordination and culture associated with hospital discharges for people needing support to go for assessment of their long-term needs, we reduced the numbers of people waiting for support to leave hospital by two-thirds whilst greatly increasing

the capacity of the system to provide care in people's homes and delivering the best long-term outcomes for independence after hospital discharge in Cheshire and Merseyside.

## Looking forward

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

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

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

We will continue to develop integrated neighbourhood teams and support the integration of primary care and community services. Our PCN-level work aims to better deliver proactive care to the most complex and vulnerable patients to reduce avoidable exacerbations of ill-health and improve the quality of care for older people.

At a Place-level we are continuing to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance, and hospital discharge. Our Community Integrated Response Team, which provides admissions avoidance and hospital discharge support, as well as virtual frailty ward, is key to this.

The Right Care Hub is a single point of access into an integrated care co-ordination (ICC) service. This provides access to urgent care services such as Urgent Community Response (UCR), Same Day Emergency Care (SDEC) and the virtual frailty ward.

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

The Trust published the Quality Account for 2023-24 in line with national requirements and it will be available on the Trust's website from the end of June 2024. The Quality Account is not included in this Annual Report as trusts are not required to include this for 2023-24.

The revised NHS Oversight Framework, published in June 2022 updated NHS England's approach to NHS oversight aligned with the NHS Long Term Plan, and the NHS Priorities and Operational Planning Guidance 2023-24 which focused on three key tasks.

Our immediate priority was to recover our core services and productivity. Second, as we recover, we needed to make progress in delivering the key ambitions in the NHS Long Term Plan. Third, we needed to continue transforming the NHS for the future.

A segment decision indicates the scale and general nature of the support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. The Trust was in segment 2 in May 2023/24

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

The Trust was inspected by the CQC in 2023 and rated as Good overall, with Wirral's Sexual Health service rated 'Outstanding' and other areas of Outstanding practice identified by the inspection team.

## Going Concern

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

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

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



**Mark Greatrex**  
**Interim Chief Executive**

**2 August 2024**

## Performance Analysis

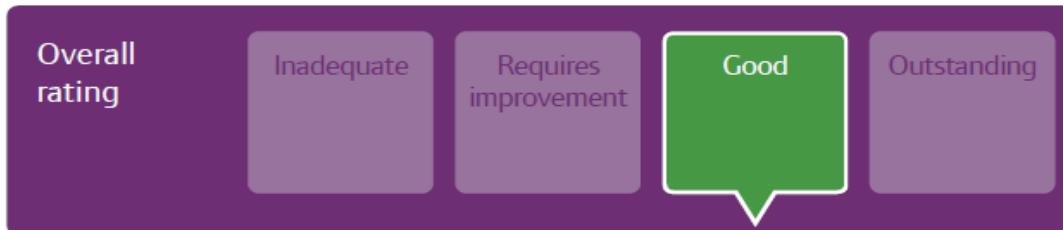
### Trust performance during 2023-24



Following the Care Quality Commission (CQC) inspection of our Trust in the summer of 2023, the report has been published, and the outcome is fantastic, the Trust Was rated as **GOOD** with areas of **OUTSTANDING**.

The hard work, and specialist skills of the staff and above all their care and compassion for local people and families has been recognised. Many areas of the Trust are described in the report as 'Outstanding' and we have received an overall rating of 'Good'.

## Wirral Community NHS Foundation Trust



### Are services

Safe?	<b>Good</b>
Effective?	<b>Good</b>
Caring?	<b>Good</b>
Responsive?	<b>Good</b>
Well-led?	<b>Good</b>

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at <https://www.cqc.org.uk/provider/RV7>  
We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk), or go to [www.cqc.org.uk/share-your-experience-finder](http://www.cqc.org.uk/share-your-experience-finder)

*This is an absolutely tremendous achievement and recognition of the commitment to deliver safe, effective, responsive, caring and well-led services.*

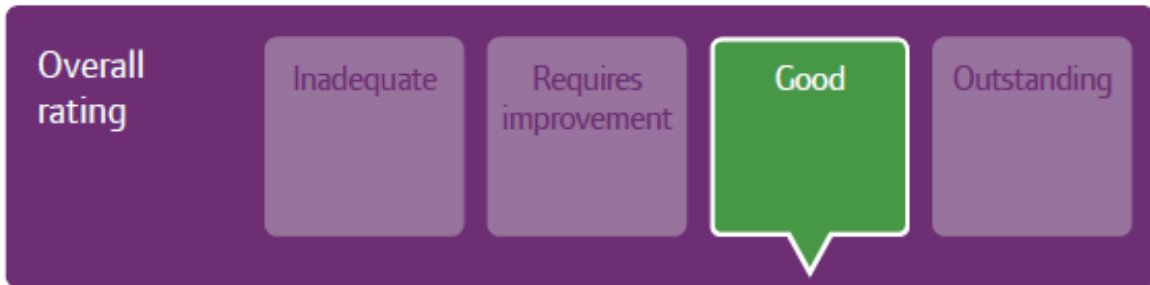
This CQC report reflects the outstanding care the Trust delivers every day, the essential role of community services, and it is fantastic news for us all and those who use our services. It is the greatest endorsement that we have been recognised as a Trust that treats our patients with dignity and with respect, that they feel safe and included in decisions about their care.

The staff told the inspection team that they feel listened to, supported and valued, and the report describes how staff are proud to work for this organisation with a clear focus on our values of compassion, open and trust.

The professionalism, dedication, expertise and passion to deliver outstanding care is evident throughout the report.

We are committed to continuing to improve further and deliver the best possible care to everyone who uses our services. We have developed an action plan to improve in areas that the CQC identified could be even better, and this plan is monitored through our governance and reported to the Board of Directors. Our aim is to achieve a rating of outstanding across all of our services.

Wirral Community NHS Foundation Trust



	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Good	Outstanding ★	Good	Good	Good
Community health services for children, young people and families	Good	Good	Good	Good	Requires Improvement	Good
Community dental services	Good	Good	Good	Good	Good	Good
Community health inpatient services	Good	Good	Good	Good	Good	Good
Community end of life care	Good	Good	Good	Good	Good	Good
Community urgent care services	Requires Improvement	Good	Good	Good	Good	Good
Community health sexual health services	Good	Good	Good	Outstanding ★	Outstanding ★	Outstanding ★





**Karen Howell OBE, Chief Executive of the Trust at the time of publication said:** *“This report highlights the pivotal role that community health and care services play in supporting the people we serve across Cheshire and Merseyside to live well and independently, and I am immensely proud of the outstanding care our teams deliver every day in the community.*

*“It is the greatest endorsement of our staff that we have been recognised as a Trust that treats our patients with dignity and with respect. Our patients feel safe, included and listened to and our staff are proud to work for this organisation. I am absolutely delighted that the professionalism, dedication and expertise shown by our staff and their passion to deliver outstanding care has been recognised by the CQC.”*

Among the many positive findings the inspectors noted that:

- Staff across the organisation felt respected, supported and valued. They felt listened to and able to raise concerns if needed. They remained focussed on the needs of people receiving care.
- The board and senior leadership team had clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- People and those close to them understood their care and treatment; staff supported people to make decisions about their care.
- Staff made sure people living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.

**Karen Knapton, CQC deputy director of operations in the north, said:** *“When we visited Wirral Community Health and Care NHS Foundation Trust, it was fantastic to see the significant improvements that have been made across the Trust and to see leaders took on board feedback from our previous inspection. The team at Wirral Community Health and Care NHS Foundation Trust should be proud of these findings.”*

**Professor Michael Brown CBE DL, Trust Chair said:** *“Excellent community health and care is incredibly important to the future sustainability of the NHS, and it is right to shine a spotlight on the primary, community and public health services we provide, 365 days a year. We touch the lives of thousands of people every day, from birth, right through to end of life.”*

*“This report reflects the focus that our staff have on the needs of patients receiving care. Staff are proud to work for this organisation and strive to improve every day by truly understanding the people in their care. Our commitment to our values of compassion, open and trust have been recognised.”*

**Paula Simpson, Chief Nurse at the Trust said:** *“Our community staff have diverse and highly specialist clinical skills, working with people in their own homes and always placing the best interests of those they support at the centre of everything they do. This report acknowledges how our staff go above and beyond every day to deliver inclusive and effective services. I am immensely proud of the work we do and of all my amazing colleagues.”*

**Graham Urwin, Chief Executive of NHS Cheshire and Merseyside said:** *“I am delighted with Wirral Community Health and Care NHS Foundation Trust’s improved CQC rating which reflects the positive changes they have made.”*

*“It is also really pleasing to see that the CQC noted the commitment from the Trust’s leaders and their willingness to take on board challenges and ideas from staff. This is all part of our overall ambition to continuously make improvements to services across Cheshire and Merseyside and we are proud of the work our partners are doing to ensure the best possible outcomes for our population.”*

## NHS 75 years of service



On 5 July 2023, the NHS marked 75 years of service. Lots of teams got together to celebrate and reflect on the great work they do. Treating over a million people a day in England, the NHS has touched most of our lives in one way or another. Founded in 1948, the NHS was the first universal health system to be available to all, free at the point of delivery. Even today this is a remarkable achievement and worthy of note.

The NHS adapts and responds to an increasing and ageing population, mobilising new services and innovating both in our hospitals and community services, closer to people’s homes.

## Service delivery

Wirral Community Health and Care NHS Foundation Trust (the Trust) provides a wide range of services across Wirral, East Cheshire, St Helens and Knowsley geographies. Our staff are our greatest asset, and they provide dedicated care with compassion every day, and we provide extensive support for our staff to enable them to deliver the best care to the people we serve. In 2023-24, our services collectively delivered **1,168,042** contacts. Full details of the contacts for the year are shown below:

	Service contacts 2023-24	
<b>Access &amp; Intermediate Care Services</b>	Community Intermediate Care Unit (CICC)	137,750
	Transfer to Assess	1,985
	Community Integrated Response Team (CIRT)	68,030
	Birkenhead Integrated Care Co-Ordination Team	1,423
	South Wirral Integrated Care Co-Ordination Team	845
	Wallasey Integrated Care Co-Ordination Team	1,373
	West Wirral Integrated Care Co-Ordination Team	1,217
	Central Advice & Duty Team (CADT)	8,238
	First Contact	844
	Integrated Discharge Team	1,822
	Occupational Therapy	1,210
	Promoting Older People's Independence (POPIN)	576
	Visual Impairment	153
	Review Team	622
	Short Term Assessment & Reablement (STAR)	2,318
Multi-Agency Safeguarding Hub (MASH) Team	1,363	
<b>Adult &amp; Community Services</b>	Community Nursing/Matrons/ Integrated Care Co-Ordination	276,289
	Integrated Continence	8,941
	Intermediate Care Therapies	1,733
	Community Discharge team	1,661
	Specialist Palliative Care	9,322
	Parkinson/Alzheimer's	1,912
	Tissue Viability	727
	Community Cardiac Service & Diagnostics	53,914
	Speech and Language Therapy	4,521
	Community Physiotherapy, Musculoskeletal &	37,711
	Podiatry	24,884
	Dietetics	7,165
	Weight Management Service	4,734
	Rehabilitation at Home	20,265
	Wheelchairs (Wirral & West Cheshire)	3,224
	Single Point of Access	21,732
	Deep Vein Thrombosis	11,109
	Urgent Care Treatment Centre / Walk-in Centre's	90,677

	Service contacts 2023-24	
<b>Urgent &amp; Primary Care</b>	Dental Service	5,886
	Ophthalmology	17,643
	Teletriage	3,132
	GP Out of Hours	44,760
<b>Integrated Children's</b>	Health Visitors & Family Nurse Partnership – Wirral	47,171
	Health Visitors & Family Nurse Partnership – East	48,076
	School Nursing – Wirral	48,394
	School Nursing – East Cheshire	50,593
	0-19 – St Helens	35,841
	0-25 – Knowsley	40,007
	Sexual Health	4,202
	Paediatric Nutrition & Dietetics	2,647
	Paediatric Speech and Language Therapy	6,271
	Paediatric Continence	3,129
<b>Total</b>		<b>1,168,042</b>

## Key achievements of 2023-24

### Achieving Key Performance Indicators (KPIs) During 2023-24:

- The Trust is monitored against a large number of Local Authority, Integrated Care Board (ICB) and NHS England (NHSE) driven Key Performance Indicators (KPIs) which are reported through formal contract monitoring meetings.
- Internally, performance is managed and monitored locally at service level, reporting through to Locality/System SAFE/OPG meetings to the Safe Operations Group, Integrated Performance Board and finally the Board-level Finance and Performance Committee. See page 135 for further details on the governance arrangements.
- All performance data is captured and monitored on the Trust Information Gateway (TIG) system.
- After the transfer of Adult Social Care to Wirral Borough Council and an in-year review of all KPIs in collaboration with ICB colleagues, a revised suite of KPI metrics were reported on from quarter three onwards. KPI definitions and targets were updated in line with national, local, and best practice guidelines as well benchmarking with other providers.



- The Trust demonstrated consistent good performance against key performance indicators ending the year on 69 green, 8 amber, 9 red KPIs.



- Urgent Crisis Response (UCR) performance was consistently above the national 70% target at 85%.
- Urgent Treatment Centre (UTC) and Walk-in-Centre 4-hour performance was 96.5%.
- Community Intermediate Care Centre (CICC) maintained high occupancy levels throughout the year and a median Length of Stay of 22 days.
- GP Out of Hours service demonstrated month on month improvements in CAS20\* (multidisciplinary Clinical Assessment Service - 20-minute response time), CAS120\* (multidisciplinary Clinical Assessment Service 120 minute response time) and CAT15\*\* (15 minute response time) performance.
- Waiting times for first appointments for all but one service is under 52 weeks. Fourteen services have waits under 31 weeks and ten services have waits less than 18 weeks. This is a significant improvement on 2022-23, despite a 5.8% increase in referrals across all services.

## NHS England visit the Trust

At the end of January 2024, the Trust welcomed colleagues from NHS England to the Trust to discuss on-going work nationally to define community service productivity. We were very proud to share our Trust Information Gateway system with our colleagues and showcase some of our services including the Community Intermediate Care Centre (CICC) and the Community Integrated Response Team (CIRT).

We are thrilled to be working closely with NHS England on this fantastic project recognising the valuable role of community health and care services.

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

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

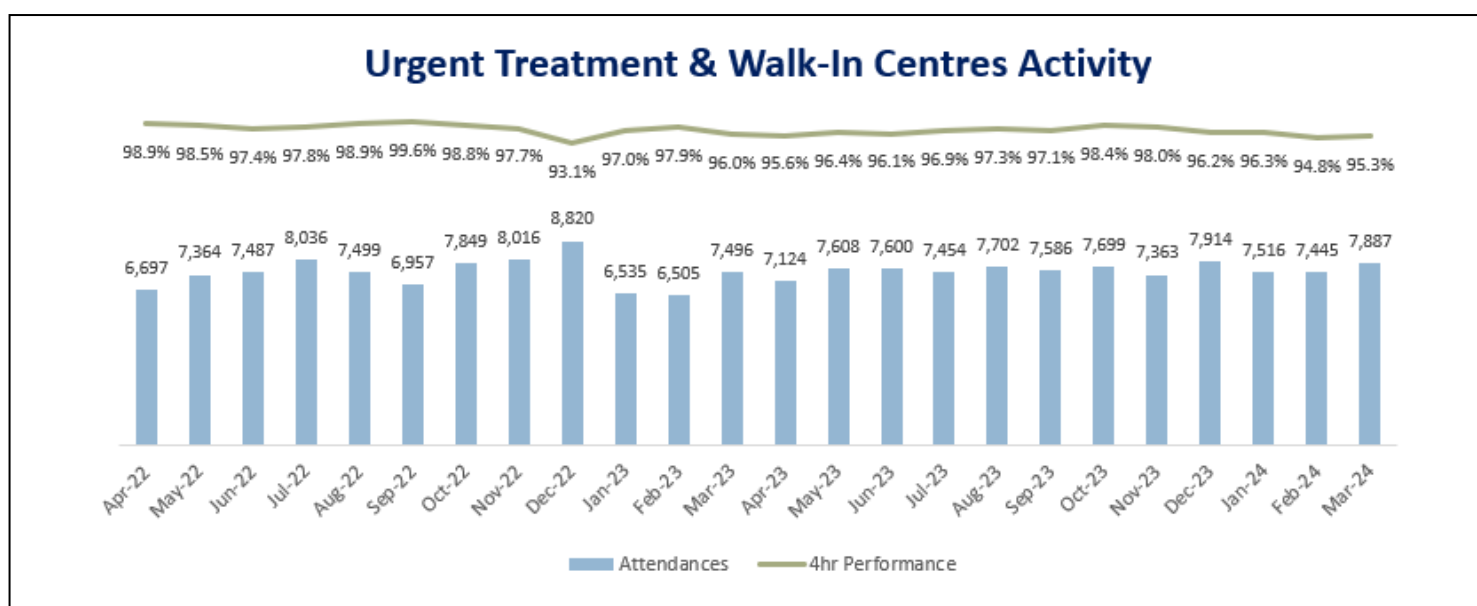
The Trust's Urgent Care services deliver across 3 sites: Eastham Walk-in Centre, Victoria Central Hospital Walk-in Centre and Minor Injuries Unit and Urgent Treatment Centre at Arrowe Park Hospital (Wirral University Teaching Hospital NHS Foundation Trust – WUTH) which incorporates GP Out of Hours services and a nurse-led unit.

Managing waiting times are key to ensuring patients received a good experience with timely access to treatment. We are actively working with WUTH emergency Department in the planning of the Urgent and Emergency Care upgrade programme to operate an urgent and emergency department on the Arrowe Park site.

To support patients who require urgent care, digital information screens have been deployed across all our sites displaying live data on waiting times. The screens also share public information on the types of conditions seen, signposting to alternative services (111, pharmacy), seasonal campaigns and who our staff are.

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

96.5% of all patients attending the Trust's urgent care services were seen and treated within 4 hours for 2023-24.



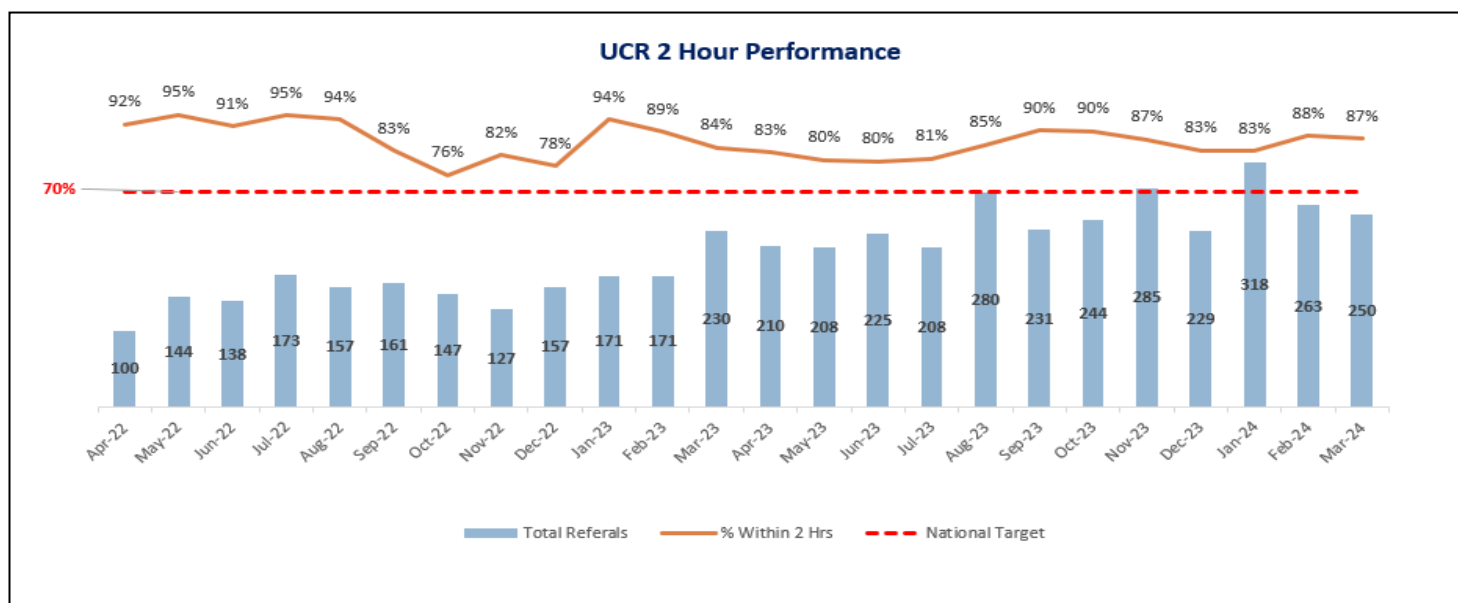
## Two Hour Urgent Crisis Response (UCR)



Our Two-Hour Urgent Community Response Service (2hr UCR) ensures people receive the right care, at the right time, in the right place.

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

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



The team works closely with GP Practices across Wirral, Northwest Ambulance Service (NWAS), NHS111, and multi-disciplinary teams to ensure joined up care. The team has built excellent relationships with local primary care networks, mental health and community services, acute settings, social and voluntary sector organisations and Northwest Ambulance Service.

The current activity target is to see circa 173 patients per month. This target has been significantly exceeded throughout 2023-24 with circa 250 patients a month and achieving a response rate consistently above 85%, which exceeds the national response target of 70%.

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

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

Patients have benefited from:

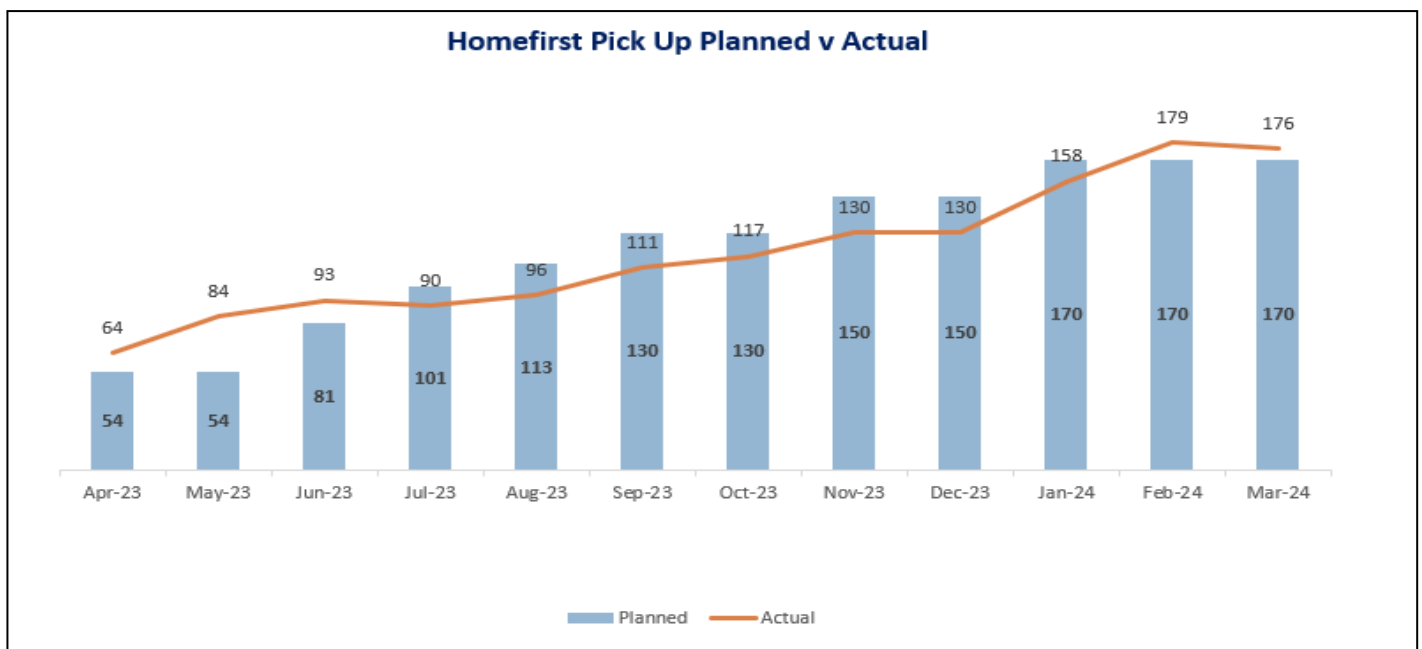
- quick assessment and treatment
- care and treatment in their own home or place of residence
- avoiding an unnecessary admission to hospital
- reduced stress and anxiety associated with hospital admissions.
- extra support when they get home from hospital.

The team sits alongside HomeFirst and the Virtual Frailty Ward and collaboratively they deliver a service that wraps around the patients to ensure that they are safely cared for without the need for conveyance to ED or the Assessment Areas.

Since late 2022, the HomeFirst service run by the Trust has supported over 1000 discharges (both enhanced and therapy), providing better assessments and care options for our population, leading to a significant increase in sustainable discharges from hospital.

HomeFirst provides therapy and personal care for people requiring support to return home from an inpatient ward. The service allows patients to be assessed for any long-term care needs at home and has played a significant role in the reduction of No Criteria to Reside (NCTR) within Secondary (Hospital) Care.

This model's success has been based on the strength of the multidisciplinary collaboration with other services and the co-location of Local Authority colleagues to allow for a holistic assessment of needs. The service model offers 170 slots per month to support discharge for those patients that are on Pathway 1. Activity has increased from 64 patients in April 2023 to 176 patients in March 2024. This trend resulted in activity exceeding plan for the months of February and March 2024.



As well as reducing the NCTR it has also had a significant impact on those patients requiring a package of care. In many cases reducing the number of calls required, and in some even eradicating the need for a package at all.

Working with colleagues from Wirral University Teaching Hospital NHS Foundation Trust and Wirral Council, our aim is for anyone discharged from hospital who requires an assessment of their long-term needs, will be an automatic HomeFirst candidate.

Delivered by the Community Integrated Response Team (CIRT), HomeFirst is a multidisciplinary and highly specialised team of therapists, care assistants and adult social



care staff. Together they enable people to be discharged from hospital quickly and continue their recovery and rehabilitation in their own surroundings, regaining and significantly improving their ability to live as independently as possible for as long as possible.

Following hospital discharge HomeFirst provide care and support for up to 6 weeks, though typically 2-3 weeks. Assessing the long-term care needs during this period, and in the person's own home, gives the clearest picture of their reality, enabling the Service to determine how to help patients to live as independently as possible.

The service is a great success and now 60% of HomeFirst patients continue to live in their normal place of residence with no additional formal care. When people do need long term care, the level of that care is typically lower following HomeFirst's person-centred assessment.

Representatives from the Trust were invited to present the HomeFirst Service at NHS Northwest's Winter Event 2023 and shared its continued success with over 300 colleagues from across the region. We shared key learnings, case studies and our data led approach to improving outcomes for patients.

## Community Intermediate Care Centre (CICC)

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

The CICC offers a 'step-down' provision for hospital discharge. That is, patients who are in hospital and have been assessed as 'medically optimised' but are not ready to be discharged home, due to on-going therapy requirements. The CICC also offers a temporary 'step-up' provision for people living in their own homes who may need short-term or urgent support. The dedicated, multi-disciplinary team at the CICC consists of physiotherapists, occupational therapists, social workers, nurses, health care assistants and ward clerks.

The CICC maintained high occupancy levels above 88% throughout 2023-24 and length of stay demonstrated marked improvements reducing from 26 days to 22.

More than 90% of patients are sufficiently re-abled to return home on discharge.

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

*"To all at Aster Ward, thank you very much for doing your best and getting me back on my feet."*

*"To all the staff, Nurses, Physios, OTs, domestic staff, thank you all for all your care and attention during my stay on Bluebell Ward, for looking after me and making my stay a happy one. I am most grateful."*

*"Very caring staff, willing to give assistance when needed, also to help gain confidence with mobility and independence. Efficient all-round team."*

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

## GP Out of Hours

GP out of hours provides GP led urgent care for patients in the hours that GP practices are not open, i.e., 1830 – 0800 Monday to Friday, 24 hours over the weekends, all bank holidays, and set midweek afternoon dates through the year when GP practices are closed for Protected Learning Time. This is accessed through various means including NHS111, Northwest Ambulance Service, and referrals and transfers of care from Allied Health Professionals.

