NHS

Bridgewater Community Healthcare

NHS Foundation Trust

ANNUAL REPORT & ACCOUNTS

2018-2019

Bridgewater Community Healthcare NHS Foundation Trust

Annual Report and Accounts 2018/19

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

Contents

1. Statement from Chair and Chief Executive

We are delighted to present the Annual Report and Accounts for Bridgewater Community Healthcare NHS Foundation Trust (Bridgewater) for the period 1 April 2018 to 31 March 2019.

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During 2018/19 significant progress has been made across all boroughs served by Bridgewater towards the creation of integrated models of care to best serve our local communities. The Trust is playing a leading role in the establishment of integrated care partnerships and is delivering the ambitions of the NHS Long Term Plan by working with partners to drive up standards and bring care professionals closer together. Further detail on each borough is provided in the service developments section in the Profile.

The Trust has undergone a comprehensive CQC Well-Led Inspection in September 2019. The report was published on 17 December 2018 and demonstrates a significant improvement since the 2016 inspection with several service lines and domains this year achieving an improved rating of 'good'. Due to the weighting given to the inspection at Trust level, the overall rating for the Trust remains as 'requires improvement' and we are determined to continue our improvements.

Like other public sector bodies, this year has been challenging for us as we continue to face tough financial conditions alongside increasing demand, details of which can be found in the body of the Report. We remain committed to providing high quality healthcare services that offer the best value for money for taxpayers, in line with the Long Term Plan.

This year we have seen some changes to the Board of Directors. Whilst sorry to lose several valued colleagues we have welcomed both new Executive and Non-Executive Directors to the Board. These new members bring experience, energy and fresh perspective. In October 2018 the Trust welcomed Andrew Gibson as its new Chair.

We are incredibly proud of our staff here at Bridgewater and the progress that they have achieved this year. 2018/19 saw the transfer of services to Wrightington, Wigan and Leigh NHS Foundation Trust and saw the end of the contract for 5-19 Children's Services in Bolton. Moving these services to enable place-based integrated care is an exciting move towards supporting the development of local care organisations those Greater Manchester Boroughs. We wish those staff well and thank them for the hard work and dedication they demonstrated at Bridgewater.

Next year will see many challenges and changes as we move further towards the ambitious programme to deliver place-based integrated care in a collaborative way with our partners; an ambition that Bridgewater is fully signed-up to deliver.

Colin Scales

Chief Executive Officer

Andrew Gibson

Chair

2. Performance Report

2.1 Overview of Performance

The purpose of the overview is to give a short summary to provide sufficient information to understand our organisation, its purpose and the key risks to the achievement of its objectives and how it has performed during the year.

Chief Executive's statement

2018/19 has been a busy time within the Trust. Over the course of the year I have been privileged to work with staff who wholeheartedly share the Trust's aim to improve the health and wellbeing of the people we serve in an integrated place-based way. This is reflected in the overwhelmingly positive patient feedback about the services we offer.

Effective performance management is critical to Bridgewater's ambition to become a high performing Foundation Trust which is financially viable, well governed and consistently compliant with its terms of authorisation. To support this, the Trust has rebuilt its Data Warehouse and during Q1 of 2019/20 will be launching a newly developed Business Intelligence tool to enable clinicians and managers to access the organisational stored data.

In 2018 we published our 'place based' operational plans which describe the key changes in each borough reflecting the overarching themes in our Strategy: Quality and Place. Specific information on boroughs, other services and corporate teams can be found herein.

During the year the Trust focused on preparing to transfer our Wigan services to Wrightington, Wigan and Leigh NHS Foundation Trust to support the development of the local care organisation known as the Healthier Wigan Partnership. This transfer occurred on 1 April 2019.

The Trust also prepared the transfer of the Bolton 5-19 services to Bolton NHS Foundation Trust to ensure a smooth and safe transfer of staff and services to a revised 0-19 service. This transfer also occurred on 1 April 2019.

Profile of the Trust

Bridgewater Community Healthcare NHS Foundation Trust (Bridgewater) is a provider of community health services in the North West of England. Established as a NHS Trust in November 2010, Bridgewater was awarded NHS Foundation Trust status by Monitor on 1 November 2014 and the Trust name was changed to Bridgewater Community Healthcare NHS Foundation Trust.

During 2018/19 Bridgewater provided community adult and children's nursing and therapy services in: Wigan, Warrington, Halton and St Helens. It also provided children's services in

Oldham and Bolton and specialist services such as dental and offender health across a larger geographic footprint in the North West.

The following map shows the areas that Bridgewater currently provides services to:

Operating Income

The average Whole Time Equivalent (WTE) and Headcount of our staff for the period 01 April 2018 – 31 March 2019 was 2,476.74 WTE and Headcount 2,976 (2017/18: 2,294.4 WTE and 3,011 Headcount) – the majority of whom are staff members of our Foundation Trust.

Our income for the year 1 April 2018 to 31 March 2019 totalled £147,331k (2017/18: £151.8m) and included:

CCG and NHS England	£103.8m (2017/18: £107.5m)
Local authorities	£31.5m (2017/18: £31.0m)
Health Education England	£2.7m (2017/18: £1.8m)
Other NHS Foundation Trusts (excludes non-FTs)	£5.4m (2017/18: £5.4m)

The income for the provision of goods and services for the purposes of the health service in England is greater than our income for the provision of goods and services for any other purposes. (As per section 43(2a) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012)).

Our Vision for the Future

Our vision for Bridgewater is described in a single statement as:

'Quality first and foremost'

Underpinning our vision are our four strategic goals. They are:

- To deliver high quality, safe and effective care which meets both individual and community needs
- To deliver innovative and integrated care closer to home which supports and improves health, wellbeing and independent living
- To deliver value for money, be financially sustainable and be commercial
- To be a highly effective organisation with empowered, highly skilled and competent staff.

Our strategy for delivering our vision is to focus on our key priority areas. These are our 10 'must dos' which support the delivery of our strategic aims, which in turn will support the achievement of our vision. They are:

- Achieving the highest standards for patient safety and clinical quality
- Implementing our out of hospital health and care model (Integrated Community Services) across our geographical footprint
- Improving the patient experience
- Maintaining financial viability and stability
- Further development of organisational capacity and capability to deliver excellent services as the Trust's organisational footprint continues to grow
- Delivering excellent clinical services, striving to further improve outcomes and delivering across all NHS targets
- Engaging stakeholders, demonstrating leadership for corporate and social responsibility and strategically positioning Bridgewater services
- Playing a prominent role in our local health economies and the emerging STP footprints and safeguarding on-going employment opportunities for our staff

- Ensuring robust data and an evidence based approach to everything we do.

The Trust's Strategy: *Quality and Place – Transforming health together*

The Trust's five year strategy - "Quality and Place" was launched at the end of 2017. With two key priorities, Quality and Place, and eight workstream enablers, it provides a clear overarching direction for the Trust over the next five years to deliver high quality healthcare and focus on place and our role as a community provider and partner in each of our boroughs. The principles underpinning the Trust strategy are:

- To ensure patients are at the heart of what we do, providing them with excellent clinical outcomes and a first-class experience
- The need to ensure the continued delivery of high quality care and appropriate community services to the population and communities that we serve
- The requirement to achieve clinical and financial sustainability
- Achievement of current and future quality and accreditation standards
- Continual development of services that meet the changing healthcare needs of the patients we serve
- Partnership working across the local health economies in which we operate to ensure wider sustainability of healthcare provision
- A realistic level of Cost Improvement Programme and Capital Expenditure over the period of the plan
- Open, honest communication with our staff and high levels of engagement and empowerment

Between January and March 2018 we engaged with our operational teams, clinicians, administrative staff, managers and representatives from corporate teams to publish "place based" operational plans for 2018/19 which would describe the key changes in each borough and reflecting the overarching themes in Quality and Place. We also published an operational plan for Health and Justice and later on in the year, a strategy for Dental Services. Each plan was also summarised into our annual operating plan - a thematically based plan to complement each of our place based plans.

Improving Quality

- Quality plan on a page produced outlining a total focus on three domains: patient safety, clinical effectiveness and patient experience.
- Harm Free Care Group (HFCG) established to provide a key role in patient safety and quality improvement.
- Development of pressure ulcer improvement plan for 2019/20
- Borough awareness raising sessions for Sepsis training.
- Quality and Safety Newsletters are now produced with key messages that have arisen from RCAs (Root Cause Analysis).
- Quality dashboard refreshed.