The service has recruited Advanced Nurse Practitioners over 2023-24 and their advanced skills in urgent care have proven invaluable and very complimentary to supporting the service in working alongside GPs, as well as supporting the Walk in Centre staff and patients as needed.

We have had a successful round of recruitment of nurses and GPs to the service over 2023-24 and we have refined our operations to identify clinicians to have fixed roles when working in the service. This has enabled us to improve our response time for the most urgent cases as well as helping us better support those allied professionals who seek our advice in the out of hours period.

We continue to engage closely with our colleagues in the Emergency Department in Arrowe Park Hospital, supporting the flow of increasing numbers of appropriate patients from their department to our service, through the streaming process.

The overall year-end position for GP Out Of Hours CAS\* (20 minute) response time was 60%.

The overall year-end position for GP Out Of Hours CAS\* (120 minute) response time was 82%.

The overall year-end position for GP Out Of Hours UCAT\*\* (15 minute) response time was 61%.

*\*CAS (Clinical Assessment Service)*

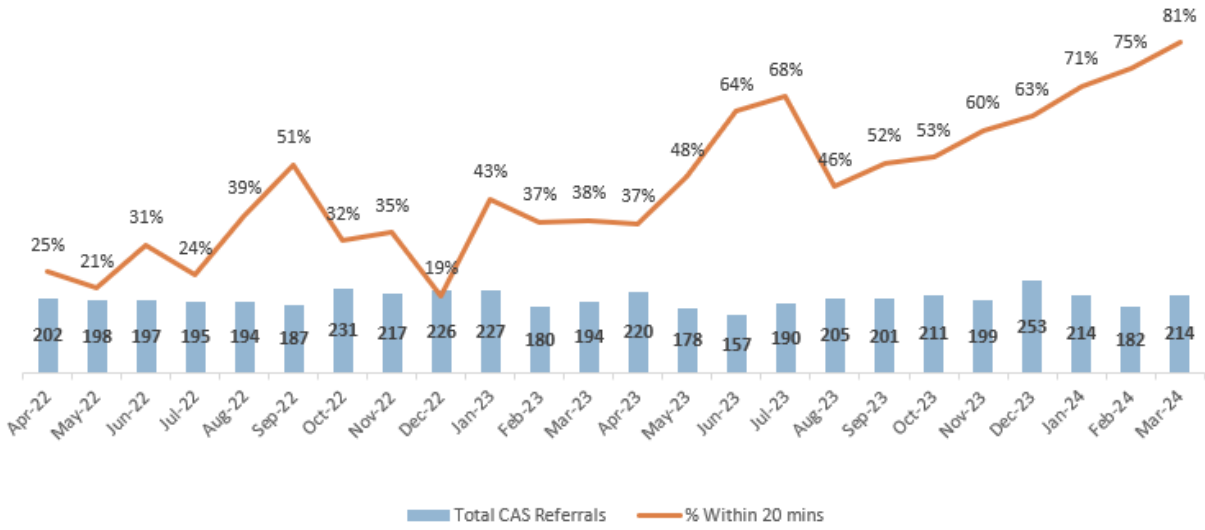
These are patients who are navigated by NHS111 who traditionally would be diverted to the Emergency Department to be seen inside 1 or 4 hours depending on the problem. But it is agreed with Urgent Care services, including the GP out of hours service, that some of these patients are suitable to be consulted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

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

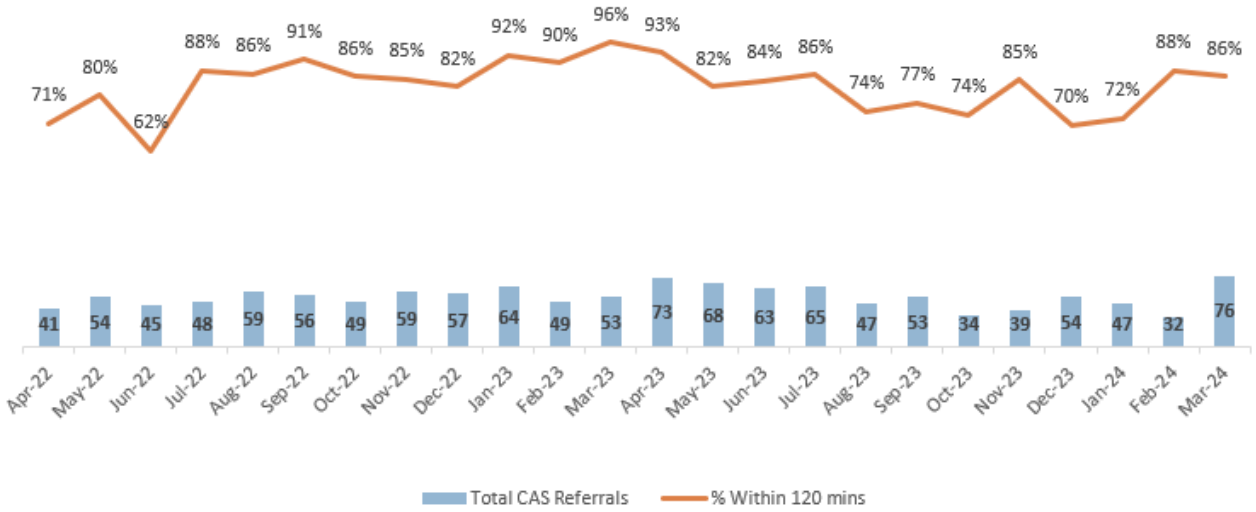
This type of consultation is where Urgent Care services, including the GP out of hours service, are asked to call paramedics who have attended a patient at home after an ambulance was called. The paramedics contact the service if they feel that a conveyance to the Emergency Department may not be required,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

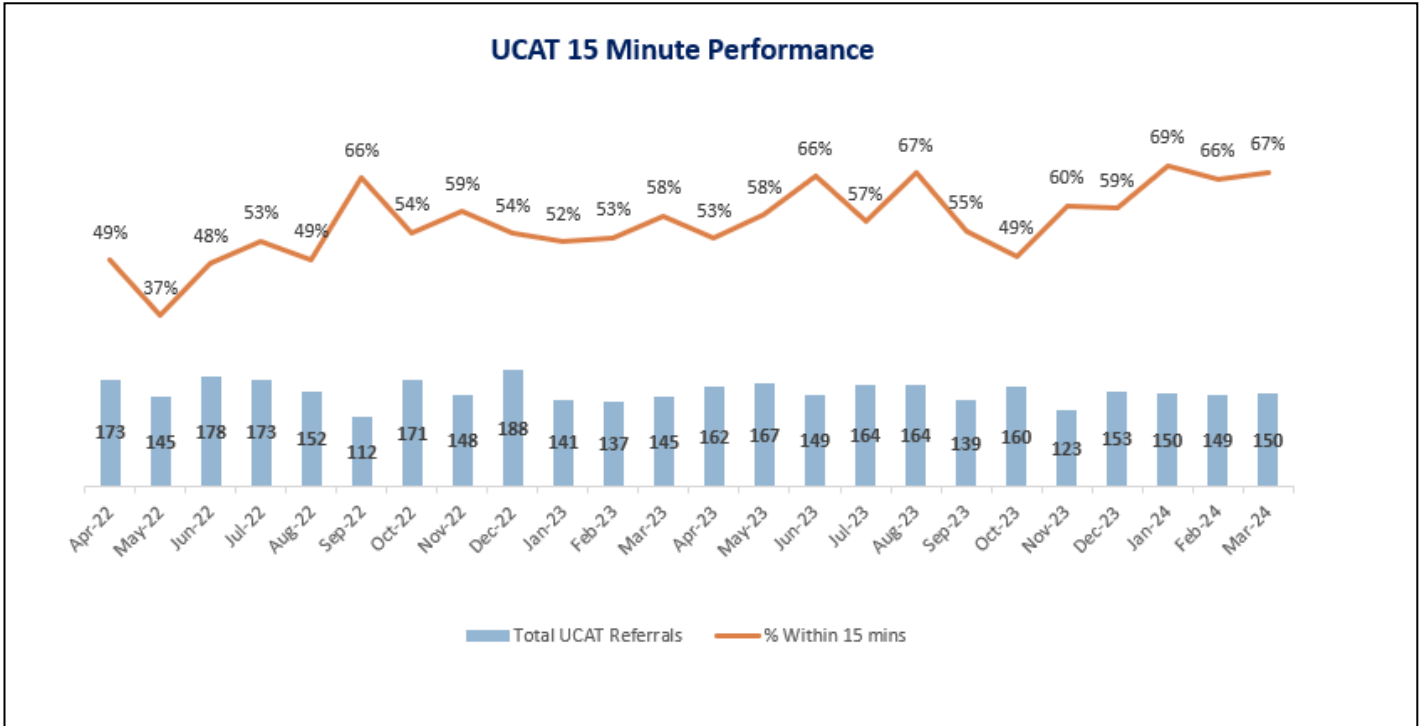
Both of the above services have been commissioned to reduce the attendances at the Emergency Departments of those patients who may not need to be there.

### CAS 20 Minute Performance



### CAS 120 Minute Performance





## Waiting List Review

By March 2024, 18 of the 19 services with active waiting lists achieved the target of a wait for first appointment time under 52 weeks. 14 services had waits under 31 weeks and ten services had waits less than 18 weeks. This was a significant improvement on 2022-23, despite a 5.8% increase in referrals across all services. All patients are clinically triaged and prioritised accordingly.

The outlying service, Paediatric Speech, and Language Therapy, has a recovery plan for 2024-25 to reduce waiting times to below 65 weeks in line with national targets. The Waiting List Oversight Group has been created to carefully monitor and improve the Trust position for waiting list performance.

In early 2024, Mersey Internal Audit Agency carried out a review of Trust systems and controls for waiting list management. The Trust received an opinion of substantial assurance and that there are good systems of internal control designed to meet the system objectives, and that controls are being applied consistently.

## Super MaDE multi-agency event

The Trust was proud to participate in the Cheshire and Merseyside seven-day Super MaDE event. The multi-agency event brought partners together from our Trust, WUTH, Cheshire and Wirral Partnership NHS Foundation Trust and Wirral Council to safely discharge patients to the place they call home before the Easter period.



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

This event created unique opportunities to work collaboratively to address discharge challenges in real time.

## 0-19 and 0-25 Services

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

Cheshire East and Wirral Services deliver the Family Nurse Partnership Programme to young first-time parents to increase attachment and bonding to young families. Knowsley and St Helens services deliver Enhancing Families Programme to vulnerable families to support and empower parents to make sustainable changes that result in improved health, wellbeing, independence, and economic stability for their family.

Wirral and Cheshire East services deliver Childhood Immunisation programme for school aged children and maintain a high level of immunisation uptake.

Key Performance Indicators across the core contacts in all our 0-19 and 0-25 services have improved significantly in 2023-24, further strengthening access and our offer to our communities. Knowsley 0-25 service has seen the biggest growth in terms of offer, and this is reflected in our improvement journey across all KPIs.

## Sexual Health Wirral Contract

The Trust has successfully retained the Sexual Health Wirral contract. Following a robust tender process led by Wirral Council, the Trust was awarded a five-year contract to continue delivering local sexual health services and is proud to be working in partnership with Liverpool University Teaching Hospital NHS Foundation Trust and Access Sexual Health to jointly deliver elements of the service. The new contract went live from 1 April 2024.

This contract award is a reflection of the outstanding care the Sexual Health Service delivers to the people of Wirral every day, and a perfect example of the vital role community services play in supporting our local communities.

The Trust has a wealth of experience in delivering sexual health services, and over the past 12 years has delivered a highly specialised and valued service which has helped to improve the sexual health and wellbeing of local people.

The service provides flexibility of access, free and confidential information and advice, screening and treatments regardless of age, ethnicity, gender or sexuality. The team continually listen and respond to local need and work in partnership with local organisations and groups to ensure the service is accessible and responsive to all communities.

The feedback we receive from service users is testament to the hard work and commitment of the service and we are delighted to continue to provide this valuable service across Wirral.

*“First time using this service so very nervous - service was exceptionally good.”*

*“From the minute I arrived all of the staff I came into contact with were absolutely lovely and friendly and very helpful. Everything was absolutely great, thank you.”*

*“I am transgender male and have never been made to feel judged or unsafe in this space. All of my concerns and questions are met with professional decorum and advice given in terms that are friendly. I feel respected and cared for.”*

## Friends and Family Test (FFT)



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



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

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

**During 2023-24 service user feedback was very positive with 92.3% of people recommending the Trust, from 33,114 responses.**

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.

We recognise 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.

Our launch of QR code stickers rolled out across our mobile workforce has proved incredibly popular making it even easier for patients and service users to give feedback.



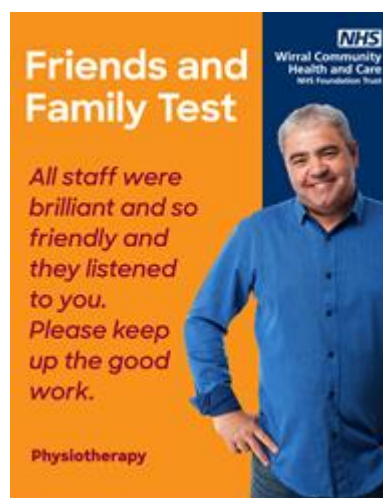
Have you got the  
**Your Experience**  
QR code on your  
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Making it even easier to  
get feedback.

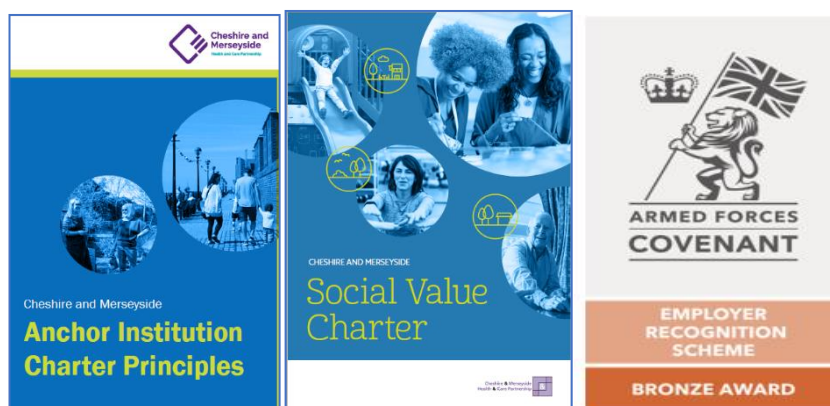
Visit StaffZone for more info.



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



## Recognising the importance of Social Value



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

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

The workforce-related social value theme includes providing work placements and pre-employment programmes.

We were the first NHS community trust to partner with St John's Ambulance to deliver the NHS Cadets programme, which we began in Wirral and, in 2023-24, expanded to encompass Knowsley and St Helens.

NHS Cadets is aimed at young people aged 14 to 18 who are from communities currently under-represented within the NHS and St John Ambulance. We aim to reach a diverse range of young people who have barriers to entering health volunteering and/or a health care career.

This year, 121 young people across Wirral, St Helens and Knowsley will graduate from the programme.

With its expanded footprint the Trust is now leading the work to coordinate work to involve other NHS providers (Wirral University Teaching Hospitals, Cheshire & Wirral Partnership, Bridgewater, Mersey & West Lancs, MerseyCare) and a community and voluntary sector partners (including The Hive in Wirral and Vibe in St Helens and Knowsley).

One of our directors is now the Senior Responsible Owner (SRO) for the NHS Cadets programme across Cheshire & Merseyside.



## Marine Lake Health & Wellbeing Centre

The centre is a partnership project between the Trust, Marine Lake and Estuary Medical Practice and Age UK Wirral and marks a new chapter for the Trust and the people of West Kirby.



This multi-million-pound investment in a state-of-the-art centre, brings together community and primary care in one place, as well as access to specialist and independent services.

The 2,037sq m bespoke, state of the art centre which spans three floors, is a major investment in community-based healthcare and brings many benefits for our staff providing services there and for local residents, patients and the wider community, including:

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

## Infection Prevention and Control (IPC)

Reducing the risk of infection through robust infection prevention and control (IPC) practice has remained a key priority for the Trust throughout 2023-24 and supports the provision of high-quality services for patients, good governance, and a safe working environment for staff.

The Trust's Chief Nurse is also the Director of Infection Prevention and Control and has overall responsibility for the Infection Prevention and Control Service. The Trust's IPC Team also

deliver an integrated service to the wider health and care community of Wirral and continue to work with system partners to influence IPC strategies.

The IPC team are pro-active and have continued to prioritise the provision of specialist advice, support and education to staff and to promote safe and effective IPC practices. Improving quality and safety of care has been at the forefront of all workstreams of the IPC team.

The IPC Team alongside colleagues from the Trust's Bladder & Bowel Service, Wirral Council's Health Protection Service, WUTH and Wirral Place were recognised nationally for the quality improvement work undertaken at a local system level to improve the management of urinary tract infections and hydration in older people and were awarded the Infection Prevention Society Gold Impact Award for Excellence

During 2023-24, the Infection Prevention and Control Team have been instrumental in:

- providing a responsive, supportive and proactive service to Trust staff and wider community staff
- completing a thorough review of IPC environmental standards
- development and continued review of the latest national IPC guidance
- providing expert advice for outbreaks in Trust services
- supporting mobilisation of services
- supporting capital projects across the Trust

In 2023-24, there have been no Healthcare Associated Infections apportioned to Trust services, the Trust remains committed to patient safety across the system and effective IPC standards are integral to maintaining this.

A revised IPC Board Assurance Framework has been used to provide internal assurance that quality standards have been maintained which has included the implementation of the National IPC Manual. Based on our self-assessment against the revised IPC BAF, we identified a programme of work to support further implementation. This work is ongoing and will be continually refined to reflect updates as published by NHS England.

## **Pressure Ulcers**

The Trust provides specialist assessment, treatment and monitoring for patients with complex wounds or leg ulcers, as well as specialist advice to other healthcare professionals. The team reviews patients within their own homes, nursing or residential homes, leg ulcer clinics and GP surgeries. The team develops care plans for wound management which are then passed to trained nurses for ongoing management. Timely and appropriate referral to the service may aid the prevention of patients being admitted to secondary (hospital) care. During 2023-24 the service made improvements to the leg ulcer assessment template, and the associated clinical procedure in line with NICE guidance. This resulted in improvements in care and the achievement of the national CQUIN (Commissioning for Quality & Innovation).

## **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 2023-24, we have successfully submitted evidence of compliance to Commissioners and Designated professionals, This included:

- Assurance relating to Section 11 of the Children Act 2000.

- A new Safeguarding Assurance Framework implemented throughout the year for Safeguarding Children, Children Looked After and Safeguarding Adults. During the reporting period, we received positive feedback from the Integrated Care Board (ICB).
- A Mersey Internal Audit Agency (MIAA) internal audit relating to the Safeguarding of Children was awarded a **Substantial** rating.
- A new two-year Commissioning Standards document demonstrating full compliance against 62 out of 63 standards.
- Working in partnership with Merseyside Police introducing new preventative measures to support safer sleep across Wirral, Knowsley and St Helens place.
- Representing the Trust at a multi-agency Safeguarding Children's Partnership event, showcasing WCHC services to over 300 professionals.
- In addition, we participated in three Inspecting Local Authority Children's Services (ILACS) and one Joint Targeted Area Inspection (JTAI) inspection.

Compliance with Safeguarding training and supervision remains positive across all services.

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

## Tackling health inequalities and ensuring equity of service delivery and access

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

The model detailed in our strategies shows how we will tackle inequalities through improved access and enhanced experience resulting in more equitable outcomes for the people we serve. These ambitions are delivered by a diverse workforce who feel valued and supported and we have enjoyed a number of successes during the reporting period 2023-24.

### Improved Access

We have continued the work we started in 2022-23 to improve and enhance our recording of disabilities and long-term conditions, communication needs and other reasonable adjustments and the protected characteristics of our patients and carers. Our Quality Improvement approach to embed this revised capability has continued to see improvements in the data available to us to support identification of access issues and health inequalities for our services.

As a result of this work, we are now able to monitor the reasonable adjustments we make across our services to support patients and carers in accessing our services and improving their experience of our service delivery.

In 2023-24 there was the further roll out of our health inequalities waiting list tool which is aligned to the National Core20Plus5 model, and the Patient Safety Incident Response Framework (PSIRF). This tool was successfully implemented in 12 services during 2023-24 to support waiting list management, by guiding clinical decisions based on a risk stratification and a prioritisation process. This process in turns helps our services to ensure those with the greatest health inequalities can be seen sooner.

Our work in engaging with stakeholder organisations who provide support and advocacy to vulnerable or disadvantaged groups has also continued throughout the year. Two sharing and celebration events provided opportunities for our services to demonstrate the quality improvements, and to directly network with each other and external key stakeholders, strengthening our partnership working and collaboration. We have attended the BRIDGE forum led by Healthwatch Wirral and shared our Health Inequality and Population Health Management ambitions with the forum.

We have also worked very closely with our Interpretation and translation service providers to drive improvements across our system to support the accessibility of our services through the provision of high-quality interpretation and translation services.

### Enhanced Experience

We have continued the support and development of our staff network groups, BAME, LGBTQ+, Ability & Working Careers, including the development of a new menopause group.

Each of the staff Networks have an identified executive sponsor, helping us make the Trust an inclusive and welcoming place to work and receive care through inclusive leadership. The network sponsorship rotates between the executive team in order to develop a deeper understanding of the barriers faced by and lived experience of the different groups across the entire Executive team.

In December 2023 we held an intersectional celebration event across all of the staff networks, focussing on sharing our successes, recognising our shared agendas and commencing a Trust-wide work workstream to support a culture of positive allyship in the organisation. This work will continue into 2024-25.

We have engaged in a wide range of awareness days and campaigns focused on inequalities and protected characteristics and inclusion topics across the year. Our LGBTQ+ staff network has produced a helpful guide to LGBTQ+ terminology to improve awareness and understanding across the workforce.

During 2023-24 we have worked hard to ensure that the work we do around inclusion is recognised. The Trust signed the Armed Forces Covenant in 2022, we have a well-established working group ensuring we reduce inequalities faced by this community and are better able to support their specific needs. We have built on the success of last year's attainment of achieving the Veteran Aware status and bronze level award from the Defence Employer Recognition Scheme (DERS), by continuing with our work around this agenda and successfully attaining Silver DERS accreditation in 2023.

Our patient engagement and involvement groups, Your Voice and Involve have continued to support members of the public and our patients to help improve the experiences of people and their families who access Trust services. Members share an understanding of common issues affecting local people in relation to services provided by the Trust and we have continued to welcome diverse new members to these groups.

## **Equitable outcomes**

The continued evolution of our services to support the health and social care system in Wirral has resulted in the development of the Right Care Hub. The Right Care Hub is to be a gateway for integrated and seamless access into community services, ensuring patients receive the right care, at the right time, in the right place – improving patient access, experience and outcomes.

The Trust continues to expand and develop our team of Inclusion Champions who act as Inclusion and Health Inequality advocates and facilitators across our services and corporate teams.

We continue to deliver on our Cheshire and Merseyside Prevention Pledge commitments ensuring that prevention is embedded in our core activity. Making every contact count across all of our services and targeting key areas for health improvement such as exercise, diet, stopping smoking and contributing to some of the wider determinants of health by maximising our social value for both our workforce and the local populations we serve.

## Delivery of the second year of the Organisational Strategy 2022-27

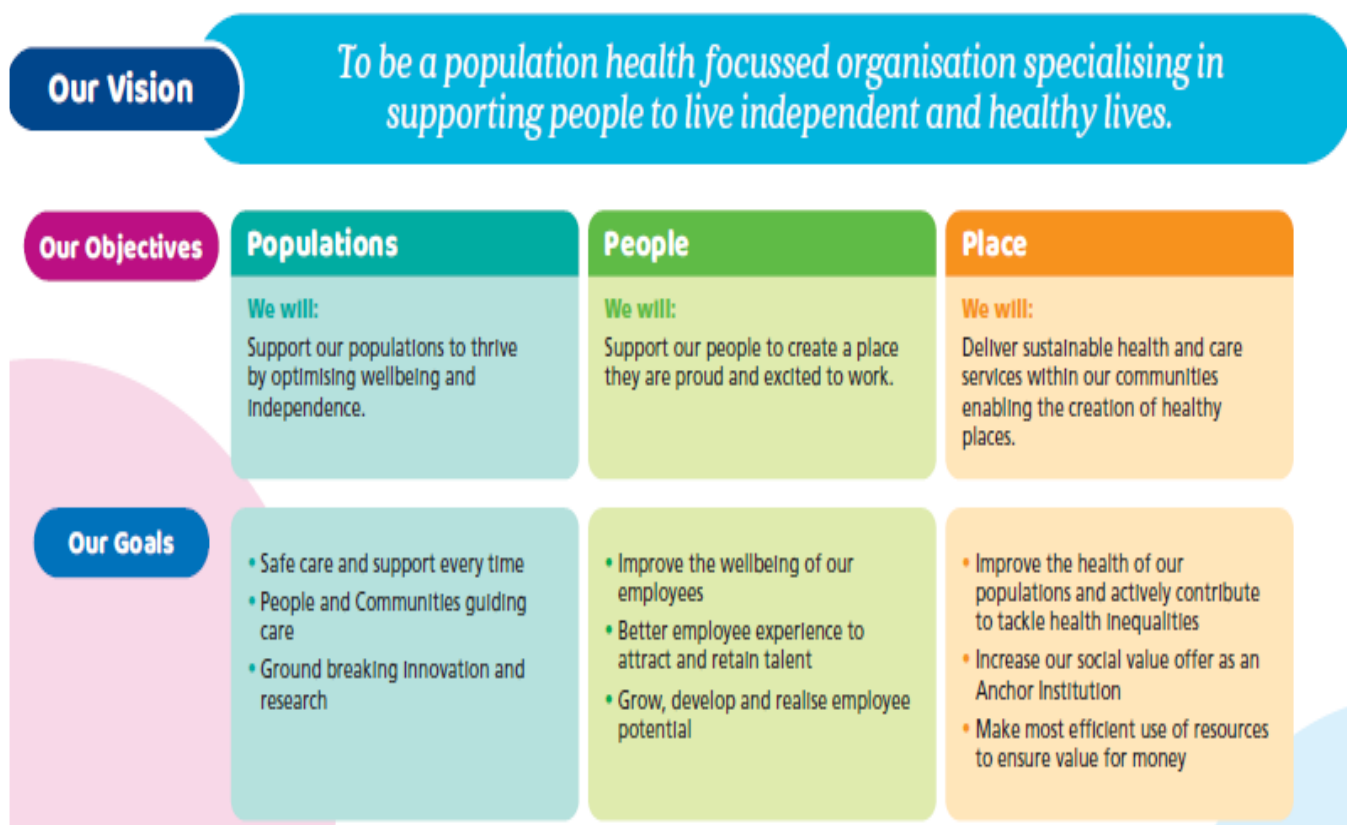
The Trust's Five-Year Organisational Strategy (2022 - 2027) approved by Board in April 2022. The Strategy includes six key sections, each of which includes 'We Will...' statements against which delivery can be measured:

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

The strategy was reviewed and a revised version, with changes to some of the We Will statements, was approved in April 2023.

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

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



Highlighted below are some key achievements within each of these six areas. The end of year two position shows significant achievement across every strategy area, delivering against all the We Will statements planned for 2023-24, including work that is providing examples of best practice and influencing nationally, regionally and locally. A separate Social Value report was presented to the Board of Directors in June 2024.

Further information on the delivery of the Year 2 strategy can be found in public Board papers from April 2024.





We Will...	Project or development	Updates
<p>Develop integrated care models for 0-19/25 in partnership with other providers across Cheshire and Merseyside.</p>	<p><b>0-19 Centralised Contact Hub project</b> Enabling locality teams in all four areas to focus on more specialist and targeted offer with continuity of relationships with families and professionals.</p>	<p>Centralised Hub went live in Q3 2023/24 working across all four 0-19 localities, bringing together 0-19/25 front door access point for families and professionals to improve access with a more responsive offer for the universal service (digital, screening, early and brief intervention).</p> <p>This model has increased resilience, consistency and efficiency of this first contact offer.</p>
<p>Implement locality teams in Wirral, with proactive population health management and care coordination...</p> <p>Build and implement a holistic model for prevention and management of Long Term Conditions, supporting Primary Care Network (PCN) and locality working</p>	<p><b>Population Health Management (PHM) project</b> Better coordinating assessment and care planning across primary &amp; community services for people with more complex needs. Improving quality of life and reducing unplanned care needs.</p>	<p>Additional staff were recruited in Q3 to develop and test a fully integrated frailty team model with Moreton &amp; Meols PCN, going live in January 2024 with a fully co-located team using a single system and processes.</p> <p>This project will identify principles and practical improvements to develop a PHM model that can be delivered across Wirral. Initial findings based on staff experience are very positive.</p>
<p>Implement a single front door model for urgent treatment and A&amp;E as part of Wirral's urgent and emergency care services</p>	<p><b>Urgent &amp; Emergency Care Upgrade Project</b></p>	<p>Trust representatives continue to be engaged in the WUTH managed project across estates, finance, clinical and digital workstreams; expected completion during 2025/26.</p>



## Operational Development

We Will...	Project or development	Updates
<p>Continue to collaborate with NHS, local authority and Voluntary, Community Faith and Social Enterprise (VCFSE) partners so that people benefit from person-centred, well-coordinated care</p>	<p>Range of projects and service developments</p>	<p>Work with Age UK Wirral in West Kirby now expanded into St Catherine's Health Centre, Age UK occupying space based on adding measurable social value.</p> <p>In Q4, Involve NW has started trialling Community Connectors as part of the HomeFirst Multi Disciplinary Team (MDT).</p> <p>Delivering expanded NHS Cadets programme in Wirral, Knowsley and St Helens with NHS and VCFSE partners.</p>
<p>Take a risk-stratified approach to waiting list management</p>	<p><b>Health Inequalities and Waiting List Management project</b> Improved access to services for those with greater need</p>	<p>Health inequality weighting tool and processes are now embedded. Project completed in March 2024 and now part of services' 'business as usual', utilised alongside chronological waiting lists to inform engagement with and prioritisation of service user contacts.</p>
<p>Continue to expand our 2-hour Urgent Community Response (UCR) service offer for admissions avoidance, alongside a 2-day response for community rehabilitation</p>	<p><b>Ongoing UCR service development</b> Enabling people to be supported at home with a specialist MDT when they would previously have been admitted to hospital</p>	<p>UCR consistently exceeding patient level and 2-hour response targets.</p> <p>Continued development of pathways, including UCR triage being aligned within Right Care Hub development.</p> <p>Participating in Cheshire &amp; Merseyside pilot for North West Ambulance Service referrals direct from NWSAS control centre for Cat 3 &amp; 4 calls.</p>
<p>Continue to deliver and grow virtual ward and technology-enabled care models with partners</p>	<p><b>Virtual Frailty Ward (VFW) expansion</b> (within Community Integrated Response Team, CIRT, in partnership with WUTH)</p>	<p>VFW has developed a robust governance structure that has enabled two organisations to work collaboratively.</p>

Develop our HomeFirst service so that all people needing long term assessments after a hospital stay have this whilst being supported at home	<b>HomeFirst</b> – implementation of whole system HomeFirst model of care, therapy and reablement with assessment at home	HomeFirst model now fully implemented.
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We will...	Quality and innovation strategy priority	Updates	
Embedding a framework for system-wide learning	Safe care and support every time	PSIRF* milestones met and will continue to be further embedded in 2024/25 to support sustainability and further identification of system learning opportunities.	Chief Nurse, Medical Director and Deputy Chief Nurse attend Wirral Place Quality and Performance Group meetings to influence and inform system-wide priorities for learning and improvement.
Embedding inequalities data collection (also an Inclusion priority)	People and Communities Guiding Care	Systems and processes are embedded to ensure community voices drive improvements. This includes Your Experience feedback,	The Trust has evidenced co-production in four key Quality improvement initiatives including 0-19 and

		concerns and complaints, incidents and community engagement groups.	Community End of Life care.
Developing a sustainable workforce to lead innovation and research	Ground-breaking research and innovation	Research activities grew: NIHR** portfolio research activities increased from 19 in 2022/2023 to 112 in 2023/2024. Interest in delivering research by staff also increased. The Blue Spaces feasibility study was supported by an NIHR strategic funding award and was the category winner at the NIHR Research Showcase in March 2024.	

\*Patient Safety Response Framework

\*\* National Institute for Health & Care Research



We Will...	Digital Workplan Priority	Updates	
Build our IT core by moving to cloud-based infrastructure. ...maintain our Data Security and Protection Toolkit Standards (DSPT)	ICT Infrastructure – investment in infrastructure and systems	Work programme to overhaul core infrastructure to facilitate cloud-based infrastructure; >60% of IT applications now cloud-based	Roll out of enabling network improvement has continued, focused on network switches, servers and storage.
Develop use cases, review existing resources / tools for business intelligence and data analytics	Developing Business Intelligence capability – data and predictive analytics	The Wirral Care Record (WCR) will be replaced with CIPHA (Combined Intelligence for Public Health Action) as the strategic data platform for population health across Cheshire & Merseyside during 2024.  Work is in progress to migrate all functionality to CIPHA for December 2024.	

<p>Complete Electronic Health Record (EHR) future state design and implementation</p>	<p>Developing the Electronic Health Record</p>	<p>EHR improvement work, Q3&amp;4, 2023/24: enabling works for system integration with laboratory orders/results; ongoing development of digital blueprint for UECUP; optimisation of CICC digital workflow.</p> <p>In Q4 2023/24 the Trust was accredited at EMRAM* level 5 by the Healthcare Information and Management Systems Society. Further enabling works to consolidate this position will be undertaken during 2024/25.</p> <p>Development of Full Business Case for future EHR system has continued.</p>
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\*Electronic Medical Record Adoption Model



We Will...	People Priorities	Updates	
<p>Train and develop managers to fully support the well-being of their staff</p>	<p>Looking after our people – safe and healthy</p>	<p>Enhanced Employee Assistance Programme in place; Health and Wellbeing Champion roles supporting teams</p>	<p>Training and management development has resulted in improved staff survey results on compassionate leadership</p>
<p>Build strong leadership and management capability through our Leadership Qualities Framework</p>	<p>Growing for our future – leadership development</p>	<p>Leadership events with excellent participation and feedback; Behavioural Standards Framework co-created with staff</p>	<p>Coaching approach embedded into Appraisals and significant improvement in Staff Survey scores for Appraisal achieving 'best in sector'.</p>

Provide career progression opportunities and enhance staff skills, knowledge and experience through experiential and formal learning and development	Growing for our future – best practice preceptorship; New Ways of Working and Delivering Care – widening participation	Widening Participation Lead in place; Cadet Programme delivery in place	Refreshed Preceptorship programme developed and implemented. Preceptorship Quality Mark achieved in 2024.
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**We Will...** Improve the employee experience and our brand as an employer which will include a refreshed approach to staff engagement at all levels.

**Inclusion**

SHAPING OUR FUTURE

- Access**  
Delivery of an annual positive action programme targeting access or recruitment or retention of underrepresented communities.
- Experience**  
Attainment of appropriate inclusion charter marks and year on year improvements in the level of award.
- Outcomes**  
Development of the inclusion and inequalities dashboard to demonstrate improvements across the domains of access, experience and outcomes.

We will... / Inclusion Priority	Updates	
Taking positive action to drive workforce diversity; Maximising our social value through local purchasing and employment...	Strengthening our support for neurodiverse members of staff in collaboration with the Ability Staff Network by adapting the neurodiversity Support for Learners tool developed by our Practice Education Facilitator.	NHS Cadets Programme expanded to Knowsley and St Helens with WCHC Senior Responsible Officer for scheme across all Cheshire & Merseyside  Widening Participation lead recruited to engage with target communities through existing links with stakeholder organisations
Developing a culture of inclusiveness and empower positive allyship	Consolidating Defence Employer Recognition Scheme Silver Award status and preparing for Gold application, including development of a new Armed Forces Community staff network.  Agreement to implementation of Anti-	Allyship project in development with staff networks and linked to new Behavioural Standards Framework; Understanding Microaggressions & Allyship training planned.  Staff network groups have all benefited from active Executive sponsor for inclusive

	Racist statement the NW Black Asian and Minority Ethnic Assembly Anti-Racist Framework with work underway	leadership for the last 12 months. Joint quarterly meeting of network leads/chairs initiated.
Collaborating and co-designing services and pathways to improve inclusivity	Ongoing Quality improvement work between services and our language interpretation & translation provider and our British Sign Language interpretation provider	Increasing the uptake of remote video interpreting (where appropriate) with plan to implement app in 2024/25 to support on-demand video calls for unplanned need.



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

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

## Adult Social Care

During 2022-23 it was confirmed that the Adult Social Care contract would transfer back to Wirral Council from midnight on 30 June 2023. The Trust worked collaboratively with Council colleagues during the transfer process to provide detailed information and expertise to support the safe and effective transfer of the service.

A huge amount of work was done to facilitate a smooth transfer led by the workstreams we jointly established - workforce, IT and data, service delivery, estates and communications.

The Trust marked the end of the contract by thanking the staff for their contribution to the organisation over the last seven years, and their ongoing commitment to providing integrated health and care to our communities. The Trust Chair, Michael Brown, Chief Executive and members of the Executive team met with the staff to wish them the very best in the next phase of adult social care in Wirral.

Integrated working remains our shared priority. Whilst locations may change we have built lasting working relationships with each other and within the teams, staff have developed ways of working that benefit the patients and service users

This means that the service did transfer back in a strong position well-equipped to continue delivering high quality provision for Wirral residents.

## Freedom To Speak Up

Our aim is for Speaking Up to be part of our organisations 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, 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.

During 2023-24 the number of concerns reported increased by 26% on the previous year. 85% of the concerns raised were either reported openly by staff members or confidentially via the Freedom To Speak Up (FTSU) Guardian. This is an improved position from the previous year when 32% of all concerns reported were anonymous.

Both the increase in concerns raised and the decrease in anonymous reporting are reflected in national figures and are seen as an indicator of increased awareness and trust in the FTSU process.

Freedom To Speak Up training has been made role essential for all of our staff. The training is provided by the National Guardians Office and is delivered over three electronic training packages:

**Speak Up** - For all Trust staff to support an environment where anybody feels safe to raise concerns.

**Listen Up** - To empower our managers to be receptive to concerns raised and act on them promptly.

**Follow Up** – To support our Senior Leaders in learning from concerns and improve Trust services.

Our FTSU Guardian is supported by 125 FTSU Champions working in all areas of the Trust to promote the benefits of an open culture, increase awareness of raising concerns, to signpost to appropriate support and actively encourage colleagues to speak up safely. We are proud to have FTSU Champions available in all of our Staff Network Groups to promote Speaking Up for everyone and support breaking down any potential barriers to raising concerns.

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 ensure 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.

When a concern is closed all reporters (unless anonymously reported) are sent a satisfaction questionnaire. 100% of the reporters who returned questionnaires in 2023-24 reported they had a positive experience and would speak up again should they need to.



## Supporting our staff

The Trust has made great strides in improving the experience of staff during 2023-24 with a number of key initiatives:

### National Preceptorship for Nursing - Gold Quality Mark



We are delighted to have received the National Preceptorship for Nursing Quality Mark from the NHS England National Preceptorship Programme. Since its establishment in November 2021, the programme has aimed to create a Preceptorship Framework for Nursing in England, with quality standards for all health and social care organisations. Our preceptorship programme supports newly qualified nurses as they develop their skills, apply knowledge to practice, and gain confidence.

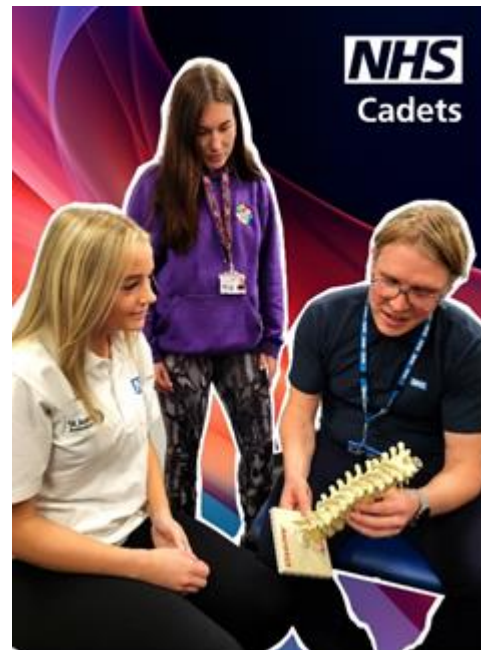
It includes structured workshops, regular clinical supervision, and pastoral support during the first 12 months post-qualification, providing registered professionals with a solid foundation for their careers. To earn this prestigious award, the Trust underwent a rigorous assessment process, meeting a minimum of 80% of the framework standards.

### NHS Cadets Programme expanded into St Helens and Knowsley

Our NHS Cadets Programme, now in its fourth year, continues to thrive and expand across St Helens and Knowsley.

Launched in October 2020, this 12-month programme engages young people who might not typically have the opportunity to work or volunteer within the NHS. Partnering with The Hive, Vibe, and St John Ambulance, we are proud to deliver this programme and feedback has been overwhelmingly positive.

Participants have reported increased confidence, personal skill development, and a deeper understanding of NHS roles.



## Shadow Board Programme

Over the past six months, our leadership development programme for Deputy Directors and Senior Leaders has progressed successfully. The programme allows participants to experience life as an Executive Director at the unitary Board in a guided way, developing individuals and creating a talent pipeline for future directors in the Trust and wider system. Additional authenticity was provided by expert chairmanship from the actual Chair of the Trust Board, ensuring a realistic and meaningful interaction for all.

## Appraisal training for managers

To improve the quality of appraisals, training was delivered for appraisers on how to use a coaching approach with the new appraisal template and process. Managers were equipped with the appropriate tools, including a very popular set of coaching cards to support the process. This was very well received by both managers and staff and resulted in excellent feedback in the Staff Survey.

## Leadership Forum

To support managers in how to best engage and support their staff and allow them space for reflection and learning with peers, the Trust established a Leadership Forum for all managers up to band 7 and a Senior Leadership Forum for all managers at bands 8A and upwards.

These events made a real difference, and the Trust has committed to running them twice a year.

## Festival of Leadership, 9 October - 17 November 2023

Our inaugural Festival of Leadership, held from October to mid-November 2023, was a tremendous success. The festival celebrated leadership from all staff at all levels within the Trust through a series of events and activities, recognizing the impact of leadership and role-modelling on our daily interactions and overall service delivery.

Highlights included:

- A training session exploring how we put our values into action.
- Leadership masterclasses with exceptional speakers sharing their insights on good leadership.
- Podcasts featuring colleagues discussing their leadership journeys.
- A finale event with keynote speaker Steve Head and a Leadership Panel sharing inspirational stories.

## National NHS Staff Survey Results

The national NHS Staff Survey results for 2023, published in early March 2024, highlight an exceptional year for us. Our Trust's fantastic Care Quality Commission (CQC) report and these survey results reflect the hard work and commitment of everyone involved, showcasing our progress in making this a great Trust for both work and care.

With a record response rate of 60%, well above the national NHS average of 48%, the Trust has gained valuable insights into staff experience. This significant achievement is a testament to the dedication of our teams and provides us with a rich picture of our current status, helping us continue our journey towards excellence.

The staff engagement score has risen to 7.2, matching the average for NHS Community Trusts and surpassing the national NHS average of 6.9.

Additionally, the percentage of staff who would recommend the Trust as a place to work has improved significantly, from 56% in 2022 to 63.9% in 2023.

There was a statistically significant improvement in six of the seven People Promises and in the themes of morale and staff engagement. Notably, we are the highest performing Community Trust in the country for the quality of appraisals and for staff feeling their work is valued by their immediate manager, and among all the Community Trusts administered by our survey provider Picker, we are the most improved in the 2023 NHS Staff Survey.

We were also recognised on social media by NHS England for being one of the most improved Trusts across all NHS on staff engagement.

### **Wellbeing support for staff**

A number of support mechanisms were put into place for staff. A new employee assistance programme was deployed which provides 24/7 access to counselling support for all staff and their immediate family members. The staff benefits programme Vivup has been in place for over a year, allowing staff to access various financial initiatives via salary sacrifice resulting in significant savings, and the Wagestream service, which allows staff to access their wages as and when they need to, has also been well utilised.

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

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

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

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

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

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

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

## Recognising and celebrating our staff



In October 2023 the Trust held its 10th annual staff awards that celebrate and recognise the amazing work of teams across the Trust. This year we received the highest ever number of nominations with 124 submitted. The event brings colleagues and partners together to recognise and celebrate the hard work and dedication of staff across the organisation, sharing best practice and thanking those who have delivered exceptional service for our communities across the Northwest.

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

The full list of winners is below.

Category	Winner
<b>Excellence in care</b>	Community Specialist Palliative Care Team
<b>Excellence in inclusion</b>	Service Development Coordinator, Sexual Health Wirral
<b>Excellence in quality improvement</b>	Children's Speech and Language Therapy
<b>Excellence in partnership working</b>	Community Integrated Response Team
<b>Excellence in leadership</b>	Head of Learning and Organisational Development
<b>Unsung hero award</b>	Social Worker, Specialist Palliative Care Response Nurse
<b>Chair and Chief Executive Award</b>	Deputy Director of Contracts and Commissioning 0-25 Knowsley Service
<b>People's Choice Award</b>	MSK Physiotherapy and Pelvic Health

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

# Your ShoutOuts!

TeamWCHC

During 2023-24 over 650 Shout Outs were shared by staff in The Update, to thank and recognise colleagues.

# The Monthly StandOut!

TeamWCHC

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

## External awards

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

- The Trust was a finalist in the **Culture for Innovation Award** category at the Northwest Coast Research and Innovation Awards 2023, with a nomination about Quality Improvement culture change within our organisation.
- The Trust was successful in being awarded the **University of Chester's CAPE (Celebrating Achievement and Practice Excellence) Award** in the category of Innovation in Practice. The prize was awarded for the collaborative work to develop a Standard Operating Procedure for the supervised, safe administration of medicines by student nurses and trainee nursing associates.



- We were delighted to announce that the IPC Service won the Infection Prevention Society (IPS) Award for Excellence - Gold Award, at the **Infection Prevention Society Impact Awards 2023**. This award recognised members who are aiming for and achieving the best in IPC practice or education.
- Information Manager in the Trust's Business Intelligence Team was the IT and Digital Individual Award winner at the **Unsung Hero Awards (UHA) 2024**.
- Research and Innovation Lead was the category winner for "building capacity and capability" at the **Research Network**. The winning presentation was on the 'Impact of Blue Spaces on the Mental Health of Neurodiverse Children'.

- A Specialist in Special Care Dentistry and Clinical Director here at the Trust was part of an award-winning partnership with the STAR Team (Supporting Treatment in Additional-needs Requirements) from the Surgical Elective Admissions Lounge (SEAL) unit at Wirral University Teaching Hospital (WUTH). They won the award for **Equality, Diversity and Inclusion award at WUTH's Together Awards 2024** for their ongoing work with the sensory room and support pathway for adults with complex needs attending for day case surgery.

## Karen Howell, NHSE CEO advisor for Community Services

Karen Howell, the Trust's Chief Executive throughout 2023-24 was invited to work with and support NHS England as a Chief Executive Officer (CEO) advisor to support improvements to community services.

Karen will provide expert input and advice to NHSE on the delivery of priority areas, working with the national team.

Some of these priority areas will include:

- the delivery of timely access to community services and the reduction of community waiting times
- the integration of primary care and community services
- increasing out of hospital and proactive care

As CEO advisor Karen will also convene a network of leaders to share best practice and support effective working between national, local and regional teams.

## Dr Amanda Doyle OBE, NHSE Director of Primary Care and Community Services

The Trust welcomed Amanda Doyle to Wirral in March 2024, to share with her developments across the Wirral Place where community services and primary care are working effectively together to support our local communities.



As the CEO advisor to the national team on Community Services, Karen Howell was delighted to have this opportunity to share our insights and experiences with Amanda.

We are proud to be working with colleagues in Primary Care and at Wirral University Teaching Hospital to highlight the benefits of collaboration and partnership working across providers.



The visit also included meeting Trust colleagues and partners working on the Community and Primary Care collaboration between the Trust and Moreton and Meols Primary Care Network. The partnership approach explores how integrated teams can proactively help older people with frailty, identifying principles and practical developments to support better population health management across Wirral.

The Community Intermediate Care Centre was the final stop of the day where they had a tour of Bluebell, Aster and Iris Wards.

Reflecting on her visit, Dr Amanda Doyle said: *“It was really impressive to see the integrated work that is taking place on virtual wards and urgent community response, as well as the work that is being undertaken with the Primary Care Network. It was fantastic to see how colleagues are building such a great example of what an integrated team in the neighbourhood can look like.”*

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

The 2023 Patient-Led Assessments of the Care Environment (PLACE) results have been released, with the Trust scoring above the national average in all six of the assessed areas, three of which scored 100%.

The assessment, undertaken by patient assessors, took place at Community Intermediate Care Centre (CICC) in October 2023 and included the three wards, Bluebell, Aster and Iris.

Feedback from the assessors was overwhelmingly positive. They reported that the wards had a positive environment and felt this would have a beneficial impact on many patients' wellbeing, particularly those who had recent experience in either an acute hospital or other care setting.

The day rooms were popular with the assessors, who made the point that the social aspect of these spaces was vital in the rehabilitation process for many patients. They were also impressed with the behaviour and conduct of the clinical staff, who were observed treating patients with warmth and kindness. The ward managers were always open and responsive to the assessors' questions, and all were noted as being proud of their wards and the staff who work within them. The wards also passed the friends and family test, with assessors stating that they would recommend the wards to loved ones and would even like to be cared for in the environment themselves.

Trust Chief Nurse, Paula Simpson said: *“The management and clinical teams who work at, or in support of, CICC have expressed their pride in how the service has grown and developed since its foundation. This was recently recognised by the Care Quality Commission (CQC) who rated CICC ‘Good’ across all domains reporting that ‘staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There was a strong, visible person-centred culture.”*



## Financial performance

During 2023-24 financial planning and performance processes of the Trust were in line with the 2023-24 operational / planning guidance.

The Trust again set a budget in line with national guidance. All trusts continued to receive additional system top-up funding to manage any legacy pandemic response / impact. The Trust achieved a reportable surplus of £958k for the year, £756k ahead of plan.

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

	2023-24 £000
Net deficit for the year in the financial statements	(1,486)
<b>Adjustment for items excluded by NHSE</b>	
Net impairments of land and buildings	1,461
Adjust losses on transfers by absorption	971
Remove capital donations / grants	12
<b>Total</b>	<b>958</b>

Capital expenditure of £4.4m was achieved, which matched the revised limit. The Trust initially submitted a capital programme for 2023-24 to match agreed internal depreciation levels of £2.3m plus a planned capital invest of £2.1m towards the UECUP programme at WUTH. Due to the award of the Lancashire 0-19 contract the Trust agreed with the ICB to bring forward £0.5m of capital limit from 24/25 to cover mobilisation investment. Due to delays in the UECUP programme the Trust also agreed to defer the £2.1m capital investment into the project by a year. The Trust spent £2.3m on its original internal depreciation programme plus £0.5m on additional Lancs 0-19 investment and £1.5m against right of use assets (IFRS16).

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

## Productivity & Efficiency (Cost Improvement Plans (CIP))

In 2023-24 the Trust delivered its efficiency target in full, supported by a structured Productivity & Efficiency Programme (P&E), one of three overarching programmes overseen by the Programme Oversight Group.

This programme approved and tracked delivery of circa £3.9m P&E projects, which represented 73% of the value of the Trust's efficiency target.

Internal audit reviewed the Trust's CIP programme governance during the 2023-24 year and found that, "The Trust has robust processes in place to manage CIP development and performance, in line with agreed process requirements."

## Governance arrangements during 2023-24

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

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

Throughout 2023-24, the sub-committees of the Board also considered the potential impact of high-level organisational risks on the strategic risks managed through the Board Assurance Framework (BAF).

The Board of Directors received reports from the Chairs of the sub-committees on their areas of focus including any high-level risks for escalation. Further details are available on page 135.

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 sub-committees) provide oversight and correlation of key themes and risks across multiple domains and, be responsive to service delivery needs as a modern community health and care organisation.

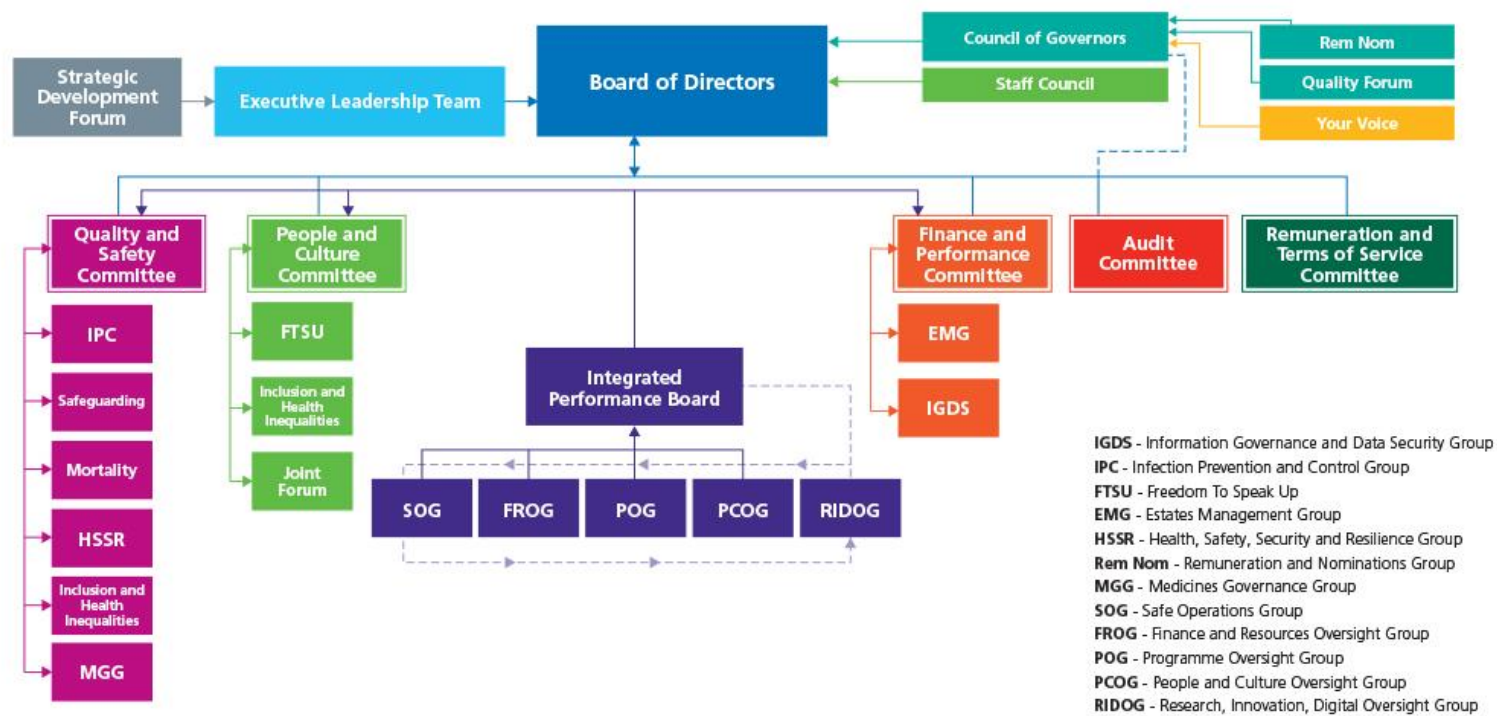
During 2022-23 members of the IPB led by the Executive Leadership Team and supported by the Board of Directors, assessed the purpose, objectives and operating framework of the IPB. This resulted in a further enhancement to the governance structure with the establishment of Oversight Groups below the IPB. All of these groups have a direct reporting line to the Integrated Performance Board.