Place Based Outcomes

Out of Hospital Model – Warrington Together

- Bridgewater continued to play a key role in the development of Integrated Community Teams (ICTs) as part of Warrington Together.
- Multi Agency Team meetings with GPs, Warrington Borough Council , North West Boroughs and Warrington Wellbeing went live in Central North cluster in December 2018
- System wide Standard Operating Procedure, Data Protection Impact Assessment (DPIA) and Privacy Notice agreed.
- Community Response Team and Recovery support model drafted with a proof of concept to be trialled 2019/20.
- Engagement events undertaken with GP clusters and partners with further events planned in 2019/20

Warrington – other developments

- Warrington Centre for Sexual Health launched a new drop-in clinic in February 2019 targeted at 18 to 24 year-olds.

- Community Orthopaedic Clinical Assessment and Treatment Physiotherapy Service (OCATS) delivered benefits in the first 12 months of a pioneering back pain initiative, including shorter waiting times to treatment, less frequent visits to GPs and a reduction in unnecessary investigations.

- Warrington health visitors embraced the digital age by sharing Birth Visit packs with families electronically via smartphone or tablet using a QR code of weblink. Feedback from service users has been really positive and showed they found this method of sharing information more helpful than traditional paper-based packs.

Out of Hospital Model – One Halton

- Integrated Community and Secondary Care & Wellbeing Provider Alliance developed to work together as part of One Halton.
- Key programmes of work supported include:
    - Urgent Care
    - Integrated Nursing (test bed)
    - COPD (test bed)
    - Halton Integrated Community Team (HICT).

Halton – other developments

- Our Community Midwifery Service received good rating from the CQC who identified many areas of improvement since the last inspection.

- In preparation for an anticipated tender process for two Urgent Treatement Centres we reviewed many of the systems and processes within our Widnes Urgent Care Centre

- Following feedback about the services we provide at Woodview Child Development Centre, we undertook considerable engagement with families and staff members to address concerns. This drew on the published report by Healthwatch Halton earlier in the year. We continue to work with Healthwatch Halton to engage with families and to deliver a range of improvements which have been detailed in two editions of a newsletter designed to keep families informed of our progress.

Out of Hospital Model - St. Helens Cares

A local integrated care system known as 'St Helens Cares' has been developed to ensure local sustainability of the health and social care system. The aim is to underpin system integration by moving to a single (outcomes-based) contract with a lead provider responsible for the delivery of services for St. Helens residents.

St. Helens Cares – other developments

- St Helens and Halton Paediatric Continence Team were shortlisted in both the British Journal of Nursing Awards Continence Nurse of the Year category and the Nursing Times Continence Promotion and Care category.

- St Helens walk-in centre was renamed as St Helens Urgent Treatment Centre (UTC) in December 2018 as part a national drive to standardise all urgent care services across England and make it easier for patients to understand what services are on offer.

- The Urgent Treatment Centre adopted the St Helens Shared Care Record in early 2019.

Out of Hospital Model - Oldham Cares

A Greater Manchester Population Health Plan has been developed for the region with priorities which reflect the locality plans in each of the 10 boroughs of Greater Manchester and also supports a broader approach to service reform across the region.

Oldham – other developments

- Our Right Start service launched the Greater Manchester oral health transformation initiative 'Smiles Matter', a supervised tooth brushing programme to raise awareness of good oral health hygiene in two to five year olds.

- We secured additional funding from the Oldham Opportunity Area initiative to test the delivery of REAL (Raising Early Achievement in Literacy) interventions in young children aged 0-2 years who are identified as needing monitoring in their communication and language development.

- School readiness - Oldham Right Start and school nursing teams have been working closely with partners to explore ways in which together they might be able to ensure children enter school ready to engage in and benefit from early learning experiences that best promote the child's success. We are, in partnership with families, early years education providers, primary school staff and community partners looking at finding ways to work together to share information and to provide environments and developmental experiences that promote health, growth and learning to ensure that all children in Oldham enter school eager and excited to learn.

Wigan

- During the year we prepared for the transfer of Wigan Bridgewater adults and community services to Wrightington, Wigan and Leigh NHS Foundation Trust as part of the continued development of a Local Care Organisation known as the Healthier Wigan Partnership

- Our Community Response Teams, delivered in partnership with Wigan Council and Wrightington, Wigan and Leigh NHS Foundation Trust, gained significant momentum during the year and made a real impact in avoiding hospital admissions through the work with North West Ambulance Service. The teams were nominated for a number of innovation awards and shortlisted for the HSJ Value Award 2019 Community Service Redesign category.

Bolton

- During the year we prepared for the transfer of our Bolton 5-19 services to Bolton NHS Foundation Trust to deliver a smooth and safe transfer of staff and services on 1 April as part of a revised contract for 0-19 services in the borough.

Other service developments

- Our NHS Driving Assessment Centre celebrated keeping people safe on the roads for 25 years. In May 2018 NHS staff, former clients and representatives from the Department of Transport and Driving Mobility came together to celebrate the anniversary. The service, based in Haydock, Merseyside is one of only a handful of NHS driving assessment centres in the country and has a dedicated and friendly team of occupational therapists, driving instructors and administrators on hand to offer comprehensive advice and assessments on both vehicle adaptations and driving ability.

- A team of NHS administrators who support the safety of vulnerable children and young adults in Bolton, Oldham and Wigan were shortlisted for a prestigious national Unsung Hero Award in the Team of the Year category.

- Our Community Dental services working in Widnes and Runcorn improved the way they work with hard to reach communities, to help improve access to dental care amongst people who may face barriers to accessing a local dental surgery. The service also engaged in the Dementia Friendly Dentistry programme across Greater Manchester, to help dental professionals further understand dementia and its implications for their practice.

- Health and Justice services introduced a Patient Safety Group for the service to review any incidents and complaints. The service also received a ministerial visit at HMP Wymott in February.

At the AGM the Board with present its updated Strategy for the Trust.

Communications and Engagement

- Developed and launched 'Now We're Talking' campaign resulting in increased visibility and profile of services through various media channels e.g. videos, case studies and in-house graphic design to improve web pages, social media presence, written materials.
- Produced a Warrington 0-19 newsletter for stakeholders as well as written and video case studies.
- Developed Dental Network and Right Start Oldham stakeholder newsletters.
- Developed a range of case studies for Oldham.
- Continuing to engage with system wide Communications partners across emerging models to develop consistent and coordinating messaging and information

Asset based delivery, prevention and self-care

Asset based training examines the beneficial effects of assets such as social relationships and networks on health and wellbeing.

- Led Warrington Together's Organisational Development & Workforce enabler group which includes 'Strengths/Asset Based Approaches'.
- Halton's 0-19 Children's services received training on Asset Based Approaches to Person-Centred Care in a partnership with Wellbeing Enterprises.
- Asset based training delivered to a number of leaders in Health & Justice as part of leadership development programmes.
- Worked with Cheshire & Merseyside Sustainability and Transformation Partnership (STP) to develop bespoke training to roll out Making Every Contact Count.
- Social Leaders training programme delivered to 25 staff from all boroughs supported by funding from Health Education England

Workforce

- Managers have been trained in 'Population Centric Planning Approaches' to support workforce planning, service redesigns and workforce monitoring. Training will continue also for 2019/2020.
- Work progressed on a centralised bank
- Skills escalator is in development to 'grow our own' staff and support succession planning.
- Bridgewater is taking part in the NHSI Nursing Retention review programme to support the reduction of turnover.
- Bridgewater was part of the Trainee Nurse Associate's pilot and this has continued successfully within the organisation.

Technology

- Bridgewater's 'Digital Strategy' has been developed and approved.
- Warrington Adult services now on full Electronic Patient Record EPR (District Nurses, Community Matrons etc.) all live with 4G connected agile devices and full EPR functionality.
- Oldham's 0-19 services now live on mobile EPR and Children's Centres have all been networked to Bridgewater
- Active children's legacy paper records have been fully digitised in Oldham.
- Bridgewater's telephony system upgraded enabling new features and wider deployment.
- Bridgewater's 'Data Centre' has been moved to strategically fit with many of the health systems where we work, enabling data and information sharing and future system development work

Data and Information

- Information and Performance Strategy developed and ratified.
- Investment in a new data warehouse approved.
- Business Intelligence Solution Qlik Sense implemented - live from May 2019
- Development of a Heat Map (IQPR) also implemented and completed as a replacement to the IPR

Estate and Infrastructure

- The Strategic Estates Groups in One Halton and Warrington Together collaborated to maximise opportunities for co-location and integrated community teams.
- Estate utilisation and rationalisation exercises underway with moves planned and executed for a range of services including:

- Corporate staff to Spencer House and Europa Point
- Increased use of Children's Centres in Oldham
- Plans for a Children's Hub in St Helens
- Plans to utilise new developments/LIFT including Great Sankey Hub, Orford Jubilee and Bath Street in Warrington.

Feedback Received

Below are some of the comments received by Bridgewater about the services we provide and the healthcare professionals who deliver those services.

Bolton:

The Parallel Service - "Staff are so lovely feel like I can tell them anything very informative and great advice"

Immunisation Service - "The nurses are so lovely and gentle and helped me feel comfortable having the injection. Helped me feel much better. [Name] was my nurse and was really lovely and nice"

School Nursing - "Your staff are kind and friendly. They help you as best as possible and don't pass any judgement"

Halton:

Adult Continence - "Treated with dignity and respect, explained everything in plain language, felt very comfortable and relaxed with the nurse"

Podiatry Service – "I would like to point out from the very first appointment to my last discharged appointment, the staff in the Podiatry department have been amazing and gone above and beyond, right down from the booking in process, to the actual procedure itself and explanation to ongoing aftercare until healed, at all times they remained extremely professional and knowledgeable as well as reassuring a very nervous me, right down to the friendly approach remembering me on my next visit, They are not only a credit to the NHS but to your own health authority, please pass on my sincere thanks"

Urgent Care Centre – "Thank you for the brilliant care in your urgent care centre over the last few days. You have some really brilliant staff that has made us feel well looked after

Oldham:

Family Nurse Partnership - "Thank you for everything over the past few months you have been truly amazing"

Health Visiting - “I am always made to feel so welcome and if I have any concerns with my child I'm always put at ease”

Children’s Centres - “Staff always friendly and approachable. Happy to answer questions”

St Helens:

Walk in Centre - “Very quick to be seen, thorough triage assessment, genuine concern from the nurse, immediate care given”

Paediatric Continence Service - “[Name] has been phenomenal. She has helped our family so much, she's been so helpful. We can see the light at the tunnel. Thank you so much”

Wheelchair Service - “Extremely pleasant manner. Extensive knowledge and made me feel at ease immediately. A very pleasant visit”

Warrington:

IV Therapy Service - I write to thank you for the excellent service I have received from the District Nurses at my home. I find it my duty to contact you because I was overwhelmed with the top class service I received for my IV treatment mainly from [Name]. [Name] is a quite incredible lady; her knowledge of what I had suffered from was amazing. I found more out about my problem than I did from the consultants

I also had visits from [Name & name] who were both charming ladies to whom I am very grateful. I cannot speak highly enough of the very high standard of treatment I received from the Team. I have to report that [Name] is a diamond so thank you once again for the super-efficient and high quality of service I have experienced with the IV District Nurses.

They were all charming and very caring ladies.

Intermediate Care - “To all the amazing team who have cared for [Name] over the past three weeks. We are eternally grateful for your professionalism and dedication. The support the whole family have received from you all has been outstanding and we can't thank you all enough. You are all truly wonderful and are doing an excellent job”

Stoma Care Service – “Both the Stoma Nurses were very helpful and supportive and provide an excellent service. Much appreciated”

Wigan:

District Nursing End of Life Care (End of Life Care)

“I wish to bring to your attention what I consider to be the outstanding qualities of a particular member of your staff [Name], Team Leader.

My darling wife [Name] suffered terminal cancer and sadly passed away on 11.03,18. [Name] only became involved in her care on Sunday 04.03.18.

From 2.50pm on that date she masterminded an unbelievable chain of events, ensuring that my wife got all the care, medication and equipment necessary for her well-being. She and her team were readily available when needed. A hospital bed arrived within 16hrs, CHC funding was granted, liaison with other agencies and organisations was virtually immediate despite it being weekend.

Her compassionate, caring yet authoritative manner gave everyone a feeling of confidence and well-being. There is no doubt that her unstinting efforts eased my wife's passing and assuaged the families concerns regarding her care. Prior to my retirement I had a very responsible job requiring important decisions and actions being taken at short notice. Rarely, if ever, have I seen such a display of efficiency and commitment to assist someone in need. [Name] is indeed an asset to your organisation and excellent role model to the NHS"

Fracture Liaison Service (Talk to Us) - "Helpful, professional and informative. Everything about the appointment was positive"

Audiology Service - "Always welcoming and available to help or answer questions. Very warm and friendly atmosphere, my children feel very relaxed"

Dental Services:

Leigh HC - "The staff were friendly and calming with my daughter and made her feel at ease. Can't recommend them enough"

Trafford - "Very helpful staff. Satisfied. Good listeners and respond well with children"

West Cheshire - "Very sensitive staff. Offered lots of reassurance, explained procedures clearly to my son to reduce his anxieties"

Health and Justice:

HMP Wymott - "I would just like to say since [Name] has been doing the med's on D wing he has made sure he does everything he can to help everybody. So I just write to say well done to him, thank you"

Barton Moss YOI – "Because the service is great and staff are very caring and nice"

HMP Garth - "I am constantly amazed at the quality of care I receive here at Garth. The dentist care I receive from 'R' has been outstanding. I am terrified of dentists but 'R' has been understanding, shown great care, pain free treatment and makes me feel unafraid"

Influences and Risks

Like every NHS organisation the Trust is exposed to many external influences and risks which will drive the way services are delivered in years to come. Close monitoring and review will be needed and undertaken to ensure alignment to local system changes and health policy.

The analysis below illustrates the key external influencing factors and risks that the Trust must consider and be able to adapt to in delivering our strategy:

Political

- Increased financial challenge for the Trust
- Future commissioning arrangements i.e. role of Joint Commissioning Boards and Strategic Commissioning Functions (SCF)
- Lack of coordination across clinical and political leadership when setting commissioning strategies
- Patient choice and NHS constitution
- Impact of integration with and across social care
- Minority government and "confidence and supply" agreement

Economic

- Rate of economic recovery
- Post Brexit impact
- Risk to sustained transformation programme within current resources
- Continued impact of reduced funding, ambitious Cost Improvement Programme (CIP) and Quality, Innovation, Productivity and Prevention (QIPP) targets combined with increasing levels of inflation
- Fragmented commissioning budgets across health, social care and wider public services
- Increasing demands e.g. ageing population and long-term conditions
- Reduction in Local Authority provision of Social Care services

Sociological

- Demographic changes and impact i.e. ageing population
- People dependent on services for their long term health and social care needs; services don't fit around their lives
- Poor deprivation scores across all boroughs
- Increased emphasis on community based preventative healthcare/self-management
- Increased choice for where care is received e.g. in community, at home etc
- Growing culture of assertive consumerism with increasing expectation

Technological

- New IT solutions: People powered technology e.g telehealth/telemedicine
- Alignment and sharing of information across IT platforms
- Greater access to the internet, apps and remote assessment
- Availability of new drugs to support conditions and disease
- Diagnostic/service capability i.e. opening up opportunities for delivery of more services/diagnostics outside the acute hospital sector
- Innovation to support care delivery and staff mobilisation e.g. Electronic Patient Records (EPR), agile working
- Home/office security and reliability
- Maintenance hardware/communications network/software

Legal

- Future organisational status eg. Integrated Care Organisations
- EU Working Time Directive impact
- Changes due to reversion to UK law
- Regulatory environment i.e. regulatory checks, CQC, NICE guidelines, governance etc.
- Potential future changes to staff terms and conditions
- Changes to drug and equipment licensing between EU and UK

Environmental

- Estates i.e. expectations and requirements
- Investment in smart buildings control systems
- Lack of space for co-location of services
- Corporate responsibility to environmental factors e.g. carbon footprint, recycling etc.
- Increasing utility costs

Going Concern

The financial statements have been prepared on a going concern basis. Commissioner intentions for 2019/20 are documented and contracts have not yet been signed for the Trust's planned income for 2019/20. A detailed paper was reviewed by the Finance and Performance Committee. This paper set out the key financial indicators drawn from the Trust's Annual Finance Plan for 2019/20. These indicators show:

- A Statement of Comprehensive Income break-even position before loss on absorption of £7.9m compared to an actual deficit of £7.9m for 2018/19. A positive cash balance throughout the year of £1.0m.
- A Use of Resources Risk Rating (UOR) score of three until month eight of 2019/20 rising to a rating of 1 for the remainder of the financial year. This is an improvement on that achieved in 2018/19 and confirms the Trust's financial position as of minor concern from a regulatory perspective.