The Trust's governance arrangements were tested during 2023-24 through a MIAA Audit which provided **Substantial Assurance**. The objective of the review was to review the design and operating effectiveness of the Oversight Groups including their reporting arrangements to the Integrated Performance Board.

The governance structure is shown on the next page.



# Governance Structure



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 2023-24. The committee has a Non-Executive Chair, and the Chief Nurse is the Executive Lead.

The Trust is fully compliant with the registration requirements of the Care Quality Commission. The Trust was inspected by the CQC between July - September 2023, and received an overall Trust rating of Good. Further detail on the findings in the CQC report are included in the Quality Account 2023-24. The Quality Account also includes further information on quality governance systems, processes and performance during 2023-24.

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

The Audit Committee receives the financial statements and considers any significant issues. There were no significant issues raised for the financial statements 2023-24.

The Trust's resources are managed within the framework of the Corporate Governance Manual which includes Standing Financial Instructions. In 2023-24 the internal audit plan included a review of Key Financial Controls which provided **High Assurance**.

## Strategic and operational risk and opportunities

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

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

The Policy, updated in August 2023 and approved by the Audit Committee, provides a systematic approach to the identification, management and escalation of risks within the Trust. The policy ensures clear alignment to the Trust's governance arrangements at a local and trust-wide level recognising the flow and escalation of risk appropriately and the mechanisms in place to ensure robust risk management and monitoring.

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

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

Risk management is everybody's business, and it is a requirement that all staff proactively identify risks, incidents, near misses or areas for improvement. The objective of risk management is to provide a safe environment for all staff, service users, visitors and members of the public ensuring robust controls are in place to manage risk.

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

During 2023-24 individual risks continued to have a robust monitoring process ensuring each active risk receives a minimum of a monthly review with the overall Trust risk score being monitored at Sub - Committees of the Board to provide assurance of continuous review.

Monitoring of the monthly review process is carried out via a risk tracker. This provides visibility on all risks against five review criteria:

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

The risk tracker gives a monthly percentage score per division and overall, as an organisation to support compliance against managing operational risks. During 2023-24 the average monthly risk health score for all organisational risks recorded on Datix, assessed as above, was 100%.

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

Staff at all levels are encouraged to identify risks as part of their working day with active risks on the risk register discussed openly at individual team meetings to ensure full involvement and knowledge of risks affecting services and the actions required to mitigate the risk scores. The Trust uses a web-based incident reporting and risk management system, Datix. The use of Datix to record risks at service, divisional and organisational level has continued, providing clear oversight of the organisational risk register.

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

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.

Throughout 2023-24, the sub-committees of the Board also considered the potential impact of high-level organisational risks on the strategic risks managed through the Board Assurance Framework.

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

The CQC inspection report recognised that *'there is a demonstrated commitment to best practice performance and risk management systems and processes. Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact'*.

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 2023-24 the BAF tracked 9 strategic risks.

One risk was archived in year (ID09 - Safe Staffing) as it was incorporated into an existing risk (ID01 - Safe delivery of services).

A new risk was identified in-year (ID10) relating to attracting, growing and developing talent sufficiently to ensure the right numbers of engaged, motivated and skilled staff. The People & Culture Committee maintained oversight of this risk providing updates, assurance and recommendations to the Board of Directors.

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 mitigating actions were intrinsic in the reset and recovery plans for the Trust.

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

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

Of the 9 strategic risks (at year-end) two were categorised as risk averse; these related to safe delivery of services and ensuring equity of access.

The highest scoring risk (ID04) related to the financial settlement for 2023-24 and remained at RR16 at the year-end. The Finance & Performance Committee maintained oversight of this risk providing updates, assurance and recommendations to the Board of Directors.

Three risks achieved the agreed target risk ratings due to the mitigations in place and the ability to close identified gaps, and seven risks (including two that achieved their target risk rating) were agreed to be carried forward for monitoring during 2024-25. A new strategic risk related to the financial plan for 2024-25 will be agreed by the Board of Directors.

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

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

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

The Audit Committee also considered the BAF at each of its meetings in April, July and October 2023, and February and June 2024.

Major strategic risk themes related to;

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

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



Full details of the governance arrangements, including the management of operational and strategic risks and quality governance, can be found in the Annual Governance Statement on page 135 and the section on compliance with the NHS Code of Governance on page 107.

## Quality Strategy

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



Further details about the achievement of the Quality Goals during 2023-24 are available in the Annual Quality Account published on the Trust’s website, together with the plans for the third year of the Strategy 2024-25 shown below:

Safe care and support every time	People and Communities Guiding Care	Ground-breaking Innovation and research
We understand and act on our highest areas of clinical risk and take a preventative approach to minimising harm by supporting people to keep active and independent	We will hear from all voices, involving people as active partners in their wellbeing and safety, promoting independence and choice.	We will nurture an improvement culture focused on empowering people to stop, understand, ideate, test, and transform at scale
A minimum of 4 Quality improvement programmes focussing on agreed Trust high-priority clinical risks	20% of eligible staff trained in Tier 2 Oliver McGowan	60% of eligible staff trained in Quality Improvement curriculum
Embed PSIRF further ensuring the principles are demonstrated through Trust	A minimum of 4 codesigned care pathways implemented and evidencing sustainability and spread	Increase research capability and capacity
90% of clinical staff receiving supervision and a biannual evaluation of staff experience about the quality of their supervision	Implementation of “What matters to you” campaign aiming for at least 2 Trust-wide “What matters to you” days	Establishment of innovation hub in collaboration with Wirral Met College (WMC)

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

The Trust published the Quality Account in line with national requirements. The Quality Account is not included in this Annual Report as trusts are not required to include this for 2023-24. However, the Quality Account is available on the Trust website.

The Trust was inspected by the CQC in 2023 and rated as Good overall with areas of Outstanding. Services were proud to showcase the significant improvements made since the last inspection in 2018 and will continue to sustain and further improve over 2024-25.

## **Sustainable Development Management Plan 2023-24 - The Green Plan**

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

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

Our Sustainable Development Management Plan (SDMP) that has been in place since the establishment of the Trust in April 2011 and updated in 2018, was replaced by the Green Plan during 2021-22. As part of this plan, Sustainability is overseen at Board level, with the Chief Financial Officer/ Deputy Chief Executive being the Board-level lead responsible for net zero commitments and the Green Plan.

The Green Plan helps the Trust to:

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

## Environmental Management System

The Trust has developed an Environmental Management System (EMS) which resulted in the achievement of the ISO 14001-2015 Environmental Award in December 2017 for St Catherine's Health Centre. The award is an internationally accepted standard that outlines how to put an effective environmental management system in place. It is designed to help businesses remain commercially successful without overlooking environmental responsibilities. Our certification was renewed in 2020 and now covers all our freehold estate (10 properties in total). We were last audited in December 2023 and our ISO accreditation was successfully retained.

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

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

## Dedicated Sustainability Resource

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

## Waste Management & Recycling

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

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

By separating clinical waste and ensuring that only infectious clinical waste (such as dressings and bandages etc) is disposed of through a specialist route, we save money and help protect the environment. Waste such as nappies and sanitary products, although classed as offensive, are now bagged and sent to energy-from-waste plants to generate electricity for the grid. This reduces the amount of CO<sub>2</sub> created.

We have also engaged our clinical waste provider to demonstrate the benefits of re-usable sharps containers in order to reduce the amount of plastic waste generated by our clinical teams, and to improve staff safety. Service Leads and Business Managers have been included in consultations with the aim of potentially adopting these new processes.

## Water Usage

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

A dripping tap wastes approximately 5,500 litres of water a year, and we encouraged staff to report leaking taps in our buildings via screen savers allowing our engineers to repair them

quickly. Trust staff are very engaged with sustainability, and staff regularly request additional recycling facilities when they identify the opportunity to do more to protect the use of resources.

## **Greener IT**

As a requirement for our compliance and security measures, we must work with certified recycling companies for the disposal of all IT waste, including laptops, desktop PCs, and cables. These IT devices are either disassembled if they are unusable or repurposed for future use elsewhere. Our commitment to recycling not only helps in the conservation of essential raw materials, but also safeguards natural habitats for future generations. In the past year, we have recycled approximately 1400 items, including laptops, monitors, and mobile devices, that have reached their end-of-life cycle. As a result, we have been reimbursed approximately £1,800 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 and with this in mind the Trust upgraded previous 7.5Kw to six new 22Kw charging points at St. Catherine's Health Centre and installed further vehicle charging capacity at Victoria Central Health Centre (VCHC) alongside a 150kW fast-charger at St. Catherine's Health Centre.

## **LED lighting**

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

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

## **Procurement without Carbon**

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

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

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

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

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

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

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

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

### Other Initiatives

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

### Our commitment to Net Zero



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

The Trust looked to build on past successes and considered the interventions which are most likely to benefit the local community while meeting the requirements of national).



commitments to inform the Trust objectives and targets on its sustainability journey over the 3-year period (2022-23 to 2024-25).

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

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

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

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

The Trust has embedded sustainability into its 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 'Very Good' demonstrating sustainability credentials in new build. The development is also committed to enhancing green space and biodiversity within the local area through the provision of community-owned wellbeing gardens, providing additional social benefits to the wider Wirral community.

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

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

## Key achievements

- The Trust's carbon emissions increased by 15% during 2022/23 as service activity levels recovered post Covid, however overall we have exceeded our annual carbon reduction target of 2.5% with a total reduction of 51.6% since 2018/19.
- There has been a reduction in total electricity consumption, down by 57% from 864,800 kWh in 2018-19 to 373,825 kWh in 2022-23.
- There has been a reduction in total gas consumption, down by 46% from 4,886,735 kWh in 2018-19 to 2,636,404 kWh in 2022-23.
- The increase in energy costs experienced during 2022-23 because of the energy crisis, was reversed during 2023-24 as our energy procurement strategy helped to take advantage of relative drops in the market ahead of our contract renewals.
- The Trust has continued to see savings in water and sewage costs by reducing water



consumption across our premises.

## Reducing Carbon Emissions

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

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

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

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

# Accountability Report

# The Directors' Report

## The Board of Directors

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

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

The Trust's Establishment Order reflects its composition;

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

There are a further five non-voting Directors.

The board structure for 2023-24 comprised of;

- Chair
- Chief Executive
- Chief Finance Officer/Deputy Chief Executive
- Medical Director
- Chief Nurse
- Chief People Officer (non-voting)
- Director of Corporate Affairs (non-voting)
- Chief Operating Officer (non-voting)
- Chief Strategy Office (non-voting)
- Chief Digital Information Officer (non-voting) (from January 2024)
- 4 x Non-Executive Directors (including Senior Independent Director)

There was a Chief Information Officer advisor to the Board until January 2024 when he became the Chief Digital Information Officer (a non-voting Director). The advisor attended the public meetings of the Board to provide specialist advice as required.

One member of the Board of Directors held the position of Non-Executive Director in another organisation. No other members of the Board of Directors holds the position of Director or Governor of any other NHS Foundation Trust.

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

## Non-Executive Directors

### Professor Michael Brown, CBE DL Chair

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

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

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

### Beverley Jordan Non-Executive Director Appointed Deputy Chair in February 2019 until September 2023 when she was appointed as the Senior Independent Director.

Beverley joined the Trust as a Non-Executive Director in September 2017 and was reappointed in September 2023 for a further 3-year term of office until September 2026.

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

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

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

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

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

*Steve joined the Trust as a Non-Executive Director in June 2022 and left in February 2024.*

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

A qualified accountant with an MBA, Steve is also a member of various national committees and forums and is a trustee on the Board of St Helens Citizens Advice Bureau and Chair of the Finance Committee. Steve was the Trust's Audit Chair and the FTSU NED Champion.

**Professor Chris Bentley**  
**Non-Executive Director**

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

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

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

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

**Gerald Meehan**  
**Non-Executive Director**  
**Appointed Senior Independent Director in April 2022 until September 2023 when he was appointed as the Deputy Chair of the Trust**

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

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

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

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

Gerald was the Senior Independent Director of the Trust until September 2023, when he was appointed as the Deputy Chair. Gerald is also the Chair of the People & Culture Committee and the Wellbeing Guardian for the Trust.

**Non-Executive Director Terms of Office and re-appointments**

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

During 2023-24 the Council of Governors led the process to reappoint Professor Michael Brown for a further term of one year, and Beverley Jordan for a further term of three years as below.

<b>Non-Executive Director</b>	<b>Term</b>	<b>Term expiry</b>
<b>Michael Brown</b>	1 year	September 2024
<b>Beverley Jordan</b>	3 years	September 2026
<b>Chris Bentley</b>	3 years	February 2025

<b>Gerald Meehan</b>	3 years	February 2025
<b>Steve Connor</b>	3 years	June 2025 - left the Trust in February 2024

## Executive Directors

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

**Karen Howell, OBE**

**Chief Executive**

*Voting member of the Board of Directors*

Karen joined the Trust as Chief Executive in August 2015.

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

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

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

**Mark Greatrex**

**Chief Finance Officer and Deputy Chief Executive**

*Voting member of the Board of Directors*

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

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

**Dr Nick Cross**

**Medical Director and Caldicott Guardian**

*Voting member of the Board of Directors and left the Trust at the end of March 2024*

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

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



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

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

**Paula Simpson**

**Chief Nurse and Director of Infection Prevention & Control**

*Voting member of the Board of Directors*

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

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

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

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

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

**Claus Madsen**

**Chief People Officer**

*Non-Voting member of the Board of Directors*

*Appointed to the Board of Directors in April 2023*

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

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

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

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

**Dr Joanne Chwalko**

**Chief Operating Officer**

*Non-voting member of the Board of Directors*

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

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

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

**Alison Hughes**

**Director of Corporate Affairs and SIRO**

*Non-voting member of the Board of Directors*

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

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

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

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

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

**Tony Bennett**

**Chief Strategy Officer**

*Non-voting member of the Board of Directors*

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

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

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

Dave Murphy  
**Chief Digital Information Officer**  
*Non-voting member of the Board of Directors*  
*Appointed to the Board of Directors in January 2024*

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.

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

<b>Post</b>	<b>Governance roles</b>	<b>Responsible for</b>
Director of Nursing	Director of Infection Prevention & Control (DIPC)	Infection Prevention & Control Service and related policies. Publishing an annual IPC report.
	Safeguarding Lead Officer	Ensuring best practice principles are followed, appropriate recruitment processes followed, and job-specific training provided. Attends partnership boards. Publishing an annual safeguarding report.
	Executive Nurse	Helps the board make strategic decisions in view of their effect on the quality and safety of patient care.
	Nominated Individual (CQC)	Overseeing compliance with the CQC.
Medical Director	Caldicott Guardian	Protecting the confidentiality of service- user information, enabling and applying the highest standards for appropriate information sharing.
	Accountable Officer for Controlled Drugs	Ensures all incidents involving controlled drugs are reported correctly, communication with Local Intelligence Network.
	Responsible Officer (RO) for Medical Registrations & Revalidation	Provides local leadership in developing systems of appraisal and clinical governance; lead for End-of-Life Care.
Chief Finance Officer	Security Management Director	Overseeing and providing strategic management and support for all security management work within the organisation.

Post	Governance roles	Responsible for
	Accountable Emergency Officer	Ensuring that the NHS England core standards for Emergency Planning Resilience and Response are met.
Director of Corporate Affairs	Senior Information Risk Owner	Managing information risks to the organisation; oversight of information security incident reporting and response.
	Anti-Fraud Champion	Providing a senior strategic voice within the organisation to champion the counter fraud agenda and to enable and support the counter fraud programme of work.
Freedom To Speak Up Guardian	Freedom To Speak Up Guardian	Ensuring that colleagues can speak up about anything that might affect the quality of staff experience or patient care.

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

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

## Declaration of Interests of the Board of Directors

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

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

## Statutory statements required within the Directors Report

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

The Trust aims to pay all undisputed invoices efficiently and within 30 days of receipt of goods or a valid invoice during normal operations. The table below summarises our performance for 2023-24 against the Better Payment Practice Code.

<b>Better Payment Practice Code - Compliance 2023-24</b>		
<b>Payables</b>	<b>Number</b>	<b>£'000</b>
<b>Non-NHS</b>		
Total invoices paid in the year	8,739	29,111
Total paid within the 30-day target	7,955	27,643
<b>Percentage paid within the target</b>	<b>91.0%</b>	<b>95.0%</b>
<b>NHS</b>		
Total invoices paid in the year	1,009	10,391
Total paid within the 30-day target	973	9,261
<b>Percentage paid within the target</b>	<b>96.4%</b>	<b>89.1%</b>

During 2023-24 the Trust paid £560.00 in late payment charges due to late payment of 14 invoices.

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

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

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

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

## **Disclosures relating to NHS Improvement's well-led framework**

The Board of Directors has regard to the well-led framework and tests performance against the Key Lines of Enquiry that constitute the framework. The Trust commissioned an independent and external review of well-led during 2022-23 (as reported in the Annual Report) and was inspected by the CQC in 2023.

The CQC inspection took place between July – September 2023.

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

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

The final inspection report was published on 13 December 2023 with an overall Trust rating of Good.

During the inspection outstanding practice was identified across all core services, with the following domains being formally assessed as outstanding:

- Community Health Services for Adults - Outstanding in Caring
- Community Health Sexual Health Services - Outstanding in Responsive
- Community Health Sexual Health Services - Outstanding in Well-Led
- Community Health Sexual Health Services - Outstanding Overall as a core service

All areas inspected during 2023 achieved a minimum rating of good.

Further detail on the findings in the CQC report are included in the Quality Account 2023-24.

The feedback and actions from the 2023 CQC inspection report have been incorporated into action plans to address the one MUST DO and five SHOULD DO actions with oversight at the Quality & Safety and People & Culture Committees. All actions are underway, with many already completed.

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

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

The Board of Directors will seek to complete a self-review of each of the key lines of enquiry as part of the board cycle of business during 2024-25, recognising the detail included in the CQC inspection report 2023.

The Trust's governance arrangements were tested during 2023-24 through a MIAA Audit which provided **Substantial Assurance**. The objective of the review was to review the design and operating effectiveness of the Oversight Groups including their reporting arrangements to the Integrated Performance Board.

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

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

During 2023-24, other audits of governance arrangements included:

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

The Board of Directors also worked with the Northwest Leadership Academy (NWLA) in 2023-24 to develop a bespoke board development programme with three key objectives focused on sustaining a high-performing Board, personal leadership and bringing the Equality, Diversity and Inclusion agenda to life in the board room.

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

The first of three sessions was held in February 2024 with positive engagement from all members and excellent feedback. Further sessions will take place during 2024-25.

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

## Patient care

The Annual Quality Account 2023-24 was published by the national deadline date of 30 June 2024 and describes quality improvements and quality governance in more detail including patient care.

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

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

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

## Stakeholder relations

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

During 2023-24 the Trust continued to work in partnership with people and communities, organisations from across primary care, secondary care, local authorities and the community and voluntary sector. Delivering more integrated and effective care in primary and community settings takes focus and expertise; the Trust has been able to do this with partners because it has a singular focus on what will provide the best experience and outcomes for patients in community settings whilst providing the greatest value for the wider system in terms of flow and outcomes.

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



**Mark Greatrex**  
**Interim Chief Executive**

**2 August 2024**



# Remuneration Report

## Annual statement from the Chair of the Remuneration Committee

I am pleased to present the Directors' Remuneration Report for the financial year 2023-24 on behalf of Wirral Community Health & Care NHS Foundation Trust's two Remuneration Committees.

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

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

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

## Major decisions on remuneration

The Remuneration Committee agreed to award a recurrent uplift in salaries to the Executive Directors Very Senior Managers (VSM) salaries to align with the NHS Providers 2023 VSM survey to the average peer salary points for each role. This was agreed to better align to salaries in nationally benchmarked comparable trusts and to recognise the contribution and leadership provided by the Executive Team.

The proposed VSM salary structure for the new Executive Director (non-voting) Chief Digital Information Officer, was approved by the Remuneration Committee. This structure was consistent with the NHS Providers 2023 VSM survey.

The Remuneration Committee agreed the annual salary for the interim roles of Chief Executive Officer, Chief Finance Officer and Medical Director, in alignment with the VSM benchmarking. In addition, the annual salary ranges for the future recruitment of the Chief Executive Officer and the Medical Director were also agreed.

The Chair's and Non-Executive Director's remuneration was not revised during 2023-24 and remains aligned to the NHS England guidance "*Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts*" (November 2019).



**Professor Michael Brown CBE DL**  
Chairman

**2 August 2024**

## **Senior managers' remuneration policy**

Remuneration for senior managers is shown on page 93.

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

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

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

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

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

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

## **Service contract obligations**

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

## **Statement of consideration of employment conditions elsewhere in the Foundation Trust**

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

# Annual report on Remuneration

## The Remuneration Committees

### The Board of Directors Remuneration & Terms of Service Committee

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

During 2023-24, the members of the committee were;

- Michael Brown, Chair (Chair of the Remuneration Committee)
- Steve Connor, Non-Executive Director (Chair of the Audit Committee) from June 2022 until February 2024
- Beverley Jordan, Non-Executive Director
- Chris Bentley, Non-Executive Director
- Gerald Meehan, Non-Executive Director

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

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

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

### The Council of Governors Remuneration & Nomination sub-group

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

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

Only the members of the group are entitled to attend but members of the Board of Directors are invited to attend in particular the Chairman, 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 2023-24, the Council of Governors through the Remuneration & Nomination sub-group ensured appropriate oversight and decision-making in relation to the re-

appointment of the Chair and one Non-Executive Director and started the process to appoint a new Audit Chair following the resignation of the incumbent Audit Chair.

The final recommendation on the re-appointment of the Chair and one Non-Executive Director was presented by the members of the Remuneration & Nomination sub-group to the full Council of Governors on 23 August 2023.

The Remuneration & Nomination subgroup included the following members in 2023-24:

- Jenna Brassington - Staff Governor
- Lynn Collins - Public Governor and Lead Governor
- Eve Collins - Appointed Governor, The University of Chester
- Ronnie Morris - Public Governor
- Frieda Rimmer - Public Governor

## Disclosures required by the Health and Social Care Act

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

The Trust reimbursed £2,138.72 for expenses claimed in the period by governors or Directors.

### Fair pay multiple (*subject to audit*)

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

The banded remuneration of the highest-paid director in the organisation in the financial year 2023-24 was £175k-180k (2022-23, £155k-160k). This is a change between years of 12.7%. Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration annualised in 2023-24 was from £17k to £178k (2022-23 £17k to £235k). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 5.0%. 0 employees received remuneration in excess of the highest-paid director in 2023-24.

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.

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

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

## Payments to past senior managers

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

## Payments for loss of office

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

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

### Single total figure table (subject to audit)

Name	Position	1 April 2023 - 31 March 2024								1 April 2022 - 31 March 2023											
		Salary		Expense Payments (taxable)	All Pension Related Benefits		Total		Salary		Expense Payments (taxable)	All Pension Related Benefits		Total							
		£000		£	£000		£000	£000	£000		£	£000		£000							
		(Bands of £5,000)	(Nearest £100)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £5,000)	(Bands of £5,000)	(Bands of £5,000)	(Nearest £100)	(Bands of £2,500)	(Bands of £5,000)										
<b>Non-Executive Directors</b>																					
Michael Brown	Chairman	40	-	45	0	N/A	-	N/A	40	-	45	35	-	40	0	N/A	-	N/A	35	-	40
Chris Bentley	Non-Executive Director	10	-	15	0	N/A	-	N/A	10	-	15	10	-	15	0	N/A	-	N/A	10	-	15
Stephen Connor	Non-Executive Director	10	-	15	0	N/A	-	N/A	10	-	15	10	-	15	0	N/A	-	N/A	10	-	15
Beverley Jordan	Non-Executive Director	10	-	15	0	N/A	-	N/A	10	-	15	10	-	15	0	N/A	-	N/A	10	-	15
Gerald Meehan	Non-Executive Director	10	-	15	0	N/A	-	N/A	10	-	15	10	-	15	0	N/A	-	N/A	10	-	15
<b>Executive Directors</b>																					
Karen Howell	Chief Executive	175	-	180	1,700	0.0	-	2.5	175	-	180	155	-	160	1,700	20.0	-	22.5	180	-	185
Mark Greatrex	Chief Finance Officer/Deputy Chief Executive	145	-	150	1,500	0.0	-	2.5	145	-	150	130	-	135	1,500	37.5	-	40.0	170	-	175
Claus Madsen	Chief People Officer	110	-	115	1,300	27.5	-	30.0	140	-	145	N/A	-	N/A	N/A	N/A	-	N/A	N/A	-	N/A
Nick Cross	Medical Director	165	-	170	1,600	0.0	-	2.5	165	-	170	145	-	150	1,600	0.0	-	2.5	145	-	150
Tony Bennett	Chief Strategy Officer	120	-	125	1,100	0.0	-	2.5	120	-	125	100	-	105	1,400	30.0	-	32.5	135	-	140
Joanne Chwalko	Chief Operating Officer	125	-	130	0	102.5	-	105.0	230	-	235	120	-	125	0	135.0	-	137.5	255	-	260
Tracy Hill **	Interim Director of Human Resources (from 24/01/22-30/04/22)	N/A	-	N/A	N/A	N/A	-	N/A	N/A	-	N/A	10	-	15	0	0.0	-	2.5	10	-	15
Dave Murphy ***	Chief Digital Information Officer	100	-	105	3,200	0.0	-	2.5	105	-	110	N/A	-	N/A	N/A	N/A	-	N/A	N/A	-	N/A
Alison Hughes	Director of Corporate Affairs	110	-	115	4,600	37.5	-	40.0	150	-	155	100	-	105	4,600	32.5	-	35.0	140	-	145
Jo Shepherd #	Programme Director (Workforce), Cheshire & Merseyside Collaborative (from September 2022)	40	-	45	1,400	0.0	-	2.5	40	-	45	40	-	45	600	25.0	-	27.5	65	-	70
Paula Simpson	Director of Nursing	115	-	120	800	0.0	-	2.5	115	-	120	115	-	120	800	80.0	-	82.5	195	-	200
Roger Wilson *	Interim Director of Human Resources and Organisational Development (from 05/07/22 to 31/03/23)	N/A	-	N/A	N/A	N/A	-	N/A	N/A	-	N/A	85	-	90	0	0.0	-	2.5	85	-	90

## 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 2024			Lump Sum at Pension Age Related to Accrued Pension at 31 March 2024			Cash Equivalent Transfer Value at 31 March 2023	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024	Employer's Contribution to Stakeholder Pension
		(Bands of £2,500)			(Bands of £2,500)			(Bands of £5,000)			(Bands of £5,000)			£000	£000	£000	£000
Mark Greatrex	Chief Finance Officer/Deputy Chief Executive	0.0	-	2.5	30.0	-	32.5	50.0	-	55.0	135.0	-	140.0	888	134	1,137	0
Claus Madsen	Chief People Officer	2.0	-	4.5	0.0	-	2.5	10.0	-	15.0	0.0	-	5.0	156	20	206	0
Tony Bennett	Chief Strategy Officer	0.0	-	2.5	27.5	-	30	35.0	-	40.0	100.0	-	105.0	543	162	774	0
Joanne Chwalko	Chief Operating Officer (from 01/04/22)	2.5	-	5	32.5	-	35.0	35.0	-	40.0	90.0	-	95.0	526	227	823	0
Alison Hughes	Director of Corporate Affairs	2.5	-	5	0.0	-	2.5	20.0	-	25.0	0.0	-	5.0	221	88	346	0
Jo Shepherd	Programme Director (Workforce), Cheshire & Merseyside Mental Health (from September)	0.0	-	2.5	7.5	-	10.0	20.0	-	25.0	65.0	-	70.0	550	-58	551	0
Paula Simpson	Director of Nursing	0.0	-	2.5	27.5	-	30.0	30.0	-	35.0	110.0	-	115.0	704	168	959	0

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



## Notes to the remuneration and pension tables

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

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

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

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

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

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

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

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

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

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

\*\*\*Dave Murphy joined the Board of Directors as Chief Digital Information Officer in January 2024

Non-executive directors do not receive a pensionable remuneration.