The Trust recognises the current loan commitments and the repayment terms. It is the Directors view that in line with ongoing practice, the loan repayments will roll forward at the repayment date. Recent DHSC guidance supports this view.

Directors note the views of PwC on the value for money opinion but are satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019. They take this view on the basis that:

- Whilst the CQC rating remains as 'requires improvement', the 2018 inspection confirmed significant improvement in the ratings of the Trust's operations.
- The Trust had an agreed financial plan for 2018/19 with NHSI. Financial performance was within NHSI tolerance level for the year.
- The Trust has robust monitoring and controls in place to deliver the 2019/20 CIP requirements

The Committee and Board considered any material uncertainties which might impact the 'going concern' basis and concluded that there were none to report.

2.2 Performance Analysis

Effective performance management is critical to Bridgewater's ambition to become a high performing Foundation Trust which is financially viable, well governed and consistently compliant with the terms of its authorisation.

As part of the governance requirements of being a Foundation Trust and to provide clarity throughout the organisation on accountabilities and responsibilities, an integrated approach to managing performance is taken and there is clear visibility and lines of accountability from the Board down through to service level with the aim of providing internal and external assurance.

During quarter 3 2018/19, the Corporate Dashboards were reviewed and a Heat Map developed which sets out how metrics contribute to the delivery of the strategic, national and locally defined objectives. Ongoing development work will continue in 2019/20 to develop the metrics providing focused intelligence at borough, service line, team and individual level in order to create a clear and consistent picture of quality, people, financial and contractual performance to support service level intervention. On a quarterly basis the Executive Management Team met with the corporate and operational leads to focus on a full review of the current performance position reviewing exceptions, risk and variation. Assurance gained via the Senior Operations Team management of 'standardised improvement and recovery plans' and a formal 'escalation log'. The over-arching management of all recovery plans is reported via the relevant lead Director to the formal committees of the Trust Board.

The monthly Integrated Performance Report (IPR) was presented at the Board meeting during quarters 1-3. The Heat Map approach to performance management was introduced in month 9 to support the newly developed Integrated Quality Performance Report (IQPR) which provides a high level summary of the organisational performance against exceptions and allows the discussion of the mitigating actions that have been put in place. This also supports the organisational reassurance process. A copy of the IPR and IQPR is made available to the general public via the internet.

During 2018/19, Bridgewater has rebuilt its Data Warehouse. During quarter one of 2019/20 Bridgewater will be launching their newly developed Business Intelligence management tool to enable clinicians and managers to access the organisational stored data.

Financial Performance for 2018/19

The Trust's accounts have been prepared under a direction issued by Monitor under the National Health Service Act 2006.

For the financial reporting year ended 31st March 2019, Bridgewater Community Healthcare NHS Foundation Trust has reported a deficit of £7.96m (2017/18: £3.5m deficit) and this is the same figure as in the summarisation schedules that underpin the accounts.

Accounting Policies

The accounts have been prepared to comply with International Financial Reporting Standards (IFRS) as modified by the Foundation Trust Annual Reporting Manual, published by NHS Improvement.

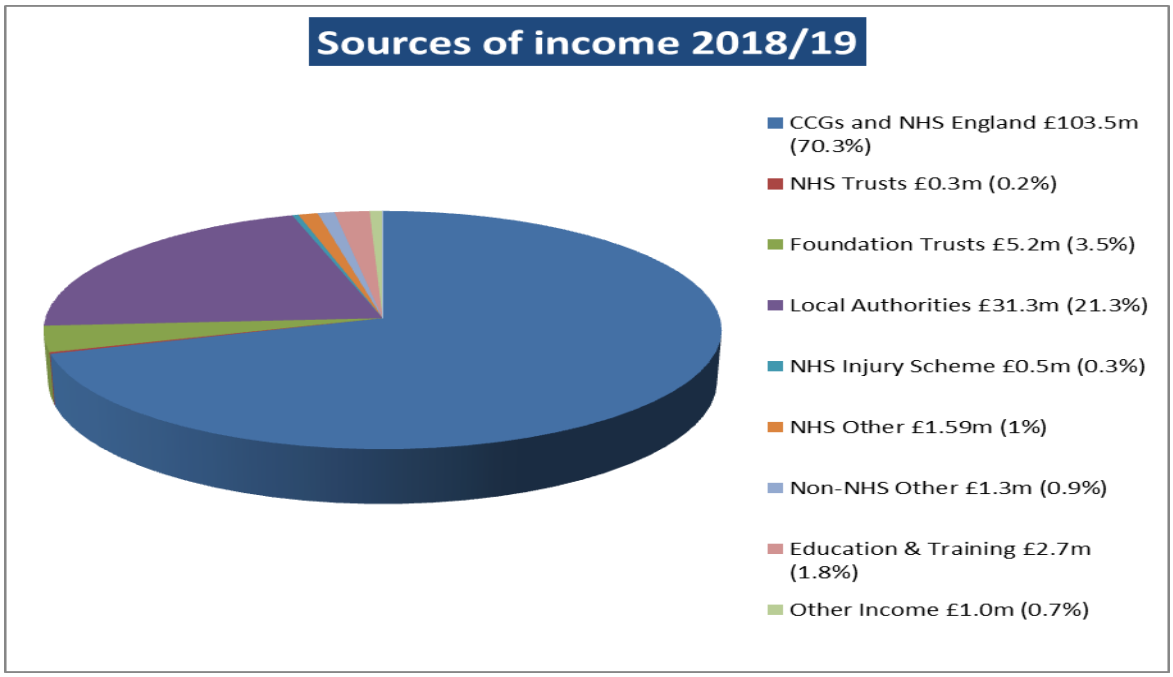
Capital Expenditure

The Trust incurred capital expenditure in 2018/19 of £3.6m (2017/18: £3.5m), split between community home loan equipment £1.6m, IT investment and other schemes £2.0m.

Income

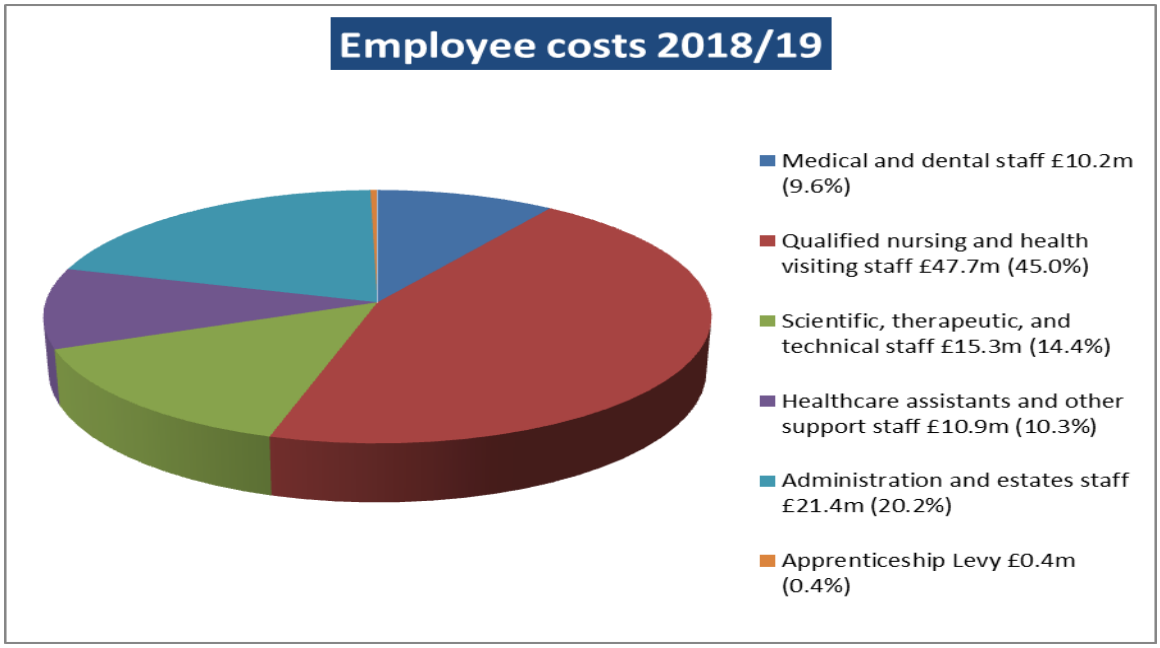
The Trust generated income in the accounting period of £147.3m. Income derived from Clinical Commissioning Groups (CCGs) and NHS England was £103.5m. The vast majority of the Trust's healthcare income is through 'block service level agreements'.

The Trust's income was generated as shown in the chart below, which highlights the categorisation of all the Trust's income taken from the accounts.

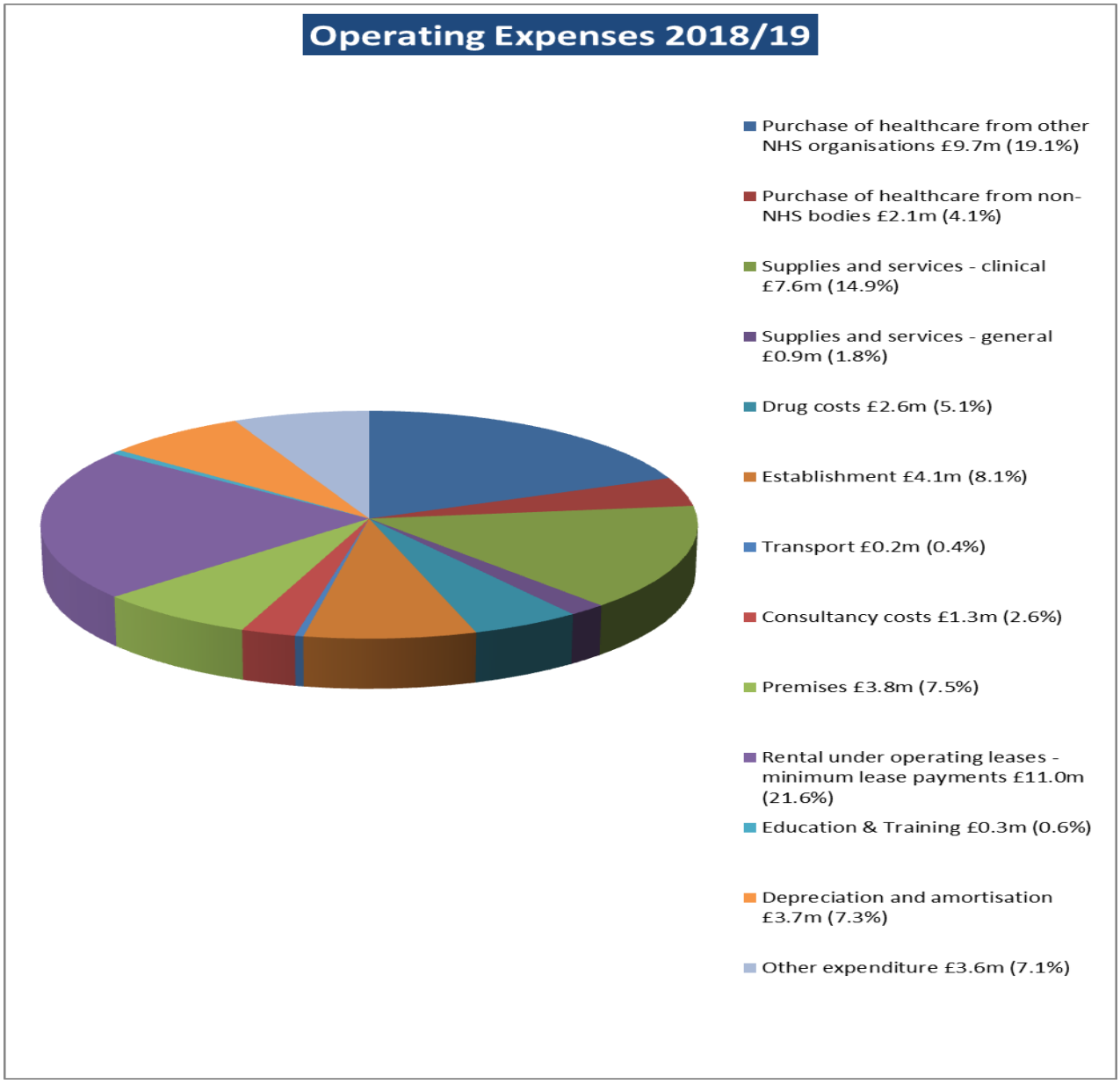


Expenditure

The Trust's main source of expenditure is Employee Costs (staff) totalling £105.9m representing 67.5% of total expenditure. The chart below highlights the breakdown of these costs.



Expenditure on Operating Expenses, excluding employee costs, amounted to £50.9m. The chart below provides an analysis of this expenditure by category.



Events After the Reporting Period

On 1st April 2019 the Trust's services in Wigan transferred to a new provider, Wigan, Wrightington and Leigh NHS Foundation Trust, as part of a planned moved towards the establishment of a Local Care Organisation, and this accounts for 30% of total contract income in 2018/19.

Future Financial Performance

The Trust faces a number of challenges over the next few years:

Ensure expenditure levels are controlled in line with contractual income assumptions.

The Trust has maintained its Cost Improvement Programme (CIP) base target for 2019/20 at 2% of operating expenditure. However, there was a cohort of 2018/19 CIP which was

delivered non-recurrently and there is an expectation that this will be delivered on a recurrent basis in 2019/20 and this equates to an additional 1% overall, bringing the Trust's total CIP requirement to 3%. This will require the Trust to continue to review all services to ensure that each service is performing efficiently whilst ensuring that the quality of service is not affected.

Anti-Fraud, Bribery and Corruption Measures

Fraud is estimated to cost the NHS one and a quarter billion pounds a year, the equivalent cost of over 40,000 staff nurses or 5,000 frontline ambulances. Bridgewater Community Healthcare NHS Foundation Trust takes a zero tolerance position towards fraud in all its forms and is committed to the prevention of fraud, bribery and corruption from occurring within the organisation. Under the NHS Standard Contract every NHS organisation in England and Wales is required to appoint a nominated Local Counter Fraud Specialist (LCFS). It is the role of the LCFS to implement the wide-ranging strategy of the NHS Counter Fraud Authority (NHSCFA), the national body responsible for fraud in the NHS. The provision of anti-fraud, bribery and corruption services to the Trust is contracted to Mersey Internal Audit Agency (MIAA). Their programme of work is monitored by the Executive Director of Finance and reported on a regular basis to the Audit Committee. The Trust complies with the NHSCFA Standards for Providers.

The LCFS works to 'inform and involve' by raising fraud awareness and creating and maintaining an anti-fraud culture across the Trust, 'prevent and deter' by stopping fraud from occurring in the first place and putting off people who may otherwise be tempted to commit it, and 'hold to account' by criminally investigating all appropriate allegations. Activities undertaken by the LCFS across these key areas include the delivery of Corporate Induction presentations to new staff, the circulation Trust-wide of relevant articles and newsletters via Bridgewater Bulletin, the review and fraud proofing of Trust policies and procedures to ensure that they contain adequate anti-fraud, bribery and corruption measures and the conduct of proactive detection exercises to help identify fraud in key fraud risk areas as well as system weaknesses. All allegations of fraud, bribery and corruption received by the Trust are dealt with and investigated in line with the Trust's Anti-Fraud, Bribery and Corruption Policy.

All NHS staff have a responsibility to ensure that public funds are safeguarded and to report any genuinely held concerns or suspicions regarding fraud, bribery or corruption. All concerns should be reported to the LCFS and/or the NHSCFA. Further information is available on the Trust's anti-fraud intranet page.