**Mark Greatrex**  
**Interim Chief Executive**

**2 August 2024**

## Staff Report for 2023-24

As at 31 March 2023, Wirral Community Health and Care NHS Foundation Trust employed 1,845 people.

The average number of employees during 2023-24 was 1863. Details of our workforce are provided below:

The following staff costs have been incurred during the period:

	2023-24		
	Permanent £000	Other £000	Total £000
Salaries and wages	57,392	3,845	61,237
Social security costs	5,570	303	5,873
Apprenticeship levy	305	0	305
Employer's contributions to NHS pension scheme	7,407	0	7,407
Employer contributions to NHS Pension Scheme paid by NHSE	3,261	0	3,261
Pension cost - other	31	0	31
Temporary staff	0	1,267	1,267
<b>Total gross staff costs</b>	<b>73,966</b>	<b>5,415</b>	<b>79,381</b>
Costs capitalised as part of assets	380	97	477
<b>Total staff costs</b>	<b>73,586</b>	<b>5,318</b>	<b>78,904</b>

## Staff numbers

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

	2023-24		
	Total Number	Permanent Number	Other Number
Medical and dental	14.4	10.6	3.8
Administrative and estates	160.9	159.6	1.3
Healthcare assistants and other support staff	511.4	488.7	22.7
Nursing and health visiting staff	710.6	680.8	29.8
Scientific, therapeutic and technical staff	196.5	186.3	10.2
Healthcare sciences staff	0	0	0
<b>Total whole time equivalent staff numbers</b>	<b>1593.8</b>	<b>1526</b>	<b>67.7</b>

## Staff composition - employee gender distribution

The figures reflecting the breakdown of gender distribution of employees within the Trust as at 31 March 2024 are included in the table below:

	2022-2023	Headcount
Directors male ( <i>including Non-Executives</i> )	61.5%	8
Directors female ( <i>including Non-Executives</i> )	38.5%	5
All Employees male	11.2%	208
All Employees female	88.8%	1637

## 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 2023/4	Adjusted FTE days lost to Cabinet Office Definitions	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
1,532	29,151	560,416	34,854	16.08

Data items: The Electronic Staff Records (ESR) do 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 2023-24 as 6.3%. This figure was higher than the Trust's target figure of 5.0%, but reduced from the previous year. Additional new guidance and support / wellbeing advice has been put in place to support staff, and sickness absence was supportively and effectively managed.

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

## Staff Turnover Data

The Trust's staff turnover data for 2023-24 is available through the published data provided by NHS Digital.

Information from the ESR system reports that the annual turnover rate figure for 2023-24 was 24.55%. This figure is largely inflated by the transfer out under TUPE legislation of a significant number of the workforce.

When removing staff that have transferred in and out of the organisation via TUPE, and excluding those posts made redundant and leaving involuntarily, the turnover figure for 2023-24 was 10.5%; a reduction from the figure for 2022-23 which was 13.4%. This trend follows significant work to improve staff experience and retention.

## Equality disclosures

### The policy in relation to disabled employees

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

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

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

The Ability Staff Network supported the review of the Managing Attendance Policy which led to changes in relation to extending phased return periods for staff returning to work following long term illness. The Trust reviewed its Workforce Disability Action Plan with the input of the staff network as part of the national process within the NHS to meet the Workforce Disability Equality Standard.

With the support of the LGBTQ+ staff network the Trust embarked on promoting awareness raising in relation to LGBTQ+ history month and educating and building confidence in managers to have inclusive and meaningful conversations with others who may be part of the LGBTQ+ community. This included tips on using inclusive language and important expressions as well as developing a LGBTQ+ toolkit.

The Menopause Staff Network continued to gain new members and championed awareness raising during International Menopause Day celebrations. In addition the Network members held both online events and drop in cafés across various bases. The work was recognised in the Northwest NHS flip book showing examples of good practice in line with the People Promise.

During 2023 the Trust achieved the Silver Employer Defence Recognition Scheme and the Armed Forces Community Steering Group continued to meet and implement the Armed Forces Covenant. The leave policy was amended and staff who are reservists can have up to two weeks paid leave for training.

### The policy on equal opportunities

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

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

- ensuring that the Trust is regarded as an exemplary employer.

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

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

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

For 2024 these plans will be reviewed with the full involvement of the staff networks and will be based on the latest workforce equality data.

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

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

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

## Information on Health and Safety Performance and Occupational Health

During 2023-24 the Trust went through a re-tendering process for its Occupational Health contracts and awarded one supplier that offers the full range of occupational health services from pre-employment screening, management and employee advice. The focus on the renegotiated contract was value for money and reducing missed appointments. One of the incumbent suppliers was awarded the contract.

The Employee Assistance Programme was also retendered during 2023-24 and a new company was awarded the contract. Health Assured commenced in January 2024 with an enhanced package of support being available to staff 24 hours a day, 7 days a week, 365 days of the year. This new contract has additional support including 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, maintaining and continuously improving a working environment which supports the health, safety and wellbeing of those who could be affected by its activities. This work includes developing and improving the ease of access through the information and signposting pages on the Trust's intranet site, StaffZone.

During 2023-24 we continued to focus on financial wellbeing, and this has involved regularly promoting national offers available to NHS staff and launching an employee benefits platform Vivup which offers financial lifestyle offers from thousands of high street retailers and offer of salary sacrifice on home and electrical goods. We also extended our instant access to wages through partnering with Wagestream.

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

The Audit Committee assesses the risk of fraud on an on-going basis through the internal audit Counter Fraud Service and ensures strong preventative measures are in place. The Chief Finance Officer (CFO) oversees this process as the nominated executive lead for counter fraud and is responsible for the strategic management of all anti-fraud, bribery and corruption work. The Director of Corporate Affairs is the Trust's Anti-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 125 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.

## Approach to Staff Experience and Engagement

During 2023 following the staff survey results the Trust launched a 29-point Staff Engagement Plan to support the Staff Survey Action Plan.

Staff engagement focused on a number of key areas;

- **To listen to understand** – incl. what will make staff strong advocates for WCHC as a great place to work and receive care
- **To identify the key priorities that will improve the Employee Experience**
- **To involve staff in solutions** – at Trust-wide level and at local levels
- **And together improve the Employee Experience for all ...!**

The four key areas

- **Organisational Culture:** Supporting the development of an organisational culture in line with WCHC Values
- **Staff Feedback:** Ensure staff feedback and experience is heard and has impact / is acted upon
- **Leadership and Management:** Support leaders and managers to play their part in ensuring staff at all levels are engaged
- **Staff Recognition:** Celebrating staff and their successes

The action plan was monitored at the People and Culture Oversight Group on a monthly basis and progress was provided to the People and Culture Committee as part of the Staff Engagement update.

Between October and December 2023, the Trust took part in the annual staff survey and the results of this were published in February 2024. Further details on the Staff Survey are provided below.

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

The Staff Voice Forum (formerly known as Staff Council) which comprises a broad cross section of people from the organisation, meet regularly with the executives 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 continued to use the update bulletin to celebrate “shout outs” where staff can say thank you to others and over a thousand were made during the year. This has helped to maintain a regular focus on the contribution our staff make to their work, their team and to our service users.

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.



The staff networks include: BAME, LGBTQ+, Ability, Working Carers, and Menopause which meet regularly and each have an Executive Director sponsor who are assigned to a network for twelve months and then rotate so that they gain an insight into the key issues for the marginalised group. The networks are open to all staff from protected groups and their allies and have been established to be inclusive for any students, agency and bank workers. During December 2023 we held a staff network celebration event to recognise the achievements of the networks and identify areas of intersectionality and joint future working projects. More information is included in the Inclusion section of the report.

## NHS Staff survey - Summary of performance

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

The response rate to the 2023-24 survey among Trust staff was 60% (2022/3: 47 %).

### 2023-24 scores

Scores for each indicator together with the average of the survey benchmarking group (Community Trusts CT) are presented below, alongside years 2022 and 2021.

Indicators	2023			2022		2021	
	Trust score	CT Average *	NHS	Trust score	CT Average *	Trust score	CT Average *
We are compassionate and inclusive	7.76	7.75	7.30	7.6	7.6	7.5	7.6
We are recognised and rewarded	6.40	6.51	6.00	6.1	6.4	6.1	6.4
We each have a voice that counts	7.14	7.15	6.72	7.0	7.1	7.0	7.2
We are safe and healthy	6.32	6.42	**	6.1	6.3	6.0	6.2
We are always learning	6.13	6.04	5.64	5.6	5.9	5.5	5.8
We work flexibly	6.79	6.93	6.28	6.3	6.7	6.3	6.6
We are a team	7.28	7.20	6.80	7.1	7.1	6.9	7.0
Theme - Staff engagement	7.18	7.26	6.89	7.0	7.2	6.9	7.2
Theme - Morale	6.05	6.23	5.95	5.7	6.1	5.6	6.1

\*2023 results for the 'We are safe and healthy' score have not been reported due to an issue with the data. Please see [www.nhsstaffsurveys.com/survey-documents/](http://www.nhsstaffsurveys.com/survey-documents/) for more details.

The Trust improved our performance in all 9 scores which shows a better position than the previous year. Compared to the NHS overall, our scores were above average for all indicators.

In comparison to benchmark community trusts, we were above the average scores for two People Promise scores we are always learning and we are a team.

In comparison to benchmark community trusts, we were equal to the average scores for two People Promises, we are compassionate and inclusive and we each have a voice that counts.

We were below average in comparison to other community trusts for the other three People Promises and two themes of staff engagement and morale.

We were 'best in sector' for 2023 staff survey results on the Appraisal sub-score and Q9e "my immediate manager values my work".

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

The Trust has been successful in securing national temporary funding for a People Promise Manager role and the post will be key in working to improve employee experience over the next twelve months.

In relation to the staff engagement strategic key performance indicators identified in the People Strategy Delivery Plan we achieved all three as detailed below.

Outcome measures	Baseline 2022/23	Y2: 2023/24	End of Y5: 2026/27
Staff Engagement score in the National Staff Survey (NSS) (Using NQPS to monitor quarterly trajectory via TIG)	NSS: 7.0	NSS: ≥7.2	NSS: ≥7.4
NSS uptake (response rate)	47.3%	≥50%	≥65%
Q23c in NSS: "I would recommend my organisation as a place to work" (Using NQPS to monitor quarterly trajectory via TIG)	56.1%	≥63.9% <small>(Our best in the last 5 years)</small>	≥70%



**2023/24:**

**Achieved**  
**7.18**

**Exceeded**  
**60%**

**Achieved**  
**63.87%**

## Future priorities and targets

In response to the 2023 staff survey results there will be a number of actions including

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

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

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

Action plans are being developed at Trust wide and team levels, and monitoring of this will be done through the locality/system structures and Standards Assurance Framework for Excellence meetings.

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

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

## Trade Union Facility Time

In accordance with the Trade Union (Facility Time Publication Requirements) Regulations 2017, this is the report produced for the financial year 2023-24 based on the returns submitted to date from trade union representatives.

**Table 1 - Relevant Union Officials**

<b>What was the total number of your employees who were relevant union officials during the relevant period?</b>	<b>Number of employees who were relevant union officials during the relevant period. Full Time Equivalent Figure.</b>
9	7.05

**Table 2 - Percentage of spent time on facility time**

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

**Table 3 - Percentage of pay bill spent on facility time**

	Figures
Provide the total cost of facility time	£58,072.10
Provide the total pay bill	£78,914,000
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x100	0.07%

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

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	12.64%
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*This may be subject to revision for formal publication with gov.uk following further checks of data received.*

### **Expenditure on consultancy**

During the year, the Trust paid £470k 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 2024 earning £245 per day or greater**

	Number
Number of existing engagements as of 31 March 2024	63
<b>Of which, the number that have existed:</b>	
for less than one year at the time of reporting	17
for between one and two years at the time of reporting	0
for between two and three years at the time of reporting	27
for between three and four years at the time of reporting	9
for more than four years at the time of reporting	10

**Table 6 - All highly-paid off-payroll workers engaged at any point during the year ended 31 March 2024 earning £245 per day or greater**

	Number
Number of off-payroll workers engaged during the year ended 31 March 2024	64
<b>Of which:</b>	
Not subject to off-payroll legislation*	63
Subject to off-payroll legislation and determined as in-scope of IR35*	1
Subject to off-payroll legislation and determined as out-of-scope of IR35*	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the review	0

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

### **Exit packages (subject to audit)**

During the year no exit package was agreed.

### **Gender Pay Gap**

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

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

The Trust's results for 31st March 2023 reported during 2023-24 can be viewed [here](#)

## Compliance with NHS Foundation Trust Code of Governance

Wirral Community Health and Care NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. On 1 April 2023 the NHS Code of Governance for NHS Provider Trusts replaced The NHS Foundation Trust Code of Governance (July 2014), that was based on the principles of the UK Corporate Governance Code issued in 2012. The revised code of governance included updates to the comply or explain provisions, and the required disclosures can be seen on page 119.

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

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

- The constitution of the NHS Foundation Trust
- Standing orders for the Board of Directors and Council of Governors setting out the roles and responsibilities of each
- Code of Conduct for the Board of Directors and Council of Governors
- Schemes of delegation and matters reserved to the Board
- Established role of Senior Independent Director (SID)
- NED champion roles agreed
- Standing Financial Instructions
- Annual cycle of board business (approved by the Board)
- Terms of Reference for the Board of Directors and its sub-committees (reviewed annually) and the Council of Governors and its sub-groups
- Annual review of the effectiveness of the Board and its sub-committees
- Board of Directors and Council of Governors Register of Interests
- Robust governance arrangements in place (with annual review to ensure they remain fit for purpose)
- Remuneration committee established with 3 Non-Executive members
- Fit and Proper Persons declarations by Executive and Non-Executive Directors with adoption of new framework requirements from 2024-25.
- Fit and Proper Persons Policy in place
- Performance appraisal process for all Executive and Non-Executive Directors and from 2024 adopting the Leadership Competency Framework published by NHSE in February 2024
- Chair's appraisals conducted in line with NHSE guidance '*A framework for conducting annual appraisals of NHS provider chairs*' and led by the SID

- Freedom to Speak Up Policy with identified Freedom To Speak Up Guardian and FTSU NED Champion
- Robust Audit Committee arrangements in place
- Governor-led appointments process for external auditor and all NED appointments and re-appointments
- Non-Executive Director meetings established pre-Board of Directors, led by the Chair
- Anti-Fraud work plan and policy
- Internal Audit Plan agreed with Audit Committee members
- High quality reports to the Board of Directors and Council of Governors appropriate to their respective functions and relevant to the decisions being made
- Attendance by Directors at Council of Governor meetings
- Attendance records for Directors and Governors at key meetings
- Annual NHS Provider License self-certification
- Bi-monthly Board of Directors Informal Board Sessions
- Well-led developmental review completed by MIAA in 2023-24
- CQC inspection of the Trust in 2023 providing an overall rating of ‘Good’
- Board development programme commenced in 2023 supported by the NorthWest Leadership Academy

The Trust also recognises that systems and processes continue to embed, and work is continually on-going with the Council of Governors and Board of Directors to review this.

## Governance arrangements

The basic governance structure of all NHS Foundation Trusts includes;

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

## Membership and constituencies

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

The Trust has two constituencies;

- Staff constituency and,
- Public constituency

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

The public constituencies include;

- Wallasey



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

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

At the end of 2023-24, the Trust had 7,767 members split as follows across the two constituencies.

- 5,927 public members
- 1,840 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 2023-24, 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 2023-24 the members of the Your Voice group were involved in a variety of projects and initiatives from across the Trust. These included;

- Participating in a focus group on the Electronic Health Record (EHR)
- Participating in a focus group with the CQC inspection team
- A patient information poster for walk-in centres on conditions that can/cannot be treated (at the WIC)
- 'About your Catheter' patient and carer leaflet
- A patient information leaflet about clinical photography and how it might be used during treatment
- A patient guide on the Trust's processes to support patient safety incident

investigations

- A video developed on the Cardiology Rehabilitation service

The group also had opportunity to meet with the Trust's Nurse Practitioners for Older People (NPOPs) and partners from Age UK and HealthWatch Wirral.

The Quality Strategy was also shared particularly in relation to the Trust's objective of '*Communities guiding care*'.

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

## The Council of Governors

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

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

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

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

The Council of Governors has not exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006 during 2023-24.

In June 2023, the Board of Directors received a proposal on forthcoming governor elections and the introduction of Shadow Governors recognising the opportunity for interested public members to get involved and observe the role of the FT governor before choosing to stand for election.

It was also agreed that the elections scheduled for Q3 2023-24 would be rescheduled to Q1 2024-25 to increase interest in the role, acknowledging vacant public and appointed governor seats. All governors supported the proposal, including the extension to some governor terms of office, which was approved by the Board of Directors.

The Trust will be holding governor elections in 2024, now postponed to late summer, due to the pre-election period and the general election which will take place on 4 July 2024.

The campaign to support the elections has been discussed with the Council of Governors at a formal meeting on 15 May 2024 and an update will be provided to the Board of Directors on 19 June 2024. The 2024 election will seek to elect public and staff governors as follows;

Constituency and class	Number of seats
<b>Public - Birkenhead</b>	2
<b>Public - Rest of England</b>	1
<b>Public - Wirral South &amp; Neston</b>	0
<b>Public - Wirral West</b>	1
<b>Public - Wallasey</b>	2
<b>Staff</b>	1

## The composition of the Council of Governors

The current Council of Governors comprises 9 governors (not including vacancies).

- 5 elected governors representing the five public constituencies of Birkenhead, Wallasey, Wirral West, Wirral South & Neston and Rest of England
- 2 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 2023-24.

Name	Constituency/ Organisation	Term of Office (End date)	Status
<b>Public Elected Governors</b>			
Vacant seat	Birkenhead	3 years	
<i>Vacant seat</i>	<i>Birkenhead</i>	3 years	
<i>Vacant seat</i>	<i>Birkenhead</i>	3 years	
<i>Vacant seat</i>	Rest of England	3 years	
Gary Kelly-Hartley	Wallasey	3 years (2023)	*Extended to 2024
<i>Vacant seat</i>	<i>Wallasey</i>	3 years	
<i>Vacant seat</i>	<i>Wallasey</i>	3 years	
Lynn Collins	Wirral West	3 years (2023)	*Extended to 2024
Ronnie Morris	Wirral West	3 years (2025)	
Frieda Rimmer	Wirral South & Neston	3 years (2024)	*Extended to 2025
Kevin Sharkey	Wirral South & Neston	3 years (2025)	
<b>Staff Elected Governors</b>			

<i>Vacant seat</i>			
Lauren Francom	Staff Governor	3 years (2024)	*Extended to 2025
Jenna Brassington	Staff Governor	3 years (2025)	
<b>Appointed Governors</b>			
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 2023-24, the Council of Governors met formally on 3 occasions.

- 23 May 2023
- 26 September 2023
- 17 January 2024

Three informal development days were also held as follows;

- 11 July 2023
- 14 November 2023
- 13 March 2024

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

		Possible Meetings	Meetings Attended
<b>Public Elected Governors</b>			
Lynn Collins	Public Governor, Wirral West (Lead Governor)	3	3
Ronnie Morris	Public Governor, Wirral West	3	3
Gary Kelly-Hartley	Public Governor, Wallasey	3	1
Kevin Sharkey	Public Governor, Wirral South/Neston	3	3
Frieda Rimmer	Public Governor, Wirral South/Neston	3	3
<b>Staff Elected Governors</b>			
Lauren Francom	Staff Governor	3	2
Jenna Brassington	Staff Governor	3	2
<b>Appointed Governors</b>			
Eve Collins	Appointed Governor, University of Chester	3	1
Karen Prior	Appointed Governor, HealthWatch Wirral	3	0

## Council of Governors' Register of Interests

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

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

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

## Council of Governors Subgroups

The Council of Governors has established a Remuneration & Nomination sub-group that meets to discuss the formal aspects of the Non-Executive Directors role including remuneration, terms of office and annual performance evaluation. The membership of the group and the meetings held during 2023-24 are described above in the Remuneration Report.

The Governor Quality Forum was re-established during 2023-24 with a public governor as Chair and the NED Chair of the Quality & Safety Committee and the Chief Nurse supporting the work of the forum. The Terms of Reference were developed and supported by all members and formal approved by the full Council of Governors.

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

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

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

## Training and development for governors

All governors are invited to attend a series of 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.

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

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

The following table summarises Board of Directors attendance at formal Council of Governors' meetings during 2023-24. Executive Directors attend formal meetings based on specific agenda items (reflected in the table below but attend the informal governor development days to provide updates and discuss important topics with governors.

		Possible Meetings	Meetings Attended
Michael Brown	Chair	3	3
Karen Howell	CEO	3	2
Beverley Jordan	NED	3	3
Chris Bentley	NED	3	2
Gerald Meehan	NED	3	2
Steve Connor	NED	3	2
Anthony Bennett	Chief Strategy Officer	2	2
Mark Greatrex	Chief Finance Officer/Deputy CEO	0	0
Jo Chwalko	Chief Operating Officer	0	0
*Claus Madsen	Chief People Officer	3	3
Dr Nick Cross	Medical Director	0	0
Alison Hughes	Director of Corporate Affairs	3	3
Paula Simpson	Chief Nurse	2	2

*\*Claus Madsen - joined the Trust - April 2023*

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

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

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

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

## **The Board of Directors**

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

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

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

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

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

The Board of Directors met in formal public session on six occasions during 2023-24.

According to the standing orders of the Trust, the Chair may call a meeting of the Board at any time and one-third or more members of the board may request a meeting in writing to the Chair. The Chair called a number of extraordinary board of director meetings during 2023-24 specifically in relation to operational, and financial planning and in order to meet the timetable of NHS Merseyside and NHS England.

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

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



### Explanatory notes:

The table below shows the attendance record for each board member compared to the maximum number of meetings they were required to attend during 2023-24 as per the requirement in the Terms of Reference to attend three quarters of available meetings. Any numbers in ( ) indicate where the maximum number of meetings during the financial year is different (i.e., leaving the Trust or joining the Trust mid-year)

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

April 2022 - March 2023	Board	Rem Nom	Audit	Quality & Safety	Finance & Performance	People & Culture
<b>Number of Meetings</b>	<b>6</b>	<b>2</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>6</b>
<b>Chair/Non-Executive Directors</b>						
*Michael Brown (Chair)	6	2	1 (0)	1 (0)	1 (0)	3 (0)
Chris Bentley	6	2	4	6	6	6
*Steve Connor	4	2	5	(0)	5 (0)	2 (0)
Gerald Meehan	6	2	4	5	5	6
Beverley Jordan	6	2	5	6	6	5
<b>Executive Directors &amp; Directors</b>						
*Karen Howell	5	1 (0)	1 (0)	3 (0)	5 (0)	2 (0)
Paula Simpson	6			5	5	4
Alison Hughes	5		5	6	6	6
Mark Greatrex	6		5	4	6	
Claus Madsen	6			3		6
Jo Chwalko	5			5	5	6
Anthony Bennett	6				6	
Dr Nick Cross	4			5		5

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

The Board is of sufficient size and the balance of skills and experience is appropriate for the

requirements of the business and the future direction of the Trust; arrangements are in place to ensure appropriate review of the Board's balance, completeness and appropriateness to the requirements of the Trust.

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

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

The Trust was inspected by the CQC between July - September 2023.

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

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

The final inspection report was published on 13 December 2023 with an overall Trust rating of Good.

During the inspection outstanding practice was identified across all core services, with the following domains being formally assessed as outstanding:

- Community Health Services for Adults - Outstanding in Caring
- Community Health Sexual Health Services - Outstanding in Responsive
- Community Health Sexual Health Services - Outstanding in Well-Led
- Community Health Sexual Health Services - Outstanding Overall as a core service

All areas inspected during 2023 achieved a minimum rating of good

Further detail on the findings in the CQC report are included in the Quality Account 2023-24.