Environmental management and sustainability

The Trust's approach to environment and estates was refreshed in our strategy, *People and Place – Transforming Health Together* which looks towards 2021 and beyond. This approach acknowledges that property and the built environment play an important part in the delivery of high quality services in to the communities served by the Trust. The sustainability of the environment from which the Trust operates is a core principle, aligned to locality based operational and service delivery plans whilst developing the Trust's approach to agile working using information technology as an enabler to reduce the Trust's impact in terms of transport.

The Trust, as a landlord, ensures its estate contractors are committed to sustainability, targeting for review, the areas of social, economic and environmental responsibilities.
As a tenant, the Trust works with its landlords, in ensuring that staff and services are fully aware of their responsibilities and the role they have, as tenants in delivering a sustainable environment.

Social, community and human rights issues

As a Trust it is important that we understand the health inequalities and other challenges that face people in the communities we serve, and that we design and deliver services that address these. Supporting access and inclusion and ensuring that principles such as equality, independence and respect are important in all we do as a Trust, for both patients and for our employees. The Trust complies with and upholds the requirements and duties of legislation such as the Human Rights Act 1998 and the Equality Act 2010.

In 2017/18 the Trust launched a new strategy for the next five years. Quality and Place was developed in partnership with local communities and our healthcare partners in each borough. The two key strategic priorities headlined in the strategy title demonstrate the Trust's commitment to providing high quality healthcare that is place based. The second priority, place, recognising the diverse communities and differing needs that we need to understand in order to achieve the first priority of high quality healthcare.

In recognition of the challenges our communities face, in addition to the nine protected characteristic groups, the Trust has chosen to also recognise and commit to identifying and removing barriers to access and reducing health inequalities for other vulnerable health groups including carers, sex workers, military veterans, those with chaotic lifestyles such drug or alcohol abuse, our prison communities and asylum seekers/refugees.

The five principles of universal human rights (fairness, respect, equality, dignity and autonomy – FREDA) are important in all areas of Trust business, both service delivery and employment. This is recognised in such diverse areas as:

- Policies and procedures
- Mandatory training, and also non-mandatory training opportunities for staff
- Employee health and wellbeing initiatives and support
- Mandatory reporting, such as Equality Delivery System 2, Gender Pay Gap, and the NHS Workforce Race Equality Standard
- Equality and inclusion project work such as that currently being completed around gender reassignment
- Patient engagement
- Language interpretation support
- Equality Impact Assessments

Throughout 2018/19 the Trust has been working with the Merseyside & Cheshire EDS2 Partnership, a collaborative of providers and commissioners who have worked together to identify and address equality and human rights issues in our communities. This partnership work will continue, with work-streams planned for 2019/20 beginning with reasonable adjustment for people with disabilities in both services and the workforce

For our staff understanding our different communities and upholding human rights is just day to day work; making adjustments to how they work with different people; meeting the FREDA principles in every patient contact; and ensuring that the rights set down in the Act are met for the diverse individuals and communities they serve.

More information on the work taking place within the Trust on equality, diversity, inclusion and human rights can be found on our webpage.

There are no overseas operations to declare.

The Performance Report for Bridgewater Community Healthcare NHS Foundation Trust was approved by the Board on 28 May 2019

Accounting Officer Colin Scales (Chief Executive)

28 May 2019

3. Accountability Report

3.1 Directors' Report

Directors' statement

As directors, we take responsibility for the preparation of the annual report and accounts. We consider the annual report and accounts, taken as a whole, to be fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

The Board of Directors

Bridgewater Community Healthcare NHS Foundation Trust was authorised and awarded its Foundation Trust Licence by the independent regulator Monitor on 1 November 2014.

The Trust Board has overall responsibility for leading and setting the strategic direction for the organisation. It is also takes a lead in holding the Trust to account for the delivery of the strategy, through monitoring performance and seeking assurance that systems of control are robust and reliable. This includes ensuring the delivery of effective financial control, high standards of clinical and corporate governance and promoting partnership working in the communities we serve. The Board is also responsible for shaping the culture of the organisation.

The Board consists of both Executive and Non-executive Directors. We consider each Non-executive Director to be independent. The length of each Non-executive Director appointment is detailed in the biographies below.

The directors of the Bridgewater Community Healthcare NHS Foundation Trust for the period 1 April 2018 to 31 March 2019 were as follows:

Andrew Gibson - Chair

Andrew Gibson became the Trust Chair on the 1 October 2018.

Andrew started with the NHS (after a successful career in the Army) in 1988 as Chief Executive of the then Sunderland Health Authority, and for 17 years, was one of the top performing NHS Chief Executives in the country, working in Health Authorities, NHS Trusts and community organisations. Between 1993 and 2003, Andrew was Chief Executive of City Hospitals Sunderland, leading the organisation to first wave Foundation Trust status and was one of the very few to have achieved the top NHS Star Rating each published year. In 2003 he was asked by the then NHS Chief Executive to lead the North of

Tyne Commissioning Consortium – a prototype for World Class Commissioning and PCT Clusters.

Andrew left the NHS at the end of 2005 and now advises both as a non-executive director and consultant on health reform to the public and private sectors. He has been extensively involved in developing fresh models of healthcare, performance systems and programme budgeting, working with individuals and teams in NHS Trusts and CCGs. Recently he has been closely involved with the development of "integrated care" models and in assisting challenged health care organisations and STP systems.

Harry Holden – Chair

Harry was confirmed in the post of Chair of the Trust in November 2010.

Harry Holden retired on 30 June 2018.

Colin Scales – Chief Executive Officer

Colin joined the NHS in 1994 after leaving university and has undertaken a range of roles within commissioning, operational management and the Department of Health during his career. As an Executive Director he has been responsible for developing strong relationships between organisations, developing leadership capacity and introducing systems to support managers to improve the performance of services.

He has experience of working in a number of different NHS Trusts and was a member of a Trust Board that successfully achieved Foundation Trust status.

Colin joined the Trust on 9 November 2011 as Chief Operating Officer and was appointed to the position of Chief Executive Officer on 1 April 2015.

<u>Qualifications</u>

BA (Hons) Degree in Geography, University of Salford

Cranfield University, School of Management, Strategic Leadership Executive Programme, May 2014

NHS Top Leaders Programme 2014/15

Mike Barker – Director of Strategic Development, Deputy Chief Executive

Mike joined the Bridgewater Board on 24 October 2015 and was appointed Deputy Chief Executive from March 2018. He left the Trust on 16 September 2018.

Karen Bliss – Non-executive Director

Karen qualified as a Chartered Accountant in 1991 after joining PricewaterhouseCoopers as a graduate trainee. She has held a variety of roles within the company at senior management level and has worked in audit, business assurance and due diligence.

She was originally appointed to the Board of Ashton, Leigh and Wigan Community Healthcare in 2008 and appointed to the Board of Bridgewater in 2010.

After Harry Holden's retirement, Karen held the position of Interim Trust Chair from 1 July 2018 to 30 September 2018 and became Vice-Chair after appointment to Chair role of Andrew Gibson.

Qualifications

BA (Hons) Engineering, Cambridge University

Fellow of The Institute of Chartered Accountants (FCA)

Marian Carroll – Non-executive Director

Marian Carroll is a retired Executive Director of Nursing and has held roles at a number of North-West hospital trusts. As an experienced nurse and senior NHS manager, she has a strong clinical focus but is also committed to representing the views of patients. Marian joined the Trust in September 2015.

Marian holds the position of the Quality and Safety Committee Chair in the Trust and is also a Freedom to Speak Up Guardian.

Qualifications

MSc: Quality in Healthcare Management (Birmingham University)

RGN: Wolverhampton School of Nursing

Steve Cash – Non-executive Director

Steve has held a number of senior roles in commercial management, strategic partnership and financial management spanning 30 years and most recently held a senior leadership position within the FTSE 100 company BT. He has broad leadership and business skills including strategy, finance, marketing, partnering and operational management.

He was originally appointed to the Board of Ashton, Leigh and Wigan Community Healthcare in 2008 and appointed to the Board of Bridgewater in 2010.

Steve holds the position of Finance and Performance Committee Chair in the Trust.

Qualifications

Global Partner Vision programme – Harvard and Beijing University

Diploma in Marketing – Manchester University

BA Business Studies – University of Central Lancashire

Sue Hill – Director of Finance

Sue joined the Board of Bridgewater on 26th February 2018. She left the Trust on the 6 January 2019.

Nick Gallagher – Director of Finance

Nick is a member of the Chartered Institute of Management Accountants and started his career in the private sector in 1988.

Nick has extensive NHS experience having worked in the NHS for 25 years in numerous organisations including PCT, community providers and shared services.

He was Interim Deputy Director of Finance for two years at Bridgewater before being appointed as Executive Director of Finance in December 2018.

Married with three daughters, Nick has lived for 38 years in the local borough of Warrington.

Nick joined the Board of Bridgewater in January 2019.

Qualifications

Chartered Institute of Management Accountants

Lynne Carter - Chief Nurse/Chief Operating Officer

Lynne has been Chief Nurse in acute, community and integrated providers and has also been Head of Governance and Chief Operating Officer. She has extensive experience in developing new roles in order to meet the changing needs of healthcare including Advanced Clinical Practitioners, Nursing Associates and Consultant Nurse and Therapists.

As an interim Lynne has delivered financial turnaround, safeguarding systems and new clinical pathways and is confident in all areas of leadership and management.

Lynne remains a committed clinician with a strong professional perspective and belief in supporting healthcare services which meet the needs of local populations.

Lynne joined the Trust on 23 March 2018 as an Interim Chief Nurse and was appointed in substantive role from the 1 May 2018. She was also appointed to the role of Chief Operating Officer from 13 July 2019. Lynne is also a Freedom to Speak Up Guardian.

Qualifications

Post Graduate Diploma Medical Law

Post Graduate Diploma Professional Studies in Management

BSc (Hons) Nursing Studies

Registered Nurse - Learning Disabilities

Registered Nurse - Adult

Jacqui Bate - Interim Director of Workforce & Corporate Affairs

Jacqui acted as Interim Director of Workforce & Corporate Affairs from 17 September 2018 to 7 December 2018.

Michelle Cloney – Director of Workforce and Organisational Development

Michelle was appointed as Director Workforce & Organisational Development on 7 January 2019 as a joint appointment with Warrington & Halton Hospitals NHS Foundation Trust. Michelle has been appointed to provide senior executive HR leadership.

Michelle was appointed Director of Human Resources & Organisational Development at Warrington & Halton Hospitals NHS Foundation Trust from November 2017 after occupying the interim position since March 2017.

Prior to this she was Associate Director of Workforce at Pennine Lancashire Transformation Programme and Senior Responsible Officer for Workforce, Organisational Development and

Leadership working across organisational boundaries within East Lancashire & Blackburn with Darwen, including both Clinical Commissioning Groups, two Local Authorities, one Acute Hospital and one Mental Health Trust.

Michelle has worked in the NHS since 1984 initially joining the nursing profession and through this developed a passion for developing staff so they could deliver excellent care to patients and service users. In 1997 she moved into Human Resources & Organisational Development and has gained extensive knowledge and experience in the management of HR services, employee engagement, staff wellbeing, and multi-professional education.

Michelle is committed to supporting staff to put our patients at the heart of all we do and to enable them to recognise the Trust as a great place to work and receive care.

Linda Chivers – Non-executive Director

Linda is currently Audit Chair and a member of the Governing body of Chorley and South Ribble CCG, having joined pre authorisation. Until June 2018 she was Chief Executive of Age Concern Central Lancashire, a post she held since 1997. She is a chartered management accountant with many years of experience working in the not-for-profit and service industries.

During her time with Age Concern Central Lancashire she was actively involved in developing collaborative approaches to working, ensuring services which supported people in later life were informed by and met their needs and was a Non-executive Director of Age Concern Support Services (North West) and Age Concern Enterprises Ltd.

Linda joined the Trust on 1st June 2018. She holds the position of Audit Committee Chair in the Trust.

<u>Qualifications</u>

BA Accountancy and Computer Science

Member of the Chartered Management Accountants Associations – status – ACMA

Maggie Pearson – Non-executive Director

Professor Maggie Pearson joined the Trust in September 2015.

Maggie left the Trust on 30 September 2018.

Dr David Lewis - Interim Medical Director

David acted as Interim Medical Director from 16 October 2017 to 30 April 2018.

Dr David Valentine – Medical Director

David joined the Trust on the 1 April 2018 and has 25 years of experience working in the NHS.

Whilst he continues to work as a GP, David also has extensive experience in senior managerial roles. He was a Medical Director of Ashton, Leigh and Wigan Primary Care Trust from 2008 to 2013 and Deputy Medical Director Greater Manchester NHS England (now Greater Manchester Health and Social Care Partnership) from 2013 to 2018.

David managed the transition of staff during the Primary Care Trust closedown across Greater Manchester and was the lead in setting up the Medical Directorate at the Area Team. Whilst at Ashton, Leigh and Wigan Primary Care Trust he was the Board Lead for Safeguarding, sitting on both Wigan Adult's and Children's Safeguarding Boards. David worked closely with the Wigan Local Authority and agreed combined resources to create a single safeguarding team across Health and Social care in Wigan.

In the last five years he led on the regulation of Primary Care professionals within GM including revalidation of over 2500 GPs.

David has been involved in national work to inform the NHS England appraisal policy, and the General Medical Council Responsible Officer Reference group.

<u>Qualifications</u>

Qualified as a doctor Liverpool University Medical School 1993

NHS Leadership Academy Nye Bevan Programme in Leadership 2016

Approved mentor at NHS North West Leadership Academy

Dorothy Whitaker – Non-executive Director

Dorothy originally trained as a nurse and worked in London before returning to the North West. She has 20 years' experience in the third sector and has undertaken a range of roles involving the development of innovative solutions to health and social care issues. Her final post was as Chief Officer for Blackburn with Darwen Council for Voluntary Service.

Dorothy was appointed to the Board of NHS Ashton, Leigh and Wigan Primary Care Trust in 2006 and later joined the predecessor organisation to Bridgewater (Ashton, Leigh and Wigan) Community Healthcare in March 2008.

Dorothy also held the position of Vice Chair until 30 September 2018. She now holds role of Chair of Workforce and Organisational Development Committee.

Qualifications

State Registered Nurse Certificate
OU Post Experience Certificate – Handicapped Person in the Community.

Sally Yeoman – Non-executive Director/Senior Independent Director

Sally started her career working in services for adults with learning disabilities and has since had more than 10 years' experience leading charitable organisations which support community, voluntary, not for profit and faith groups. She is an Institute of Directors certified Company Director and is currently Chief Executive Officer at Halton and St Helens Voluntary & Community Action.

Sally joined the Trust in January 2012. From 1 January 2015 Sally held the position of Senior Independent Director. It is a requirement for foundation trusts to appoint a Senior Independent Director (SID) who is available to members and governors if they have concerns that cannot be resolved through normal channels.

Qualifications

BSc (Hons) in Sociology

Institute of Directors Certificate in Company Directorship

Balance, Completeness and Appropriateness of Board Membership

Our Board is satisfied that it has the appropriate balance of knowledge, skills and experience to enable it to carry out its duties effectively. This is supported by the Council of Governors which takes into consideration the collective performance of the Board via the Nomination Committee.

Performance Evaluation of the Board

During the year, the Board undertook a review of its effectiveness, with the output of the exercise used to inform the board development programme in place throughout the year. Deloitte LLP have provided a development programme focused on board impact and effectiveness. The Trust has used a combination of internal subject matter experts and external development support. All Board members have an appraisal with the Chair or Chief Executive, and the Council of Governors oversee the performance review of the Chair and the Non-executive directors of the trust to help inform their decisions on the re-appointment or termination of Non-executives as necessary.

The Board meets on a bimonthly basis, allowing the intervening month to be spent on a full day of development as a team. This has proved invaluable in enabling the board to spend time debating in depth the issues facing the Trust. It has also allowed time for personal and team development.

Non-executive Directors' appointments may be terminated on performance grounds or for contravention of the qualification criteria set out in the Constitution with the approval of three quarters of the Council of Governors or by mutual consent for other reasons. There is no provision for compensation for early termination or liability on the Trust's part in the event of termination.

During 2018/19, the terms of reference of all Board Committees have been reviewed. Each meeting of the Board or Committee undertakes a review at the end of its meeting, with feedback provided to improve the performance in the coming months. This process is supplemented by pre-meets to set the agenda and to improve the function of the meeting. Formal evaluation is undertaken annually by means of a questionnaire to all attendees.