## Committees of the Board

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

- Quality & Safety Committee
- Finance & Performance Committee
- People & Culture Committee (*formerly Education & Workforce Committee*)
- Remuneration & Terms of Service Committee (at least once per annum)
- Audit Committee (5 meetings per annum)

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

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

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

- monitors the delivery of performance across the Trust
- ensures the appropriate flow of information and assurance from services to the Board

- (via the sub-committees)
- provides oversight and correlation of key themes and risks across multiple domains and,
  - is responsive to service delivery needs as a modern community health and care organisation

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

### Sub-Committees of the Board - Chairmanship and Membership

Committee	Non-Executive Director(s)	Director(s)
<b>Audit Committee</b>	<b>Steve Connor (Chair)</b> Beverley Jordan Chris Bentley Gerald Meehan	By invitation <i>(not formal members)</i>
<b>Finance &amp; Performance Committee</b>	<b>Beverley Jordan (Chair)</b> Chris Bentley Gerald Meehan	Chief Finance Officer Chief Nurse Chief Operating Officer Chief Strategy Officer
<b>Quality &amp; Safety Committee</b>	<b>Chris Bentley (Chair)</b> Gerald Meehan Beverley Jordan	Chief Nurse Medical Director Chief People Officer Chief Operating Officer Chief Finance Officer
<b>People &amp; Culture Committee</b>	<b>Gerald Meehan (Chair)</b> Beverley Jordan Chris Bentley	Chief People Officer Chief Nurse Medical Director Chief Operating Officer
<b>Remuneration Committee</b>	<b>Michael Brown (Chair)</b> Beverley Jordan Steve Connor Chris Bentley Gerald Meehan	By invitation <i>(not formal members)</i>

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

Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
<b>Required disclosures</b>				
Disclose	A 2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the Trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The Trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- Board Assurance Framework with high visibility through all sub-committees of the Board (including Audit Committee) and the Board of Directors.</li> <li>- Strategic risks in the BAF aligned to strategic objectives.</li> <li>- Annual Assurance Framework Review 2023-24 confirming BAF meets all standards.</li> <li>- Head of Internal Audit Opinion 202324 providing <b>Substantial Assurance</b></li> <li>- Integrated Performance Board well established with monthly performance reporting from oversight groups.</li> <li>- Integrated Performance Report to Board of Directors.</li> <li>- Use of live dashboard through Trust Information Gateway (TIG) dashboards at every level of the organisation supporting robust performance monitoring and risk identification.</li> <li>- Annual Quality Report reviewed by Quality &amp; Safety Committee</li> <li>- CQC Well-Led inspection (August 2023) – Good rating.</li> <li>- Active participant in the MHLDC Provider Collaborative.</li> <li>- CEO SRO of C&amp;M Intermediate Care Programme.</li> <li>- Interim CEO Chair of Primary and Community Care Board across Wirral</li> <li>- Active participant in the Wirral Place Based Partnership Board and supporting groups.</li> <li>- Social value charter supported by the Board of Directors.</li> </ul>

Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
Disclose	A 2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices, or behaviour throughout the business are aligned with the Trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the Trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- Board of Directors annual cycle of business includes: <ul style="list-style-type: none"> <li>• Reports from NED Chairs of all committees including People &amp; Culture Committee</li> <li>• EDI Annual Report</li> <li>• FTSU Annual Report (with FTSU Guardian in attendance)</li> </ul> </li> <li>- People &amp; Culture Committee reviews WRES and WDES reports, results from national NHS staff survey</li> <li>- Behavioural standards framework developed and launched aligned to Trust values of Compassion, Open and Trust</li> <li>- Senior Leadership and Leadership Forums twice yearly</li> <li>- Values-based recruitment and annual appraisals include evidence of demonstration of the Trust values.</li> <li>- Monthly Get Together with briefings from Executive Team, open to all staff</li> <li>- Staff engagement plan - demonstrating improved results from the national NHS staff survey.</li> <li>- Quarterly People Pulse Survey results shared with IPB and People &amp; Culture Committee</li> <li>- Strategic risk on the BAF related to 'looking after the wellbeing of our people' (ID07)</li> <li>- Executive sponsorship of all staff networks including BAME, LGBTQ, Menopause, Ability, Carers, Veterans</li> <li>- Over 120 FTSU Guardians across the Trust</li> <li>- Wellbeing Champions and dedicated section of Staff Zone for staff wellbeing</li> </ul>

Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
Disclose	A 2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the Trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- Annual report compliant with reporting guidance and includes some reference to stakeholders, system and place-based partners and key partnerships for collaboration.</li> <li>- Strategic risks on the BAF recognise the relationship and interdependency at Place on financial and operational performance (ID05 and ID06)</li> <li>- The MHLDC</li> <li>- Place-based Partnership Board, the Place governance manual has been developed.</li> </ul>

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



Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
		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.		
Disclose	B 2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- Chair and CEO objectives and appraisal processes in place.</li> <li>- SID in place and conducts Chairs appraisal.</li> <li>- Terms of Reference for Committees are published in Board meeting papers and are available on request.</li> <li>- Annual Board schedule of business in place and attendance monitored as per Terms of Reference.</li> <li>- Annual Report includes table to meetings and attendance for all members.</li> </ul>
Disclose	B 2.17	For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors.	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- This is detailed in the FT constitution and a summary of the work of the CoG is detailed in the Annual Report.</li> <li>- The Board of Directors has a Scheme of Reservation and Delegation in place.</li> </ul>
Disclose	C 2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- Any relevant declaration is made in the Annual Report.</li> <li>- All Directors (Exec and NED) complete annual declarations of interest in line with Trust policy on Managing Conflicts of</li> </ul>

Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
		statement about any other connection it has with the Trust or individual directors.		Interest.
Disclose	C 2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- Relevant information is included in the Annual Report.</li> <li>- Terms of Reference for the Remuneration Committee are publicly available.</li> </ul>
Disclose	C 4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience.	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- Information included in the Directors Report.</li> </ul>
Disclose	C 4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the Trust or individual directors.	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- Independent review completed by MIAA in 2022-23 and reported in Annual Report</li> <li>- CQC Well-Led inspection completed in 2023</li> </ul>

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

Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
Disclose	C 5.15	Foundation trust governors should canvass the opinion of the Trust's members and the public, and for appointed governors the body they represent, on the NHS foundation Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- FT governor representatives also attend the Governor Quality Forum and the Trust's Your Voice with service users and members of the community.</li> <li>- Strategy progress reports are reported to the Council of Governors.</li> </ul>

Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
Disclose	D 2.4	<p>The annual report should include:</p> <ul style="list-style-type: none"> <li>- the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed.</li> <li>- an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans.</li> <li>- where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit.</li> <li>- an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services.</li> </ul>	<b>Compliant</b>	<ul style="list-style-type: none"> <li>- This detail is included in the Annual Report 2022-23 when the Council of Governors led the appointment of the external auditors.</li> <li>- The last two bullet points are not relevant to the Trust.</li> </ul>

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

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



Part of Schedule A	Code section	Summary of requirement	Trust position	Evidence
Disclose	Appendix B, para 2.3 (not in Schedule A)	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	<b>Compliant</b>	- This is included in the Annual Report.
Disclose	Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report.	<b>Compliant</b>	- This is included in the Annual Report and the Trust's website has a contact form for members to engage with governors.
Disclose	Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, e.g., through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	<b>Compliant</b>	- The Non-Executive Directors attend all formal CoG meetings and provide an update from each of the committees. - The Non-Executive Directors attend CoG development sessions. - The NED Chair of the Quality & Safety Committee attends all meetings of the Governor Quality Forum

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

## NHS Oversight Framework

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

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

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

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

### Segmentation

The Trust is in segment 2, and this segmentation information is the Trust's position as at 12 April 2024. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website: <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>.

## Statement of the Interim 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, appearing to read 'M Greatrex', with a stylized flourish at the end.

Signed

Mark Greatrex  
Interim Chief Executive

Date: 2 August 2024

## Governance Statement 2023-24

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

**Organisation Code:** RY7

### Scope of responsibility

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

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

### 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 2024 and up to the date of approval of the annual report and accounts.

### Capacity to handle risk

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

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

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

During 2023-24 the composition of the Board has remained largely stable with a new substantive Chief People Officer joining the Trust in April 2023, and the Chair and one Non-Executive Director being reappointed through a process led by the Council of Governors. The Audit Chair left the Trust in February 2024 with recruitment to appoint a new Audit Chair completed in April 2024 with the Council of Governors.

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. The Trust's

compliance with the Fit and Proper Persons Test was subject to review by the CQC during its inspection of the Trust in 2023 with no actions required. The Trust has also adopted the strengthened FPPT assessment for board members including the new Leadership Competency Framework published in February 2024 for 2024-25.

The Trust's governance arrangements were tested during 2023-24 through a MIAA Audit which provided **Substantial Assurance**. The objective of the review was to review the design and operating effectiveness of the Oversight Groups including their reporting arrangements to the Integrated Performance Board.

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

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

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

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

The internal audit plan included a Risk Management Core Controls review during 2023-24 and the management of strategic risks was assessed through the annual Assurance Framework Review - see further detail below on the Board Assurance Framework.

During 2023-24 the Risk Manager commenced a further engagement exercise with staff at all levels to understand training requirements to inform a formal Training Needs Analysis. This was acknowledged in the MIAA review.

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

## The risk and control framework

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

The policy, updated in August 2023 and approved by the Audit Committee, provides a systematic approach to the identification, management and escalation of risks within the Trust. The policy ensures clear alignment to the Trust's governance arrangements at a local and trust-wide level recognising the flow and escalation of risk appropriately and the mechanisms in place to ensure robust risk management and monitoring.

During 2023-24 the need for robust systems and processes to support continuous programmes of risk management has remained essential, enabling staff to integrate risk management into their activities and support informed decision-making through an understanding of risks, their likely impact and their mitigation.

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



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

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

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

During 2023-24 the average monthly risk health score for all organisational risks recorded on Datix, assessed as above, was 100%.

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

Throughout 2023-24, the sub-committees of the Board also considered the potential impact of high-level organisational risks on the strategic risks managed through the Board Assurance Framework.

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

The CQC inspection report recognised that *‘there is a demonstrated commitment to best practice performance and risk management systems and processes. Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact’*.

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 2023-24, this included weekly Clinical Risk Management Group, monthly SAFE Operations Group (SOG) and the bi-monthly Quality & Safety Committee meetings to identify any areas of focus and developing trends. All 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 2023-24 the Trust implemented the Patient Safety Incident Response Framework (PSIRF) establishing an approach to responding to patient safety incidents in a way that promotes a more proportionate and effective response for learning and improvement. A PSIRF plan and policy was published, key terms of reference were aligned to the principles of PSIRF, and the Trust successfully transitioned to the new Learning from Patient Safety Events (LFPSE) service from 1 December 2023.

Representatives from the Trust have also been active members of the Cheshire & Merseyside PSIRF group.

During 2023-24 there was a 5.8% decrease in incident reporting; it is anticipated that this was due to the ceasing of the social care contract and the adoption of Learning from Patient Safety Events (LFPSE) which focuses on NHS funded care for incident reporting. While incidents coded as no harm remained consistent, the decrease was mainly in the areas of low harm and moderate harm incidents. This shows less incidents occurred where a patient came to harm under the care of the Trust.

Since the adoption of LFPSE the Trust has listened to staff feedback on the new incident reporting system and developed a communication programme to support staff with raising incidents. This has enabled the Trust to provide valuable feedback to the national team. The reporting of incidents remains a core component of the induction programme for new staff and all staff are supported to report incidents by line managers and team leaders. There continues to be a robust governance process in place to ensure oversight of incident numbers, both increasing and decreasing and themes to support learning.

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

The opportunity for staff to raise concerns through Freedom To Speak Up (FTSU) processes remained in place during 2023-24 with 34 concerns reported and 100% of surveys returned confirming that reporters of concerns would speak up again. The Trust has over 125 FTSU Champions across the Trust promoting a 'speak up' culture which is supported by a robust governance framework including weekly meetings between the FTSU Guardian and Executive Directors, a quarterly FTSU Steering Group to monitor themes and learning and triangulate with other sources, and bi-annual reporting to the Quality & Safety Committee and the Board of Directors.

The FTSU Guardian has direct access to the Chair, Chief Executive and all members of the Board. The Medical Director was the Executive Lead for Freedom To Speak Up during 2023-24 and the Audit Chair (prior to leaving the Trust in February 2024) was the NED FTSU Champion. The new Audit Chair (commencing in July 2024) will become the FTSU Champion, and the Chief Nurse is now the Executive Lead. All members of the Board are completing the Freedom To Speak Up 'Follow Up' training.

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

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 2023-24 the BAF tracked 9 strategic risks.

One risk was archived in year (ID09 - Safe Staffing) as it was incorporated into an existing risk (ID01 - Safe delivery of services).

A new risk was identified in-year (ID10) relating to attracting, growing and developing talent sufficiently to ensure the right numbers of engaged, motivated and skilled staff. The People & Culture Committee maintained oversight of this risk providing updates, assurance and recommendations to the Board of Directors.

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 mitigating actions were intrinsic in the reset and recovery plans for the Trust.

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

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

Of the 9 strategic risks (at year-end) two were categorised as risk averse; these related to safe delivery of services and ensuring equity of access.

The highest scoring risk (ID04) related to the financial settlement for 2023-24 and remained at RR16 at the year-end. The Finance & Performance Committee maintained oversight of this risk providing updates, assurance and recommendations to the Board of Directors.

Three risks achieved the agreed target risk ratings due to the mitigations in place and the ability to close identified gaps, and seven risks (including two that achieved their target risk rating) were agreed to be carried forward for monitoring during 2024-25. A new strategic risk related to the financial plan for 2024-25 will be agreed by the Board of Directors.

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

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

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

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

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

- Risk mitigations (based on processes and structures in place across the Trust)
- Outcomes and trajectories to determine risk reduction

- Target risk ratings
- Gaps in mitigations
- Cumulative impact of organisational risks as reported through Risk Reports
- Any new or emerging strategic risks to escalate to the Board of Directors

The Audit Committee also considered the BAF at each of its meetings in April, July and October 2023, and February and June 2024.

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 2023-24 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 2024.

Risk Description	Committee oversight	Link to 5-year strategy	Initial risk rating (LxC)	Current risk rating (LxC)	Target risk rating (LxC)	Risk Appetite
ID01 - Failure to deliver services safely and responsively to inclusively meet the needs of the population. <b>RISK TO BE CARRIED FORWARD FOR 2024-25.</b>	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. <b>RISK TO BE CARRIED FORWARD FOR 2024-25.</b>	Quality & Safety Committee	Inequity of access and experience and outcomes for all groups in our community resulting in exacerbation of health inequalities	3 x 4 (12)	3 x 4 (12)	2 x 4 (8)	Averse
ID03 The collaborative becomes a 'one size fits all' / Lead Provider collaborative and is not cognisant of the political climate, partner relationships and subtleties of working in Place for community services. <b>TARGET RISK RATING ACHIEVED</b>	Finance & Performance Committee	Deliver sustainable health and care services	-	2 x 2 (4)	2 x 2 (4)	Open
ID04 - The financial settlement for 2023-24, together with the Financial Plan negotiated with the C&M ICB, creates a challenging financial target which could result in a risk to the financial sustainability of the organisation. <b>RISK TO BE ARCHIVED AT YEAR-END</b> <i>(new risk description for 2024-25 in development and to be agreed at informal board in May 2024)</i>	Finance & Performance Committee	Make most efficient use of resources to ensure value for money	4 x 4 (16)	4 x 4 (16)	2 x 4 (8)	Cautious

Risk Description	Committee oversight	Link to 5-year strategy	Initial risk rating (LxC)	Current risk rating (LxC)	Target risk rating (LxC)	Risk Appetite
ID05 - Poor financial performance at Place creates a negative impact on the Trust and leads to increased monitoring and regulation. <b>TARGET RISK RATING ACHIEVED RISK TO BE CARRIED FORWARD FOR 2024-25.</b>	Finance & Performance Committee	Deliver sustainable health and care services	2 x 8 (8)	3 x 4 (12)	2 x 4 (8)	Cautious
ID06 Trust operational and financial performance is poor and has an impact on Place performance and future monitoring and regulation. <b>TARGET RISK RATING ACHIEVED RISK TO BE CARRIED FORWARD FOR 2024-25.</b>	Finance & Performance Committee	Deliver sustainable health and care services	2 x 4 (8)	3 x 4 (12)	2 x 4 (8)	Cautious
ID07 - Our people do not feel looked after, their employee experience is poor, and their health and wellbeing is not prioritised. <b>RISK TO BE CARRIED FORWARD FOR 2024-25.</b>	People & Culture Committee	Improve the wellbeing of our employees Better employee experience to attract and retain talent	3 x 4 (12)	<del>3 x 4 (12)</del> 2 x 4 (8)	1 x 4 (4)	Moderate
ID08 - Our People Inclusion intentions are not delivered; people are not able to thrive as employees of our Trust and the workforce is not representative of our population. <b>RISK TO BE CARRIED FORWARD FOR 2024-25.</b>	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
ID09 – Safe Staffing levels are not maintained across the Trust impacting on	People & Culture Committee	Grow, develop and realise potential	3 x 4 (12)	3 x 4 (12)	2 x 4 (8)	Averse

Risk Description	Committee oversight	Link to 5-year strategy	Initial risk rating (LxC)	Current risk rating (LxC)	Target risk rating (LxC)	Risk Appetite
<p><del>the safe delivery of services, staff morale and regulatory compliance.</del></p> <p><b>RISK ARCHIVED AND INCORPORATED INTO ID01.</b></p>						
<p>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.</p> <p><b>RISK TO BE CARRIED FORWARD FOR 2024-25.</b></p>	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



## 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 2023-24. The committee has a Non-Executive Chair, and the Chief Nurse is the Executive Lead.

During 2023-24 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.

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.

Further detail on the findings in the CQC report are included in the Quality Account 2023-24.

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

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

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

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

This review also considers the on-going delivery of services within the requirements of the NHS Provider Licence and the System Oversight Framework and the UK Corporate Governance Code. The Trust responded as required to all national guidance issued for community services during 2023-24 and worked across the health and care system to ensure effective collaboration and partnership working to meet required targets and standards.

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 2023-24 the Trust successfully delivered against Year 2 of the People Strategy with assurance provided bi-monthly to the People & Culture Committee.

The People & Culture Committee also received assurance on the management of industrial action during 2023-24.

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. During 2023-24, the strategic risk related to safe staffing (ID09) was incorporated into ID01 reflecting the governance processes established across the Trust to monitor and ensure Safe Staffing levels - see *Board Assurance Framework above*.

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.

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

The Audit Committee receives the financial statements and considers any significant issues. There were no significant issues raised for the financial statements 2023-24. The Board of Directors did not delegate authority to the Audit Committee to receive the financial statements for 2023-24 recognising that the new Audit Chair for the Trust would not commence in post until July 2024. The Board of Directors will receive the financial statements on 24 June 2024.

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

The financial plan for 2023-24 required in-year productivity and efficiency savings of £5.3m; the Trust slightly exceeded this target with a third being recurrent savings. To support delivery of this efficiency programme, the Programme Oversight Group together with the Finance and Resources Oversight Group maintained regular monitoring supported by the Trust's Programme Management Office (PMO) for effective programme management.

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

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

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

In 2023-24 the internal audit plan included a review Key Financial Controls which provided a **High Assurance**.

The Finance & Resources Oversight Group (FROG) has systems and processes in place to monitor and track performance against key contracts and with key suppliers. The Trust's procurement team, together with the Deputy Director of Contracts and Commissioning and relevant contract leads ensure effective relationships and management of third-party providers providing assurance to the IPB and the Finance & Performance Committee. The Trust has also established systems and processes, as set out in a revised Procurement Policy to ensure compliance with the new Provider Selection Regime from 1 January 2024.

The Trust welcomes the opportunity to further enhance and strengthen partnership working and engagement at system and place level where it provides services. During 2023-24 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. Delivering more integrated and effective care in primary and community settings takes focus and expertise; the Trust has been able to do this with partners because it has a singular focus on what will provide the best experience and outcomes for patients in community settings whilst providing the greatest value for the wider system in terms of flow and outcomes. More information on some key programmes of collaborative working are detailed in the Performance section.

The Trust continues to be actively engaged in the governance arrangements at Place with the Chief Executive or an executive representative a member of the Place-Based Partnership Boards in Wirral, Cheshire East, St Helens and Knowsley.

The Chief Executive is a member of the Cheshire & Merseyside Mental Health, Learning Disability and Community Provider Collaborative (MHLDC) with a Non-Executive Director also a member of the MHLDC Leadership Board. The Chief Executive is also the Senior Responsible Officer for the Intermediate Care Service programme across the Cheshire & Merseyside system and during 2023-24 led the establishment of the first Primary and Community Services in Board in Wirral.

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

## Information governance

The Trust evidences its adherence to the National Data Guardian's 10 data security standards via the Data Security and Protection Toolkit.

The Data Security and Protection Toolkit (DSPT) is an online self-assessment tool that enables organisations to measure and publish their performance against the National Guardian's ten data security standards. The requirements of the DSPT support key requirements under the UK General Data Protection Regulation (GDPR). All organisations that have access to NHS patient/service user data and systems must use the Toolkit to provide assurance that they are practicing good data security and that personal data is handled correctly.

The DSPT requires evidence of compliance with mandatory assertions. Key members of staff with specific roles in Information Governance and Information Security are required to annually update assertion areas with relevant evidence.

Following a successful DSPT baseline submission in 2023-24, MIAA conducted a DSPT assurance readiness report to support final submission of the toolkit by the national deadline of 30 June 2024. In accordance with the guidance mandated by NHS England, 13 DSPT assertions were assessed by MIAA during the review. Phase 2 of the audit was completed on 28 May 2024, and following the audit, MIAA will provide the Trust with a report that includes an assurance level.

The Trust's DSPT will be submitted on 28 June 2024.

In September 2024 the DSPT will be changing to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and IG assurance. Expectations for cyber security and IG controls should remain at a reasonably comparable level to the current DSPT, tightening only in areas where NHSE and DHSC believe the higher standard to be a necessary obligation.

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

All Information Governance policies are currently in-date, several policies are under review prior to their expiration date, to ensure they remain fit for purpose and contemporaneous with legislation and Trust processes.

Staff can access Trust policies via StaffZone and any updates are highlighted within the Communications Update.

**Table 1: Table of Information Governance Policies and review dates**

Policy Name	Review Date
Information Governance Policy	October 2024
Data Protection and Confidentiality Policy	October 2024 (awaiting final approval)
Records Management Policy	October 2024
Individual Rights and Accessing Records Policy	2025
Freedom of Information Policy	2025
Data Protection Impact Assessment Policy	May 2028

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

The five strands of the policy are:

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

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

All staff sign up to the Confidentiality Code of Conduct on commencement with the Trust and complete Data Security Awareness e-learning annually. The Trust met the 2022-23 mandatory 95% DSA training compliance requirement included in Assertion 3 of the Toolkit. Bespoke training packages are developed in areas where knowledge gaps are identified.

All employees of the Trust, including Non-Executive Directors bank staff and volunteers, individuals on secondment, trainees, those on a training placement as well as locum or temporary staff employed through an agency are required to complete annual Data Security Awareness Training (1 April to 31 March.) This is mandated against annual training requirements.

Assertion 3.2.1 of the DSPT sets a mandatory requirement that all NHS Organisations achieve at least 95% compliance with completion of e-learning for Healthcare Data Security Awareness e-learning annually. In 2023-24 mandatory Data Security Awareness e-Learning was successfully completed by 97.7% of staff across the Trust.

The Information Governance and Data Security Group meets monthly and supports the information governance agenda, ensuring effective management of information risk and providing the Finance & Performance Committee as required, with assurance that best

practice mechanisms in line with national standards and local contract requirements are in place for information governance and data security. Membership of the group includes the Senior Information Risk Owner (SIRO), Caldicott Guardian, Chief Nursing Information Officer (CNIO), Chief Digital Information Officer (CDIO) Information Asset Owners (IAOs) and the Data Protection Officer (DPO).

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

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

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

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

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

The Trust is registered as a Data Controller with the ICO, registration number - **Z2567487**.

The Trust complies with the mandatory requirement of the What Good Looks Like/Digital Maturity Assessment (DMA) launched by NHS England in September 2021. This assessment provides all providers and systems across England with access to a consistent DMA to help understand levels of maturity with digital technology. The Trust submitted evidence against the framework as required for 2023-24 with good levels of digital maturity demonstrated in most areas. The work programme to overhaul core infrastructure to facilitate cloud-based infrastructure has continued with >60% of all applications now cloud-based (e.g., N365, SystemOne)

In 2023-24 the Trust was accredited eMRAM (Electronic Medical Record Adoption Model) level 5 by the Healthcare Information and Management Systems Society (HIMSS).

During 2023-24, 188 Information Governance incidents were reported by Wirral Community Health and Care Foundation Trust staff. Of these, 142 were deemed attributable to the Trust. This is compared to 138 reported during the 2022/23 period.

Of the 142 incidents, 138 (97%) 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 2023-24, the Trust notified the Information Commissioner's Officer (ICO) of 0 incidents.

All information governance incidents reported on Datix are reviewed by the Information Governance team and reported to the ICO/DHSC via the Data Security and Protection Tool when deemed likely to have a severe negative impact on individual(s). The tool scoring

system determines the severity of the risks to the rights and freedoms of the individuals affected by the breach and whether to report further to the ICO.

## Data quality and governance

The Directors are required under the Health Act 2009 and the subsequent Health & Social Care Act 2012 to prepare Quality Accounts for each financial year if they deliver services under the NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum.

The Annual Reporting Manual (ARM) from NHSE/I published in March 2024 removed the requirement for NHS Foundation Trusts to produce a Quality Report and only requires the production of a Quality Account (by 30 June 2024) and without it needing to be included in the Annual Report or be subject to local auditor assurance.

The Trust developed a Quality Account in accordance with the latest published guidance which presented a balanced view of quality performance during 2023-24.

The Quality Account is not required to be reviewed by external auditors Grant Thornton.

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

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

Elective waiting time data does not apply to the Trust.

The Trust has developed a waiting list stratification tool adopted across the Trust during 2023-24 and which was tested as part of the internal audit plan receiving a **Substantial Assurance**.

## Review of effectiveness

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

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

In accordance with Public Sector Internal Audit Standards, 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 2023-24. 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 2023-24 was as follows;

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

This opinion is provided in the context that the Trust like other organisations across the NHS is facing a number of challenging issues and wider organisational factors particularly with regards to the ongoing 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 2023-24 was focused on;

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

Review Title	Assurance Level
Key Financial Controls	High
Risk Management - Core Controls	Not applicable for assurance opinion
Data Security and Protection Toolkit (2021-22)	Substantial
Waiting List Management	Substantial
Governance Arrangements	Substantial
Cost Improvement Programme (CIP) Deep Dive	Substantial
Data Quality (2-hour UCR)	Moderate
Safeguarding Children	Substantial
Recruitment and Retention	Moderate
IT Infrastructure	Moderate
Assurance Framework (pHl and pHll)	Not applicable for assurance opinion
HFMA Improving NHS Financial Sustainability checklist benchmarking	Not applicable for assurance opinion

The overall Head of Internal Audit Opinion for the period 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024 provides **Substantial Assurance**.

It confirms that *“there is a good system of internal control designed to meet the organisation’s objectives, and that controls are generally being applied consistently”*.

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

The Trust has a robust programme of clinical audit in place and during 2023-24, 58 local, service or national audits were completed, including 4 CQUINs. This position was reported to the Quality & Safety Committee in May 2024 and the key quality outcomes from the audits are reported in the annual Quality Account.

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

The Trust completed 0 national confidential enquiries during 2023-24.

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 2023-24 with a return to all face-to-face meetings.

The Lead Governor has remained in close contact with both the Chair and the Director of Corporate Affairs. The governors have led some important business for the Trust, in accordance with their statutory duties, during 2023-24 including the re-appointment of both the Chair and one Non-Executive Director and starting the process (concluded in April 2024) to appoint a new Audit Chair for the Trust.

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

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

- Robust policy schedules in place and embedded trust-wide (including the Risk Policy)
- Well established and effective 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
- The 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 2023-24 and internal control systems are fit for purpose and being further developed to ensure sustainability.



**Mark Greatrex**  
**Interim Chief Executive**

**Date: 2 August 2024**

# Independent auditor's report to the Council of Governors of Wirral Community Health and Care NHS Foundation Trust

## Report on the audit of the financial statements

### Opinion on financial statements

We have audited the financial statements of Wirral Community Health and Care NHS Foundation Trust (the 'Trust') for the year ended 31 March 2024, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Interim Chief Executive's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the Interim Chief Executive's' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2023-24 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to

continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Interim Chief Executive 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 Interim Chief Executive is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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

We have nothing to report in this regard.

### **Other information we are required to report on by exception under the Code of Audit Practice**

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2023/24 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

### **Opinion on other matters required by the Code of Audit Practice**

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2023/24; and
- based on the work undertaken in the course of the audit of the financial statements the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### **Matters on which we are required to report by exception**

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

### **Responsibilities of the Interim Chief Executive**

As explained more fully in the Statement of the Interim Chief Executive's responsibilities, the Interim Chief Executive, as Interim Chief Executive, is responsible for the preparation of the financial

statements in the form and on the basis set out in the Accounts Directions included in the NHS Foundation Trust Annual Reporting Manual 2023/24, for being satisfied that they give a true and fair view, and for such internal control as the Interim Chief Executive 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 Interim Chief Executive 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 Interim Chief Executive has been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

### **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24).
- We enquired of management and the audit committee, concerning the Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the audit committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and fraud in income and expenditure recognition. We determined that the principal risks were in relation to:
  - high risk or unusual journal entries as identified by our risk assessment;
  - potential management bias in determining accounting estimates and judgements in relation to:
    - the valuation of the Trust's land and buildings;
    - capital additions; and
    - accruals of revenue and capital expenditure at the end of the financial year.
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on significant journals at the end of the financial year which had an impact on the Trust's financial performance;

- challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and building valuations, capital additions and capital and revenue accruals;
- assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the Trust operates
  - understanding of the legal and regulatory requirements specific to the Trust including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

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

## **Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**

### **Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in respect of the above matter.

### **Responsibilities of the Interim Chief Executive**

The Interim Chief Executive, as Accounting Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.



## **Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources**

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

## **Report on other legal and regulatory requirements – Certificate**

We certify that we have completed the audit of Wirral Community Health and Care NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice.

### **Use of our report**

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors as a body, for our audit work, for this report, or for the opinions we have formed.

### ***Sarah L Ironmonger***

Sarah Ironmonger, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Manchester

2 August 2024



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

**WIRRAL COMMUNITY HEALTH AND CARE  
NHS FOUNDATION TRUST**

**FINANCIAL STATEMENTS FOR THE YEAR  
ENDED 31 MARCH 2024**

## **FOREWORD TO THE ACCOUNTS**

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

#### **Accounts for the year ended 31 March 2024**

The following presents the accounts for Wirral Community Health and Care NHS Foundation Trust for the year ended 31 March 2024.

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, appearing to read 'M Greatrex', with a stylized flourish at the end.

**Mark Greatrex, Interim Chief Executive**

**2 August 2024**

## Statement of Comprehensive Income (SoCI)

		2023/24	2022/23
	Note	£000	£000
Operating income from patient care activities	4	103,694	110,098
Other operating income		3,817	5,750
<b>Total operating income</b>		<b>107,510</b>	<b>115,848</b>
Operating expenses of continuing operations	5	(105,950)	(115,631)
Impairments net of (reversals)	9	(1,461)	1,679
<b>Operating surplus/(deficit)</b>		<b>100</b>	<b>1,896</b>
<b>Finance costs</b>			
Finance income	8	781	367
Finance expense	8	(385)	(336)
PDC dividend expense		(1,011)	(561)
<b>Net finance costs</b>		<b>(615)</b>	<b>(530)</b>
Gains/(losses) from transfers by absorption		(971)	0
<b>Surplus/(deficit) for the year</b>		<b>(1,486)</b>	<b>1,366</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Impairments	9	0	(87)
Revaluations		854	430
Remeasurement of net defined benefit pension scheme assets/(liabilities)	7.3	0	13,608
Other reserve movement		339	0
<b>Total comprehensive income/(expense) for the period</b>		<b>(293)</b>	<b>15,317</b>

The notes on pages 7 to 44 form part of these accounts.

## Statement of Financial Position (SoFP)

	Note	31 March 2024 £000	31 March 2023 £000
<b>Non-current assets</b>			
Intangible assets	10	184	322
Property, plant and equipment	11	39,312	39,069
Right of use assets	12	34,616	33,861
Receivables	15	98	61
Other assets	7.3	0	971
<b>Total non-current assets</b>		<b>74,209</b>	<b>74,284</b>
<b>Current assets</b>			
Inventories	14	557	623
Receivables	15	7,397	9,791
Cash and cash equivalents	16	12,719	19,525
<b>Total current assets</b>		<b>20,674</b>	<b>29,939</b>
<b>Total Assets</b>		<b>94,882</b>	<b>104,223</b>
<b>Current liabilities</b>			
Trade and other payables	17	(15,345)	(24,809)
Borrowings	18	(3,098)	(2,688)
Provisions	20	(186)	(124)
Other liabilities	17	(423)	(1,689)
<b>Total current liabilities</b>		<b>(19,053)</b>	<b>(29,310)</b>
<b>Total assets less current liabilities</b>		<b>75,830</b>	<b>74,913</b>
<b>Non-current liabilities</b>			
Borrowings	18	(32,208)	(30,998)
Provisions	20	0	0
<b>Total non-current liabilities</b>		<b>(32,208)</b>	<b>(30,998)</b>
<b>Total assets employed</b>		<b>43,622</b>	<b>43,915</b>
<b>Financed by taxpayers' equity</b>			
Public dividend capital		3,150	3,150
Revaluation reserve		3,283	2,429
Income and expenditure reserve		37,189	38,336
<b>Total taxpayers' and others' equity</b>		<b>43,622</b>	<b>43,915</b>

The financial statements and notes on pages 3 to 44 were approved by the Board of Directors on 24th July 2024 subject to the completion of the financial audit. They are signed on its behalf by:



**Mark Greatrex, Interim Chief Executive**  
2 August 2024

## Statement of Changes in Taxpayers' Equity (SoCITE)

	Total Taxpayers' Equity £000	Public Dividend Capital £000	Revaluation Reserve £000	Income and Expenditure Reserve £000
<b>Taxpayers' and others' equity at 1 April 2023 - brought forward</b>	<b>43,914</b>	<b>3,150</b>	<b>2,429</b>	<b>38,336</b>
Surplus/(deficit) for the year	<b>(1,486)</b>	0	0	<b>(1,486)</b>
Revaluations - property, plant and equipment	<b>818</b>	0	818	0
Revaluations – right of use assets	<b>36</b>	0	36	0
Remeasurements of defined net benefit pension scheme liability/asset	<b>0</b>	0	0	0
Other reserve movements	<b>339</b>	0	0	339
<b>Taxpayers' and others' equity at 31 March 2024</b>	<b>43,622</b>	<b>3,150</b>	<b>3,283</b>	<b>37,189</b>
<b>Taxpayers' and others' equity at 1 April 2022</b>	<b>28,597</b>	<b>3,150</b>	<b>2,086</b>	<b>23,362</b>
Surplus/(deficit) for the year	<b>1,366</b>	0	0	1,366
Net impairments	<b>(87)</b>	0	<b>(87)</b>	0
Revaluations - property, plant and equipment	<b>430</b>	0	430	0
Remeasurements of defined net benefit pension scheme liability/asset	<b>13,608</b>	0	0	13,608
<b>Taxpayers' and others' equity at 31 March 2023</b>	<b>43,914</b>	<b>3,150</b>	<b>2,429</b>	<b>38,336</b>

## Statement of Cash Flows (SoCF)

	Note	2023/24 £000	2022/23 £000
<b>Cash flows from operating activities</b>			
<b>Operating surplus/(deficit)</b>		100	1,896
<b>Non-cash or non-operating income and expense:</b>			
Depreciation and amortisation	5	6,169	5,360
Impairments and reversals	5	1,461	(1,679)
Income recognised in respect of capital donations (cash)		0	(9)
On SoFP pension liability - employer contributions paid less net charge to the SOCI	7.3	0	1,049
(Increase)/decrease in receivables		2,356	(4,265)
(Increase)/decrease in inventories		66	(80)
Increase/(decrease) in trade and other payables		(8,705)	4,710
Increase/(decrease) in other liabilities		(1,266)	330
Increase/(decrease) in provisions		62	9
Other movements in operating cash flows		(84)	0
<b>Net cash generated from/(used in) operations</b>		<b>159</b>	<b>7,321</b>
<b>Cash flows from investing activities</b>			
Interest received		781	367
Purchase of intangible assets		0	0
Purchase of property, plant and equipment		(3,604)	(9,027)
Receipt of cash donations to purchase capital assets			9
<b>Net cash generated from/(used in) investing activities</b>		<b>(2,823)</b>	<b>(8,651)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		0	0
Capital element of lease liability repayments		(2,756)	(2,508)
Interest element of lease liability repayments		(374)	(336)
PDC dividend (paid)/refunded		(1,434)	(131)
Cash flows from (used in) other financing activities		422	0
<b>Net cash generated from/(used in) financing activities</b>		<b>(4,142)</b>	<b>(2,975)</b>
<b>Increase/(decrease) in cash and cash equivalents</b>		<b>(6,807)</b>	<b>(4,305)</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>19,525</b>	<b>23,830</b>
<b>Cash and cash equivalents at 31 March</b>		<b>12,719</b>	<b>19,525</b>



## Notes to the Accounts

### 1. Accounting policies and other information

#### 1.1. Basis of preparation

NHS England (NHSE) has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2023/24, issued by the DHSC. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DHSC GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

#### 1.2. Accounting convention

These accounts have been prepared under the historical cost convention, modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

#### 1.3. Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The Directors have a reasonable expectation that this will continue to be the case.

The Directors of the Trust have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust is a member of the Cheshire and Merseyside ICS (The ICS or integrated care system came into effect from 1 July 2022). The Trust continues to provide community services that are part of the ICS forward looking plans. No circumstances were identified causing the Directors to doubt the continued provision of NHS services.

In 2023/24, the Trust reported an adjusted financial performance surplus of £958k. As disclosed in note 3, the impact of impairments, non-cash elements of the Local Government Pension Scheme costs and the net impact of centrally procured DHSC inventory determine the final underlying trading position.

Income from Commissioners was largely based on a block payments system. Payment flows equally in 12ths across the year allowing the Trust to maintain a strong liquid cash position to support the sustainability of the Trust. Key assumptions include:

- The overarching framework from NHSE
- National support provided to ICS to be allocated via system top-ups
- Achievement of cost improvement savings

The Trust has refreshed its strategic plan to ensure sustainability and these plans are consistently refreshed incorporating the new funding mechanisms so long-term sustainability of the Trust is maintained.

The Trust has produced its financial plans based on these assumptions and were approved by the Trust Board. The pre-adjusted financial plan for 2023/24 was agreed at a £202k surplus.

This was agreed with the ICB. This included a savings/operational efficiency target of £4.1m for the full year. This represented a 4.1% efficiency target. The Trust has a proven track record of consistently meeting the performance and control totals set by the regulator and over the last 6 years has delivered surpluses to support the sustainability of the Trust. Therefore, the Trust is reasonably assured of the achievability of future targets.

Our going concern assessment is made up to 31 August 2025. This includes assessment of the first four months of 2025/26 financial year. NHS operating and financial guidance is not yet issued for that year, and so the Trust has assumed that;

- Service requirements will remain broadly unchanged over the period,
- The Trust expenditure to meet these requirements will remain stable,
- The income received from commissioners and the ICS will match the funding received in 2024/25,
- Savings will be on similar levels,
- Capital development plans and capital expenditure cash requirements will progress in line with the current timetable.

The Trust has maintained strong liquidity throughout 2023/24. As at the end of March 2024, the available cash in the Trust's bank exceeded £12.7m. Taking into account the capital plans of the Trust, cash levels will remain robust to support the needs of the Trust. The Trust has prepared a cash forecast modelled on the above expectations for funding during the going concern period to 31 August 2025. The cash forecast shows sufficient liquidity for the Trust to continue to operate during that period.

Interim support can be accessed if it were required, but there is currently no such identified requirement.

These factors, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts.

#### **1.4. Critical accounting judgments and key sources of estimation uncertainty**

In the application of the Trust's accounting policies, management is required to make various judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

#### **1.5. Critical judgments in applying accounting policies**

In the process of applying the Trust's accounting policies, management has not been required to make any judgements, apart from those involving estimations, which have had a significant effect on the amounts recognised in the financial statements.

#### **1.6. Key sources of estimation uncertainty**

Under these conditions, the following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in estimation uncertainty in the carrying amounts of assets and liabilities within the next financial year:

- Valuation and impairment of non-financial assets – the Trust assesses whether there are any indicators of impairment for all non-financial assets at each reporting date. The key area of uncertainty relates to the Trust's valuation of its land and buildings. Further details are provided in note 11. The land and buildings were

revalued by Cushman and Wakefield (DTZ Debenham Tie Leung Ltd) as at 31 March 2024.

The uncertainty over future changes to estimations of the carrying amount of land and buildings is mitigated by the independent annual valuation of these assets in accordance with the terms of the RICS Valuation – Global Standards, insofar as these terms are consistent with the requirements of HM Treasury, the NHS and the DHSC. A simple sensitivity analysis indicates that a 1% movement in these estimations would increase or decrease the valuation of assets by £0.3m. In comparison, a 10% movement in values is £3.2m. This would result in an increase or decrease in PDC dividend payable of £0.05m

- Asset lives – the Trust estimates the asset lives of intangible and tangible assets. For buildings, the Trust uses the estimate of remaining useful economic life provided by the Trust’s valuer. For medical equipment and IT intangible and tangible assets these are reviewed within the Trust by the Chief Information Officer and relevant departments.
- Pension liabilities – the Trust estimates the potential pension scheme liability arising from membership of the Merseyside Pension Fund. This is based on estimated life expectancy of members and current and future performance of investments and is therefore subject to significant uncertainty. The Pension Fund has reported that there are various factors that affect the complexity of valuation and the realisable value of assets. The Trust has considered the stated valuation range provided by the Pension Fund and consider that the assets are reported on the best available information and that the impact of maximum increases and decreases within the range would not have a material impact on the Trust share of Pension Fund assets.

### **1.7. Revenue**

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The DHSC GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust’s entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

#### **Revenue from NHS contracts**

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The main source of income for the Trust is contracts with commissioners for health care services. In 2023/24, the majority of the Trust’s income from NHS commissioners was in the form of block contract arrangements. Funding envelopes are set at an Integrated Care System (ICS) level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust’s entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard the Trust does not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less;
- The DHSC GAM does not require the Trust to disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date;
- The DHSC GAM has mandated the exercise of the practical expedient offered in C7A of the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

### **NHS Injury Cost Recovery Scheme**

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

### **Grants and donations**

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

## **1.8. Employee Benefits**

### **1.8.1. Short-term employee benefits**

Salaries, wages, and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

### **1.8.2. Pension costs**

#### **NHS Pension Scheme**

Past and present employees are covered by the provisions of the two NHS Pension Schemes (the scheme). Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it were a defined contribution scheme and the cost to the NHS body of participating in a scheme is taken as

equal to the employer's pension contributions payable to the scheme for the accounting period. Employer's pension cost contributions are charged to operating expenses as and when they become due.

For early retirements other than those due to ill-health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

The scheme is subject to a full actuarial valuation every four years and an accounting valuation every year.

### **1.9. Expenditure on other goods and services**

Expenditure on other goods and services is recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable. Expenditure is recognised in the Statement of Comprehensive Income except where it results in the creation of a non-current asset such as property, plant and equipment.

### **1.10. Property, plant and equipment**

#### **1.10.1. Recognition**

Property, plant, and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes
- It is probable that future economic benefits will flow to, or service potential will be supplied to the Trust
- It is expected to be used for more than one financial year
- The cost of the item can be measured reliably, and either
  - the item has cost of at least £5,000; or
  - collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
  - items form part of the initial equipping and setting-up cost of a new building, ward, or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their individual useful economic lives.

#### **1.10.2. Valuation**

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

### **1.10.3. Revaluation**

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset (MEA) basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on an MEA basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the service being provided.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except where, and to the extent that, it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there.

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

### **1.10.4. Subsequent expenditure**

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred. Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised.

### **1.10.5 Donated and grant funded assets**

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred

within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant, and equipment.

## **1.11. Intangible assets**

### **1.11.1. Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights.

They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably; and where the cost is at least £5,000.

Software, which is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant, and equipment. Software, which is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use
- The intention to complete the intangible asset and use it
- The ability to sell or use the intangible asset
- How the intangible asset will generate probable future economic benefits or service potential
- The availability of adequate technical, financial, and other resources to complete the intangible asset and sell or use it
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

### **1.11.2. Measurement**

Intangible assets acquired separately are initially recognised at cost, comprising all directly attributable costs needed to create, produce, and prepare the asset to the point that it is capable of operating in the manner intended by management. The amount initially recognised for internally generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition are initially met. Where no internally generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost (MEA basis) and value in use where the asset is income generating. Internally developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

Revaluations and impairments are treated in the same manner as for property, plant and equipment.



### **1.12. Depreciation, amortisation, and impairments**

Freehold land, assets under construction or development and assets held for sale are not depreciated/amortised.

Otherwise, depreciation or amortisation is charged to write off the costs or valuation of property, plant and equipment and intangible assets, less any residual value, on a straight-line basis over their estimated useful lives. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end.

At each financial year end, the Trust checks whether there is any indication that its property, plant and equipment or intangible assets have suffered an impairment loss. If there is indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually at the financial year end.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

### **1.13. Leases**

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

### **1.13.1. The Trust as lessee**

#### **Initial recognition and measurement**

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments include fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

#### **Subsequent measurement**

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

### **1.13.2. The Trust as lessor**

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting

periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

### **1.13.3. Initial application of IFRS 16**

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

#### **The Trust as lessee**

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and any deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

#### **The Trust as lessor**

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16.

### **1.14. Inventories**

Inventories are valued at the lower of cost and net realisable value, using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

### **1.15. Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

### **1.16. Provisions**

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received, and the amount of the receivable can be measured reliably.

#### **1.17. Clinical negligence costs**

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed in note 20 but is not recognised in the Trust's accounts.

#### **1.18. Non-clinical risk pooling**

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

#### **1.19. Contingent liabilities and contingent assets**

A contingent liability is a possible obligation that arises from a past event and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation, or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from a past event and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

#### **1.20. Financial assets**

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by the Office of National Statistics.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories:

- Financial assets at amortised cost
- Financial assets at fair value through other comprehensive income and
- Financial assets at fair value through income and expenditure.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

#### **1.20.1. Financial assets at amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable and other simple debt instruments. This is the only category of financial assets relevant to the Trust.

The Trust's financial assets at amortised cost comprise:

- Cash and cash equivalents
- NHS receivables
- Other receivables and
- Accrued income.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

#### **1.20.2. Impairment**

For all financial assets measured at amortised cost, lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For any other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

Additionally, the DHSC provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not normally recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the

asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

### **1.21. Financial liabilities**

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been extinguished, that is, the obligation has been discharged or cancelled or has expired.

#### **1.21.1. Other financial liabilities**

All of the Trust's financial liabilities are classified as other financial liabilities.

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability.

### **1.22. Value Added Tax**

Most of the activities of the Trust are outside the scope of value added tax (VAT). Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### **1.23. Public Dividend Capital (PDC) and PDC dividend**

PDC is a type of public sector equity finance, which represents the DHSC's investment in the Trust. HM Treasury has determined that, being issued under statutory authority rather than under contract, PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable to the DHSC as PDC dividend. The charge is calculated at the real rate set by the Secretary of State with the consent of HM Treasury (currently 3.5%) on the average relevant net assets of the Trust. Relevant net assets are calculated as the value of all assets less all liabilities, except for:

- Donated and grant funded assets
- Assets under construction for nationally directed schemes
- Average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility and
- Any PDC dividend balance receivable or payable.

The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the DHSC, the dividend for the year is calculated on the actual average relevant net assets as set out in the pre-audit version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

### **1.24. Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared

with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note (note 24) is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

#### **1.25. Early adoption of standards, amendments, and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

#### **1.26. Standards, amendments, and interpretations in issue but not yet effective or adopted**

There are no standards, amendments, and interpretations in issue but not yet effective or adopted by the Trust.

### **2. Operating Segments**

The services provided by the Trust are interdependent and therefore the Board considers that the Trust has only one operating segment, that of the provision of health and social care.

### 3. Reconciliation from the Statement of Comprehensive Income to the recognised system financial position

	2023/24 £000	2022/23 £000
Surplus/(deficit) for the period	(1,486)	1,366
<b>Normalising adjustments:</b>		
Add back all I&E impairments/(reversals)	1,461	(1,679)
Adjust (gains) / losses on transfers by absorption	971	0
Remove capital donations I&E impact	12	5
Remove non-cash element of on-SoFP pension costs	0	1,049
Remove net impact of DHSC centrally procured inventories	0	27
<b>Trading (deficit)/surplus for the period</b>	<b>958</b>	<b>768</b>

### 4. Operating income

#### 4.1. Operating income (by source)

	2023/24 £000	2022/23 £000
<b>Income from patient care activities received from:</b>		
NHS England (including central funding for AfC pay offer)	4,494	11,412
Clinical commissioning groups	0	14,595
Integrated care boards	69,789	47,914
NHS Foundation Trusts	3,137	2,829
Local authorities	26,217	33,228
Department of Health and Social Care	35	42
Injury cost recovery scheme	18	78
Non-NHS: other	3	0
<b>Total income from patient care activities (by source)</b>	<b>103,693</b>	<b>110,098</b>
<b>Other operating income</b>		
Education and training (excluding notional apprenticeship levy income)	1,726	3,796
Other (recognised in accordance with IFRS 15)	73	7
Education and training - notional income from apprenticeship fund	15	0
Reimbursement and top up funding	0	66
Cash grants for the purchase of capital assets - received from other bodies	0	9
Charitable and other income	222	249
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	8	110
Rental revenue from operating leases	1,772	1,513
<b>Total other operating income</b>	<b>3,817</b>	<b>5,750</b>
<b>Total operating income</b>	<b>107,510</b>	<b>115,848</b>

#### 4.2. Operating income (by nature)



	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
<b>Community services</b>		
API contract income/system block income*	71,023	67,379
Income from other sources (e.g., local authorities)	29,389	36,099
<b>All services</b>		
Agenda for Change pay award central funding	0	3,420
Additional pension contribution central funding**	3,261	3,122
Other clinical income	20	78
<b>Total income from patient care activities (by nature)</b>	<b>103,693</b>	<b>110,098</b>
Total other operating income	3,817	5,750
<b>Total operating income</b>	<b>107,510</b>	<b>115,848</b>

\*Aligned payment and incentive (API) contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/24 National Tariff payments system documents.

\*\*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

#### **4.3. Income from activities arising from commissioner requested services**

Under the terms of its provider license, the Trust is required to analyse the level of income from activities that has arisen from Commissioner requested and non-Commissioner requested services. However, unlike Acute Trusts, as a Community Trust, no Commissioner requested services are defined in the provider license. The table below reflects the core contracts to Local Authorities, ICBs, CCGs and NHS England.

On 1<sup>st</sup> July 2022 CCGs were abolished and ICSs / ICBs were formed. 22/23 accounts show the part year contract with the CCGs and 23/24 accounts reflect the full year commissioned with ICBs.

On 1<sup>st</sup> July 2023 the Trust handed back the contract for Adult Social Care services to the local authority. A part year effect of 3 months income is reflected in the 23/24 accounts.

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
<b>Core contracts</b>		
CCGs	0	14,595
ICBs	69,789	47,914
Local authorities	26,217	33,228
NHS England	4,495	11,478
<b>Total core contracts</b>	<b>100,501</b>	<b>107,215</b>
Other services	7,009	8,633
<b>Total operating income</b>	<b>107,510</b>	<b>115,848</b>

## 5. Operating expenses

	2023/24	2022/23
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	1,550	1,458
Purchase of healthcare from non-NHS and non-DHSC bodies	397	333
Staff and executive directors' costs	78,904	87,685
Non-executive directors	105	98
Supplies and services – clinical (excluding drugs costs)	6,573	6,452
Supplies and services – clinical: utilisation of consumables donated from DHSC group bodies for COVID response	8	133
Supplies and services – general	2,204	2,062
Drugs costs (drugs inventory consumed and purchase of non-inventory drugs)	717	622
Inventories written down (including consumables donated from DHSC group bodies for COVID response)	51	72
Consultancy	457	451
Establishment	2,043	2,001
Premises – business rates collected by local authorities	977	497
Premises – other	3,725	4,173
Transport (business travel only)	177	191
Depreciation	6,031	5,229
Amortisation	138	131
Movement in credit loss allowance: contract receivables/assets and other receivables	(299)	10
Provisions arising/released in year	62	111
Audit fees payable to the external auditor:		
– Audit services – statutory audit	118	114
Other auditor remuneration	34	0
Internal audit – non-staff	66	63
Clinical negligence – amounts payable to NHS Resolution (premium)	225	190
Legal fees	82	91
Insurance	114	96
Education and training – non-staff	362	2,710
Education and training – notional expenditure funded from apprenticeship	15	0
Lease Expenditure on short-term leases (current year only)	392	1
Variable lease payments not included in the liability (current year only)	71	54
Operating lease expenditure (comparative only)	0	0
Car parking and security	498	436
Hospitality	1	1
Other losses and special payments – non-staff	5	4
Other services (e.g. external payroll)	146	162
<b>Operating expenditure</b>	<b>105,949</b>	<b>115,631</b>
Impairments net of (reversals)	1,461	(1,679)
<b>Total operating expenditure</b>	<b>107,410</b>	<b>113,952</b>

The external auditors' liability is limited to £2,000,000.

## 6. Operating leases

### 6.1. Trust as lessor (operating lease income)

This note discloses income generated in operating lease agreements where the Trust is the lessor. The majority of rental agreements are in respect of Trust-owned properties occupied by other NHS organisations. Several contracts are now negotiated on a rolling basis with up to one years' notice and therefore there is no contractual obligation after one year

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
<b>Operating lease revenue</b>		
Minimum lease payments	1,772	1,513
<b>Total</b>	<u>1,772</u>	<u>1,513</u>

### 6.2. Future lease receipts

	<b>31 March</b>
	<b>2024</b>
	<b>£000</b>
<b>Future minimum lease receipts due at 31 March 2024:</b>	
- not later than one year	1,294
- later than one year and not later than two years	400
- later than two years and not later than three years	393
- later than three years and not later than four years	378
- later than four years and not later than five years	346
- later than five years	5,341
<b>Total</b>	<u>8,152</u>

	<b>31 March</b>
	<b>2023</b>
	<b>£000</b>
<b>Future minimum lease receipts due at 31 March 2023:</b>	
- not later than one year	1,165
- later than one year and not later than five years	765
- later than five years	471
<b>Total</b>	<u>2,401</u>

## 7. Employee benefits

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
Salaries and wages	61,237	66,842
Social security costs	5,873	5,839
Apprenticeship levy	305	296
Pension cost - employer contributions to NHS pension scheme	7,407	7,089
Pension cost - employer contributions paid by NHSE on provider's behalf (6.3%)	3,261	3,122
Pension cost - other	31	1,999
Temporary staff - agency/contract staff	1,267	2,856
<b>Total staff costs</b>	<b>79,381</b>	<b>88,043</b>
<b>Included within:</b>		
Costs capitalised as part of assets	477	358
<b>Total employee benefits excl. capitalised costs</b>	<b>78,904</b>	<b>87,685</b>

### 7.1. Exit packages

During 2023/24, no voluntary redundancies were agreed (2022/23: none, £nil). There were also no compulsory redundancies agreed during the year (2022/23: none, £nil).

### 7.2. Pension costs – NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

#### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

## **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

### **7.3. Pension costs – Local Government Pension Scheme**

On 1 June 2017 Wirral Metropolitan Borough Council transferred its Adult and Social Care services to the Trust. As part of this agreement 206 staff were transferred under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). Of these employees 135 are active members of the Merseyside Pension Fund. Therefore, with effect from 1 June 2017 the Trust became an admitted member of the pension scheme.

The Merseyside Pension Fund is a multi-employer scheme operated under the regulatory framework for the Local Government Pension Scheme (LGPS). The governance of the scheme is the responsibility of the Fund Pensions Committee, which comprises representatives from participating employers. Policy is determined in accordance with the Public Service Pensions Act 2013. Unlike the NHS Pension Scheme this is a funded defined benefit final salary scheme where the scheme assets and liabilities of each scheme member can be separately identified. The Trust and employees pay contributions into a fund, calculated at a level intended to balance the pension's liabilities with investment assets. This is subject to actuarial review by the fund's actuaries, Mercer.

Wirral Metropolitan Borough Council has provided guarantees to the Trust, indemnifying them against pension liabilities over the period of the contract (except for early retirements where the Trust will bear any additional costs arising from these specific arrangements). Therefore, the Trust will recognise a contingent asset for the total liabilities arising from an actuarial review.

The Pension Fund have reported that there are various factors that affect the complexity of valuation and the realisable value of assets. The Trust considered the stated valuation range provided by the Pension Fund and concluded that the assets were reported on the best available information and that the impact of maximum increases and decreases within the range would not have a material impact on the Trust share of Pension Fund assets.

### 7.3.1 Changes in the defined benefit obligation and fair value of plan assets during the year

	2023/24 £000	2022/23 £000
<b>Present value of the defined benefit obligation at 1 April</b>	<b>(26,642)</b>	<b>(40,750)</b>
Transfers by absorption	26,642	0
Current service cost	0	(1,635)
Interest cost	0	(1,137)
Contribution by plan participants	0	(291)
Remeasurement of the net defined benefit (liability)/asset:		
- Actuarial (gains)/losses	0	16,500
Benefits paid	0	671
<b>Present value of the defined benefit obligation at 31 March</b>	<b>0</b>	<b>(26,642)</b>
<b>Plan assets at fair value at 1 April</b>	<b>27,613</b>	<b>29,162</b>
Transfers by absorption	(27,613)	0
Interest income	0	824
Remeasurement of the net defined benefit (liability)/asset:		
- Actuarial gains/(losses)	0	(2,892)
Administration expenses	0	(22)
Contributions by the employer	0	921
Contributions by the plan participants	0	291
Benefits paid	0	(671)
<b>Plan assets at fair value at 31 March</b>	<b>0</b>	<b>27,613</b>
<b>Plan surplus/(deficit) at 31 March</b>	<b>0</b>	<b>971</b>

### 7.3.2 Reconciliation of the present value of the defined benefit obligation and the plan assets to the assets and liabilities recognised in the SoFP

	31 March 2024 £000	31 March 2023 £000
Present value of the defined benefit obligation	0	(26,642)
Plan assets at fair value	0	27,613
<b>Net defined benefit (obligation)/asset recognised in the SoFP at 31 March</b>	<b>0</b>	<b>971</b>
<b>Total net (liability)/asset after the impact of reimbursement rights as at 31 March</b>	<b>0</b>	<b>971</b>

### 7.3.3 Amounts recognised in the SoCI

	2023/24 £000	2022/23 £000
Current service cost	0	(1,635)
Interest expense/income	0	(335)
<b>Total net (charge)/gain recognised in SoCI</b>	<b>0</b>	<b>(1,970)</b>
<b>Comprising:</b>		
Contributions made by the Trust recognised in SoCI	0	(921)
Liability arising from actuarial adjustments guaranteed by Wirral MBC	0	(1,049)
	<b>0</b>	<b>(1,970)</b>

### 7.3.4 Actuarial assumptions

	2023/24		2022/23	
	Start of period	End of period	Start of period	End of period
<b>Financial assumptions</b>				
Inflation	2.7%	2.7%	3.3%	2.7%
Rate of salary increase	4.2%	4.2%	4.8%	4.2%
Rate of pensions increase	2.8%	2.8%	3.4%	2.8%
Discount rate	4.8%	5.1%	2.8%	4.8%
<b>Post retirement mortality assumptions (normal health)</b>				
<b>Non-retired members</b>				
	25.5	25.1	25.9	25.5
Female	years	years	years	years
	22.6	22.1	22.4	22.6
Male	years	years	years	years
<b>Retired members</b>				
	23.7	23.3	24.0	23.7
Female	years	years	years	years
	21.2	20.8	20.9	21.2
Male	years	years	years	years

### 7.4. Retirements due to ill-health

During 2023/24 there was one early retirement from the Trust on the grounds of ill-health at a total cost of £68,000 (2022/23: two, £281,537). The cost of early retirements is borne by the Trust, but where this is due to ill-health these costs are met by the NHS Pension Scheme. There were no early retirements from the Local Government Pension Scheme (2022/23: nil).

## 8. Finance and other

### 8.1 Finance income

Finance income represents interest received on assets and investments in the period.

	2023/24 £000	2022/23 £000
<b>Finance income</b>		
Interest on bank accounts	781	367
<b>Total</b>	<b>781</b>	<b>367</b>

## 8.2 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2023/24 £000	2023/23 £000
<b>Finance expenditure</b>		
Interest on lease obligations	385	336
<b>Total</b>	<b>385</b>	<b>336</b>

## 9. Impairment of assets

During 2023/24, 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.

	2023/24		
	Net impairments £000	Impairments £000	Reversals £000
<b>Impairments and (reversals) charged to operating surplus/deficit</b>			
Changes in market price	1,461	2,057	(597)
<b>Total impairments and (reversals) charged to operating surplus/deficit</b>	<b>1,461</b>	<b>2,057</b>	<b>(597)</b>
Total net impairments charged to revaluation reserve	0	0	0
<b>Total impairments and (reversals)</b>	<b>1,461</b>	<b>2,057</b>	<b>(597)</b>
	2022/23		
	Net impairments £000	Impairments £000	Reversals £000
<b>Impairments and (reversals) charged to operating surplus/deficit</b>			
Changes in market price	(1,679)	243	(1,835)
<b>Total impairments and (reversals) charged to operating surplus/deficit</b>	<b>(1,679)</b>	<b>243</b>	<b>(1,835)</b>
<b>Total impairments and (reversals)</b>	<b>(1,679)</b>	<b>243</b>	<b>(1,835)</b>



## 10. Intangible assets

	<b>Total (Software licences) £000</b>
<b>2023/24</b>	
<b>Valuation/gross cost at 1 April 2023 - brought forward</b>	<b>2,991</b>
Impairments charged to operating expenses	<b>(1)</b>
<b>Valuation/gross cost at 31 March 2024</b>	<b>2,990</b>
<b>Accumulated amortisation at 1 April 2023 - brought forward</b>	<b>2,669</b>
Provided during the year	138
Impairments charged to operating expenses	<b>(1)</b>
<b>Accumulated amortisation at 31 March 2024</b>	<b>2,807</b>
<b>Net book value at 31 March 2024</b>	<b>184</b>
	<b>Total (Software licences) £000</b>
<b>2022/23</b>	
<b>Valuation/gross cost at 1 April 2022 - brought forward</b>	<b>3,039</b>
Disposals	<b>(48)</b>
<b>Valuation/gross cost at 31 March 2023</b>	<b>2,991</b>
<b>Accumulated amortisation at 1 April 2022 - brought forward</b>	<b>2,586</b>
Provided during the year	131
Disposals	<b>(48)</b>
<b>Accumulated amortisation at 31 March 2023</b>	<b>2,669</b>
<b>Net book value at 31 March 2023</b>	<b>322</b>

### 10.1. Economic life of intangible assets

The economic life of intangible assets is based on assessment of the individual asset within three to ten years.

## 11. Property, plant, and equipment – 2023/24

	Total £000	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000
<b>2023/24</b>							
<b>Valuation/gross cost at 1 April 2023 - brought forward</b>	<b>48,867</b>	<b>1,398</b>	<b>21,413</b>	<b>10,502</b>	<b>2,874</b>	<b>12,244</b>	<b>436</b>
Additions - purchased	3,268	0	320	404	232	2,251	61
Additions - assets purchased from cash donations/grants							
Impairments charged to operating expenses	(812)	(200)	206	(818)	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0
Reversal of impairments credited to operating expenses	(14)	0	(14)	0	0	0	0
Reversal of impairments credited to revaluation reserve expenses	(663)	0	(663)	0	0	0	0
Revaluations	818	126	692	0	0	0	0
Reclassifications	0	600	9,096	(10,088)	155	0	238
Disposals	0	0	0	0	0	0	0
<b>Valuation/gross cost at 31 March 2024</b>	<b>51,464</b>	<b>1,924</b>	<b>31,050</b>	<b>0</b>	<b>3,261</b>	<b>14,495</b>	<b>735</b>
<b>Accumulated depreciation at 1 April 2023 - brought forward</b>	<b>9,798</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1,581</b>	<b>7,789</b>	<b>425</b>
Provided during the year	3,026	0	668	0	284	2,062	12
Impairments charged to operating expenses	6	0	6	0	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0
Reversal of impairments credited to operating expenses	(14)	0	(14)	0	0	0	0
Reversal of impairments credited to the revaluation reserve	(663)	0	(663)	0	0	0	0
Disposals	0	0	0	0	0	0	0
<b>Accumulated depreciation at 31 March 2024</b>	<b>12,153</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,865</b>	<b>9,851</b>	<b>437</b>

### 11.1. Property, plant and equipment – 2022/23

	Total £000	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Information technology £000	Furniture & fittings £000
<b>2022/23</b>							
<b>Valuation/gross cost at 1 April 2022 - brought forward</b>	<b>38,173</b>	<b>1,347</b>	<b>19,547</b>	<b>3,325</b>	<b>2,899</b>	<b>10,605</b>	<b>450</b>
Additions - purchased	9,381	0	184	7,428	24	1,745	0
Additions - assets purchased from cash donations/grants	9	0	0	0	9	0	0
Impairments charged to operating expenses	(159)	0	(159)	0	0	0	0
Impairments charged to the revaluation reserve	(124)	0	(124)	0	0	0	0
Reversal of impairments credited to operating expenses	1,405	38	1,367	0	0	0	0
Revaluations	396	13	383	0	0	0	0
Reclassifications	0	0	251	(251)	0	0	0
Disposals	(214)	0	(36)	0	(58)	(106)	(14)
<b>Valuation/gross cost at 31 March 2023</b>	<b>48,867</b>	<b>1,398</b>	<b>21,413</b>	<b>10,502</b>	<b>2,874</b>	<b>12,244</b>	<b>436</b>
<b>Accumulated depreciation at 1 April 2022 - brought forward</b>	<b>7,952</b>	<b>0</b>	<b>39</b>	<b>0</b>	<b>1,383</b>	<b>6,092</b>	<b>438</b>
Provided during the year	2,564	0	504	0	256	1,803	1
Impairments charged to operating expenses	(3)	0	(3)	0	0	0	0
Impairments charged to the revaluation reserve	(37)	0	(37)	0	0	0	0
Reversal of impairments credited to operating expenses	(430)	0	(430)	0	0	0	0
Revaluations	(34)	0	(34)	0	0	0	0
Disposals	(214)	0	(36)	0	(58)	(106)	(14)
<b>Accumulated depreciation at 31 March 2023</b>	<b>9,798</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1,581</b>	<b>7,789</b>	<b>425</b>

### 11.2. Property, plant and equipment financing – 2023/24

	<b>Total £000</b>	<b>Land £000</b>	<b>Buildings £000</b>	<b>Assets under construction £000</b>	<b>Plant &amp; machinery £000</b>	<b>Information technology £000</b>	<b>Furniture &amp; fittings £000</b>
<b>2023/24</b>							
<b>Net book value (NBV) at 31 March 2024</b>							
Owned - purchased	<b>39,295</b>	1,924	31,050	0	1,388	4,635	298
Owned - donated / granted	<b>17</b>	0	0	0	8	9	0
<b>NBV total at 31 March 2024</b>	<b>39,312</b>	<b>1,924</b>	<b>31,050</b>	<b>0</b>	<b>1,396</b>	<b>4,644</b>	<b>298</b>

### 11.3. Property, plant and equipment financing – 2022/23

	<b>Total £000</b>	<b>Land £000</b>	<b>Buildings £000</b>	<b>Assets under construction £000</b>	<b>Plant &amp; machinery £000</b>	<b>Information technology £000</b>	<b>Furniture &amp; fittings £000</b>
<b>2022/23</b>							
<b>Net book value (NBV) at 31 March 2023</b>							
Owned - purchased	<b>39,040</b>	1,398	21,410	10,502	1,284	4,435	11
Owned - donated / granted	<b>29</b>	0	0	0	9	20	0
<b>NBV total at 31 March 2023</b>	<b>39,069</b>	<b>1,398</b>	<b>21,410</b>	<b>10,502</b>	<b>1,293</b>	<b>4,455</b>	<b>11</b>

#### 11.4. Valuation of land and buildings

The Trust's land and buildings comprise several health centres and clinics across the Wirral. As disclosed in note 1, the estate was revalued by Cushman and Wakefield (DTZ Debenham Tie Leung Ltd) as at 31 March 2024. 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 2024. The valuer has continued to exercise professional judgement in providing their valuations and this remains the best information available to the Trust.

The UK and other countries continue to experience heightened uncertainty due to a number of factors. Inflationary pressures continue to weigh on the economy and whilst having peaked still remain at high levels having a very material effect on higher cost of living expenses. Base rates have increased rapidly to combat the inflationary conditions and the expectation is for further rises still to come.

The cost of debt has risen, and its availability reduced which, together with the outward movement in gilt yields from historically low levels, has weighed on investor sentiment and had an adverse impact on property values. Confidence in the banking sector is fragile and this is likely to result in the further tightening of debt available to investors.

Accordingly, and for the avoidance of doubt, the current valuation provided by Cushman and Wakefield (DTZ Debenham Tie Leung Ltd) is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

The aftermath of the Grenfell Fire on 14 June 2017 also resulted in a wholesale review of the regime relating to building safety. Market participants continue to be affected by details of construction, health and safety, and particularly fire prevention, mitigation and means of escape from buildings where people sleep. The Government's proposed legislation is far reaching and will provide a new regime for building regulations compliance. In the light of these circumstances, the valuation was undertaken in the context of a changing regulatory environment, and this must be kept under regular review.

This explanatory note has been included to ensure transparency and to provide further insight as to the market context under which the valuation opinion was prepared. In recognition of the potential for market conditions to move rapidly in response to wider political and economic changes the importance of the valuation date is highlighted.

#### 11.5. Economic life of property, plant and equipment

The economic life of property, plant and equipment, is based on assessment of the individual asset or, in the case of buildings, the advice of the Trust's valuers.

	<b>Min life Years</b>	<b>Max life Years</b>
Buildings	5	44
Plant & machinery	5	25
Information technology	3	10
Furniture & fittings	5	24

## 12. Leases – Trust as a lessee

This note details information about leases for which the Trust is a lessee. The majority of the Trust's operating leases are in respect of properties which are owned by NHS Property Services.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

### 12.1. Right of use assets – 2023/24

	<b>Total: Property (land and buildings) £000</b>	<b>Of which: leased from DHSC group bodies £000</b>
<b>2023/24</b>		
Recognition of right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2023	36,526	11,388
Additions - lease liability	1,362	1,362
Remeasurements of the lease liability	3,205	1,263
Impairments charged to operating expenses	(597)	0
Reversal of impairments credited to operating expenses	27	36
Reversal of impairments credited to revaluation reserve	(3)	(3)
Revaluations	36	27
Disposals/derecognition – lease termination	(263)	(24)
<b>Valuation/gross cost at 31 March 2024</b>	<b>40,293</b>	<b>14,049</b>
<b>Accumulated depreciation at 1 April 2023</b>	<b>2,665</b>	<b>1,366</b>
Provided during the year	3,005	1,569
Impairments charged to operating expenses	643	49
Reversal of impairments credited to operating expenses	(570)	36
Reversal of impairments credited to revaluation reserve	(3)	(3)
Disposals/derecognition – lease termination	(62)	(14)
<b>Accumulated depreciation at 31 March 2024</b>	<b>5,678</b>	<b>3,003</b>
<b>Net book value at 31 March 2024</b>	<b>34,615</b>	<b>11,047</b>
NBV of right of use assets leased from other NHS providers		153
NBV of right of use assets leased from other DHSC group bodies		11,047
<b>2022/23</b>		
Recognition of right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2022	36,820	11,388
Remeasurements of the lease liability	(294)	0
<b>Valuation/gross cost at 31 March 2023</b>	<b>36,526</b>	<b>11,388</b>
Provided during the year	2,665	1,366
<b>Accumulated depreciation at 31 March 2023</b>	<b>2,665</b>	<b>1,366</b>
<b>Net book value at 31 March 2023</b>	<b>33,861</b>	<b>10,022</b>

NBV of right of use assets leased from other NHS providers	106
NBV of right of use assets leased from other DHSC group bodies	9,916

## 12.2 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 18.

	<b>2023/24</b>
	<b>Lease liabilities</b>
	<b>£000</b>
<b>Carrying value at 31 March 2023</b>	<b>33,686</b>
Impact of implementing IFRS 16 as at 1 April 2023	0
Additions	1,362
Lease liability remeasurements	3,205
Interest charge arising in year	385
Early termination	(203)
Lease payments (cash outflows)	(3,130)
<b>Carrying value at 31 March 2024</b>	<b>35,305</b>
<b>Carrying value at 31 March 2022</b>	<b>0</b>
Impact of implementing IFRS 16 as at 1 April 2022	36,488
Lease liability remeasurements	(294)
Interest charge arising in year	336
Lease payments (cash outflows)	(2,844)
<b>Carrying value at 31 March 2023</b>	<b>33,686</b>

Lease payments for short term leases, leases of low value underlying assets and any variable lease payments not dependent on an index or rate are recognised in operating expenditure. These payments are disclosed in note 5. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

## 12.3 Maturity analysis of future lease payments at 31 March 2024

	<b>Total</b>	<b>Of which: leased from DHSC group bodies</b>
	<b>31 March 2024 £000</b>	<b>31 March 2024 £000</b>
<b>Undiscounted future lease payments payable in:</b>		
- not later than one year	3,111	1,615
- later than one year and not later than five years	10,277	4,479
- later than five years	24,791	5,820
<b>Total gross future lease payments</b>	<b>38,179</b>	<b>11,914</b>

Finance charges allocated to future periods	(2,874)	(734)
<b>Net lease liabilities at 31 March 2024</b>	<b>35,305</b>	<b>11,180</b>

**Of which:**

Leased from other NHS providers	440
Leased from other DHSC group bodies	10,740

	<b>Total</b>	<b>Of which: leased from DHSC group bodies</b>
	<b>31 March 2023</b>	<b>31 March 2023</b>
	<b>£000</b>	<b>£000</b>

**Undiscounted future lease payments payable in:**

- not later than one year	2,688	1,274
- later than one year and not later than five years	9,339	3,762
- later than five years	24,696	5,573
<b>Total gross future lease payments</b>	<b>36,723</b>	<b>10,609</b>

Finance charges allocated to future periods	(3,037)	(540)
<b>Net lease liabilities at 31 March 2023</b>	<b>33,686</b>	<b>10,069</b>

**Of which:**

Leased from other NHS providers	106
Leased from other DHSC group bodies	9,963

**13. Capital commitments**

At 31 March 2024 the Trust had £26,753 capital commitments (31 March 2023: £432,671).

**14. Inventories**

	<b>2023/24</b>	<b>2022/23</b>
	<b>Consumables</b>	<b>Consumables</b>
	<b>£000</b>	<b>£000</b>
<b>Carrying value at 1 April - brought forward</b>	<b>623</b>	<b>543</b>
Additions	0	3,813
Additions (donated) - from DHSC	8	110
Inventories consumed (recognised in expenses)	(23)	(3,771)
Write-down of inventories recognised as an expense	(51)	(72)
<b>Carrying value at 31 March</b>	<b>557</b>	<b>623</b>

**15. Trade and other receivables**

<b>31 March 2024</b>	<b>31 March 2023</b>
<b>£000</b>	<b>£000</b>



<b>Current</b>		
Contract receivables (IFRS 15): invoiced	4,691	3,754
Contract receivables (IFRS 15): not yet invoiced/non-invoiced	1,202	4,995
Allowance for impaired contract receivables/assets and other receivables	(639)	(897)
Prepayments (revenue)	1,872	1,675
VAT receivable	271	264
<b>Total current receivables</b>	<b>7,397</b>	<b>9,791</b>
<b>Non-current</b>		
Contract receivables (IFRS 15): not yet invoiced/non-invoiced	98	101
Allowance for impaired contract receivables/assets and other receivables	0	(40)
<b>Total non-current receivables</b>	<b>98</b>	<b>61</b>
<b>Of which receivable from NHS and DHSC group bodies:</b>		
Current	1,115	5,093
Non-current	0	0

#### 15.1. Provision for impairment of receivables

	<b>Total £000</b>
<b>Allowance for credit losses at 1 April 2023 - brought forward</b>	<b>937</b>
New allowances arising	0
Reversals of allowances (where receivable is collected in-year)	(299)
Utilisation of allowances (where receivable is written off)	0
<b>Total allowance for credit losses at 31 March 2024</b>	<b>639</b>
<b>Allowance for credit losses at 1 April 2022 - brought forward</b>	<b>955</b>
New allowances arising	584
Reversals of allowances (where receivable is collected in-year)	(574)
Utilisation of allowances (where receivable is written off)	(28)
<b>Total allowance for credit losses at 31 March 2023</b>	<b>937</b>

#### 16. Cash and cash equivalents

	<b>2023/24 £000</b>	<b>2022/23 £000</b>
<b>At 1 April</b>	19,525	23,830
Net change in year	(6,807)	(4,305)
<b>At 31 March</b>	<b>12,718</b>	<b>19,525</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	1	1
Cash with the Government Banking Service	12,717	19,524
<b>Total cash and cash equivalents as in SoFP</b>	<b>12,718</b>	<b>19,525</b>
<b>Total cash and cash equivalents as in SoCF</b>	<b>12,718</b>	<b>19,525</b>

## 17. Trade and other payables

	<b>31 March 2024 £000</b>	<b>31 March 2023 £000</b>
<b>Current</b>		
Trade payables	3,560	4,043
Capital payables (including capital accruals)	27	363
Accruals (revenue costs only)	8,999	16,931
Annual leave accrual	330	469
Social security costs	756	848
Other taxes payable	631	637
PDC dividend payable	58	481
Pension contributions payable	970	1,033
Other payables	15	4
<b>Total current trade and other payables</b>	<b>15,344</b>	<b>24,809</b>
<b>Of which payable to NHS and DHSC group bodies:</b>	<b>2,658</b>	<b>3,200</b>
	<b>31 March 2024 £000</b>	<b>31 March 2023 £000</b>
<b>Other current liabilities</b>		
Deferred income: contract liability (IFRS 15)	423	1,689
<b>Total other current liabilities</b>	<b>423</b>	<b>1,689</b>
<b>Other non-current liabilities</b>		
Net defined benefit pension scheme liability	0	0
<b>Total other non-current liabilities</b>	<b>0</b>	<b>0</b>
<b>Total other liabilities</b>	<b>423</b>	<b>1,689</b>

## 18. Borrowings

	<b>31 March 2024 £000</b>	<b>31 March 2023 £000</b>
<b>Current</b>		
Lease liabilities*	3,098	2,688
<b>Total current borrowings</b>	<b>3,098</b>	<b>2,688</b>
<b>Non-current</b>		
Lease liabilities*	32,208	30,998
<b>Total non-current borrowings</b>	<b>32,208</b>	<b>30,998</b>

\* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 12.

## 19. Reconciliation of liabilities arising from financing activities - 2023/24

	Total (lease liability) 23/24 £000	Total (lease liability) 22/23 £000
<b>Carrying value at 1 April - brought forward</b>	<b>33,686</b>	<b>0</b>
<b>Cash movements:</b>		
Financing cash flows - payments and receipts of principal	(2,756)	(2,508)
Financing cash flows - payments of interest	(374)	(336)
<b>Non-cash movements:</b>		
Impact of implementing IFRS 16 on 1 April 2022	0	36,488
Lease additions	1,362	0
Lease liability remeasurements	3,205	(294)
Application of effective interest rate	385	336
Termination of lease	(203)	0
<b>Carrying value at 31 March</b>	<b>35,305</b>	<b>33,686</b>

## 20. Provisions for liabilities and charges

	31 March 2024 £000	31 March 2023 £000
Legal claims	186	124
<b>Total</b>	<b>186</b>	<b>124</b>

Legal claims include individual cases relating to compensation claims, employment disputes and potential tax liabilities.

£143,505 is included in the provisions of NHS Resolution at 31 March 2024 in respect of clinical negligence liabilities (31 March 2023: £492,770).

### 20.1. Provisions for liabilities and charges - analysis

	2023/24 Total (Legal Claims) £000
<b>At 1 April 2023 - brought forward</b>	<b>124</b>
Arising during the year	68
Utilised during the year - cash	0
Reversed unused	(6)
<b>At 31 March 2024</b>	<b>186</b>
<b>Expected timing of cash flows:</b>	
- not later than one year	186

Total

186

## 21. Contingencies

### 21.1. Contingent liabilities

The Trust has £2,671 contingent liabilities relating to NHS Resolution cases as at 31 March 2024 (31 March 2023: £327). There have been no other contingent liabilities recognised at 31 March 2024 (31 March 2023: nil).

### 22. Financial instruments

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the Finance Department, within parameters defined formally within the Trust's Standing Financial Instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

#### 22.1. Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

#### 22.2. Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2023 are in receivables from customers, as disclosed in the trade and other receivables note.

#### 22.3. Liquidity risk

The Trust's operating costs are incurred under contracts with ICBs, which are financed from resources voted annually by Parliament and other public sector bodies. The Trust funds its capital expenditure from funds available from generated surpluses for the provision of public sector services. The Trust is not, therefore, exposed to significant liquidity risks.

#### 22.4. Carrying value of financial assets and liabilities

IFRS 9 Financial Instruments as interpreted and adapted by the DHSC GAM was applied retrospectively from 1 April 2018 without restatement of comparatives. IFRS 9 replaced IAS 39 and introduced a revised approach to classification and measurement of financial assets and financial liabilities and a new forward-looking expected loss impairment model.

#### Financial assets at amortised cost

31 March 2024	31 March 2023
£000	£000

Financial assets per the SoFP:

Receivables (excluding non-financial assets) - with DHSC group bodies	1,246	5,093
Receivables (excluding non-financial assets) - with other bodies	4,108	2,820
Other investments / financial assets	98	0
Cash and cash equivalents	12,719	19,525
<b>Total as at 31 March</b>	<b>18,171</b>	<b>27,438</b>

**Financial liabilities at amortised cost**

	<b>31 March 2024 £000</b>	<b>31 March 2023 £000</b>
<b>Financial liabilities per the SoFP:</b>		
Obligations under leases	35,305	33,686
Trade and other payables (excluding non-financial liabilities) - with DHSC group bodies	1,282	2,719
Trade and other payables (excluding non-financial liabilities) - with other bodies	12,011	19,091
<b>Total as at 31 March</b>	<b>48,598</b>	<b>55,496</b>

## 22.5. Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	<b>31 March 2024 £000</b>	<b>31 March 2023 £000</b>
<b>Financial liabilities fall due in:</b>		
In one year or less	16,404	24,498
In more than one year but not more than five years	10,277	9,339
In more than five years	24,791	24,696
<b>Total financial liabilities</b>	<b>51,472</b>	<b>58,533</b>

## 23. Related party transactions

Wirral Community Health and Care NHS Foundation Trust is a public interest body authorised by NHS Improvement, the regulator of Foundation Trusts.

The Department of Health and Social Care is a related party as the parent department of the Trust. The Trust has material transactions related NHS clinical commissioning groups, NHS Foundation Trusts, and other NHS organisations in the normal course of business.

The table below includes material transactions with these bodies in the financial year:

<b>Organisation</b>	<b>Income £000</b>	<b>Expenditure £000</b>	<b>Receivables Outstanding £000</b>	<b>Payables Outstanding £000</b>
<b>2023/24</b>				

Wirral University Teaching Hospital NHS Foundation Trust	3,184	1,815	1,047	477
NHS Cheshire and Merseyside ICB	69,673	1,453	9	75
NHS England	5,805	47	14	27
Bridgewater Community Healthcare NHS Foundation Trust	148	1,528	12	79
<b>Total</b>	<b>78,810</b>	<b>4,843</b>	<b>1,082</b>	<b>658</b>

<b>Organisation</b>	<b>Income £000</b>	<b>Expenditure £000</b>	<b>Receivables Outstanding £000</b>	<b>Payables Outstanding £000</b>
<b>2022/23</b>				
Wirral University Teaching Hospital NHS Foundation Trust	3,243	1,649	682	600
NHS Cheshire and Merseyside ICB	47,803	157	16	151
NHS Wirral CCG	13,696	0	0	0
NHS England	8,356	10	3,588	250
Health Education England	3,873	0	755	174
<b>Total</b>	<b>76,971</b>	<b>1,816</b>	<b>5,041</b>	<b>1,175</b>

Additionally, the Trust has material transactions with local government bodies – principally Wirral Metropolitan Borough Council and Cheshire East Council, the NHS Pension Scheme and HMRC.

Gerald Meehan became a non-Executive Director on 1 February 2019. He also undertakes work as an adviser for the Cheshire and Merseyside Health and Care Partnership. This is the Integrated Care System (ICS) for Cheshire. The Advisory role is in relation to the involvement of Local Government within the ICS.

Chris Bentley became a non-Executive Director in February 2019. With effect from 1 September 2019, he has undertaken work as an advisor to the Equity and Health Inequalities Teams of NHS England/Improvement and Public Health England, separately and together. Both are related parties to the Trust.

Declarations of interest are given at the start of each meeting by staff members. No other related parties have been identified.

The Trust's Council of Governors are drawn from a range of local stakeholders including patient groups, the local councils, CCGs, and other Trusts. Therefore many, by nature of their appointment, have interest in organisations with whom the Trust contracts. A register of interests is maintained, and declarations of interest are given at each Governor meeting.

#### **24. Losses and special payments**

During the period the Trust made 12 special payments with a total value of £6,711 (2022/23: 26 at a value of £106,576. £101,805 of the 22/23 total related to refunds of VAT on lease car payments and was disclosed as a single case). Of the remainder, one related to a case handled by NHS Resolution £4,250 (2022/23: Zero). The Trust did not write off any receivable balances in the period (2022/23: 10 with a total value of £33,319) and incurred two further losses due to damage totalling £609.98.

#### **25. Event after the Statement of Financial Position date**

No adjustments have been made to the financial statements as a result of events occurring after the reporting date.