Register of Interests

A Register of Directors' Interests is maintained by the Trust and can be accessed on request to the Trust Secretary.

Board Committees

A schedule of director attendance for all committees can be found at Appendix 1.

Audit Committee

The aim of the Audit Committee is to provide the Board of Directors with a means of independent and objective review of financial and corporate governance, assurance processes and risk management across the whole of the Trust's activities (clinical and non-clinical) both generally and in support of the Annual Governance Statement.

In addition, the Audit Committee:

- Provides assurance of independence for external and internal audit.
- Ensures that appropriate standards are set and compliance with them is monitored, in non-financial, non-clinical areas that fall within the remit of the Audit Committee Monitors corporate governance (e.g. compliance with codes of conduct, standing orders, standing financial instructions, maintenance of registers of interests).
- Ensures the provision of an effective system of internal control and risk management including the Trust's financial controls.

From April 2018 to December 2018 the Committee consisted of six Non-executive Directors, one of whom was the Chair. In January 2019 the Committee membership reduced to four Non-executive Directors, one of whom is the Chair, the remaining three reflecting the Chairs of the Board Committees.

The Committee has met on six occasions throughout the reporting period. The Committee Chair, the Director of Finance, and the Internal Audit Manager attend routine meetings of the Audit Committee.

External audit representatives and a representative of the local counter fraud service also regularly attend Audit Committee meetings as do Trust Directors and/or their staff in respect of issues which the Audit Committee consider to be of risk or special interest.

A schedule of attendance at the meetings is provided in appendix 1 which demonstrates the compliance with the quorate requirements and regular attendance by those invited by the Committee.

The Trust's internal audit function is carried out through Mersey Internal Audit Agency (MIAA). The Trust's external auditors are PricewaterhouseCoopers (PwC).

Self-Assessment:

During the financial reporting period for 2018/19 the Committee have complied with 'good practice' recommended through:

- Agreement of Internal and External Audit and Counter Fraud plans.
- Regular review of progress and outcomes, i.e. risks identified and action plans agreed.
- Private meetings with External, Internal Audit and Counter Fraud.
- Regular review of the Audit Committee work plan.
- Review of the Committee's Terms of Reference.

Audit Committee Business

Counter Fraud

During the year, the Committee has reviewed the progress of the Local Counter Fraud Specialist's programme of work. The Counter Fraud Plan has been delivered in accordance with the schedule of days agreed with the Committee at the start of the financial year.

Internal Audit

Throughout the year the Committee has worked effectively with the internal auditors to strengthen the Trust's internal control processes. The Internal Audit Plan has been delivered

in accordance with the schedule of days agreed with the Committee at the start of the financial year. During the year, some agreed amendments to the plan had been approved by the Audit Committee. The Committee Chair reported these amendments to the Board.

During the year MIAA has completed 20 internal audit reviews, covering both clinical and non-clinical systems and processes.

The detail of these audits is provided in the Annual Governance statement.

The Committee has ensured that, where gaps in assurance are identified, appropriate action plans are agreed with management, and progress against these plans is regularly reviewed by management, internal audit and the Committee.

The Trust has a Finance and Performance Committee which looks at the challenges and issues associated with financial planning and forecasting, and the Audit Committee will seek assurances in respect of the processes and work undertaken.

External Audit

The Trust's external auditor, PricewaterhouseCoopers (PwC) attends the Audit Committee on a regular basis and is able to meet in private with members of the committee throughout the year. The year-end external audit emphasises matters in relation to risks (relevant to audit) faced by the Trust, its use of resources, value for money, ability to continue as a going concerns and any areas of material uncertainty which the Audit Committee then uses to direct its work in the subsequent year.

The Annual Report and Accounts 2018/19 includes PwC's external audit opinion. The adverse conclusion around value for money and material uncertainty on going concern paragraph was discussed with the Audit Committee on 21 May 2019, and the committee noted the conclusions of PwC in this regard.

Disclosure to Auditors

So far as the directors are aware, there is no relevant audit information of which the NHS Foundation Trust's auditors are unaware.

The directors have taken all steps that they ought to have taken as directors to make themselves aware of any relevant audit information. Furthermore, the Trust has made all relevant audit information available to the external auditor, PricewaterhouseCoopers (PwC), and the cost of work performed by them in the accounting period is as follows:

Category	Amount (£000)
Audit services	**75**
Further assurance services	**11**
Other services	**-**
Total	**86**

PwC does not provide any non-audit services. ('Further assurance services' is in relation to the Limited Assurance review of the Quality Report)

The Trust last undertook a tender exercise for external audit services in the autumn of 2016. This is therefore the third year end audit undertaken by PwC.

Systems of Internal Control

As outlined in the previous section, the Board and its committees are responsible for monitoring the Trust's governance structure and systems of internal control to ensure that risk is managed to a reasonable level and that governance arrangements exist to enable the Trust to adhere to its policies and achieve its objectives.

Ongoing assurance that the Board is sighted on its key strategic risks is provided in the Board Assurance Framework (BAF). In February 2019, MIAA conducted a review to assess the approach to which the organisation maintains and uses the Assurance Framework to support the overall assessment of governance, risk management and internal control. The opinion and assurance statement found the Assurance Framework is structured to meet NHS requirements, is visibly used by the Board and clearly reflects the risk discussed by Board.

More detail is contained in the Annual Governance Statement.

In line with the requirements of the Financial Reporting Manual (FReM) paragraph 5.3.9, the Directors make the following statements on behalf of the Trust:

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

It has not made any political donations.

Better payment practice code (BPPC)

The better payment practice code gives NHS organisations a target of paying 95% of invoices within agreed payment terms or in 30 days where there are no terms agreed.

	2018/19 Number	2018/19 £'000	2017/18 Number	2017/18 £'000
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	25,083	32,935	30,649	37,083
Total Non-NHS Trade Invoices Paid Within Target	17,000	21,292	14,374	19,165
Percentage of Non-NHS Trade Invoices Paid Within Target	67.8	64.6	46.9	51.7
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,241	22,566	1,772	30,901
Total NHS Trade Invoices Paid Within Target	709	15,254	1,139	23,017
Percentage of NHS Trade Invoices Paid Within Target	57.1	67.6	64.3	74.5

Income disclosures

The directors can confirm that 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 purposes.

Finance and Performance Committee

The Committee is responsible for monitoring the overall financial performance of the organisation including the delivery of the cash-releasing efficiency savings and within this to be satisfied that any risks to quality have been mitigated to an acceptable level.

Its duties are to:

- Oversee the financial performance of the organisation, reporting to the Board the likely future financial position of the Trust.
- Ensure delivery of the Trust's cost improvement programmes (CIP).
- Oversee the design and delivery of future CIP schemes.
- Make recommendations as to the content of financial and investment policies.
- Keep under review the content and application of the Trust's financial, investment and borrowing strategies and policies.

Nominations Committee of the Board

The overarching role and purpose of the Nominations and Remuneration Committee is to be responsible for identifying and appointing candidates to fill all the Executive Director positions on the Board and for determining their remuneration and other conditions of service. Further details on the work of the Committee are included with the Remuneration report at Section 3.2.

Quality and Safety Committee

The Quality and Safety Committee enables the Board to obtain assurance that high standards of care are provided by the Trust and, in particular, that adequate and appropriate governance structures, processes and controls are in place throughout the Trust.

The Committee's duties include the review and approval of the Trust's Quality Strategy, underpinning frameworks and supporting plans/strategies and the agreement of quality governance priorities to inform strategy and to give direction to quality governance activities across service areas.

The Committee reviews compliance with policy in relation to Infection Prevention and Control, Health and Safety, Complaints, Claims, Incident reporting, Safeguarding and Equality and Diversity.

Workforce and Organisational Development Committee

The Workforce and Organisational Development Committee provides assurance to the Board on the development, implementation and effectiveness of Workforce, Staff Engagement, Learning and Development and Organisational Development strategies.

The Committee's duties include assurance to the Board that the implementation of the 'people elements' of the organisational strategy to develop a clinically led, locality-based organisation is well designed and operating effectively.

The Committee enables the Board to obtain assurance that the Trust is compliant with all Human Resources, legal and regulatory requirements in line with the Trusts licence, employment legislation and best practice.

NHS Improvement's well-led Framework

During 2018/19 following the receipt of the final Governance Review undertaken by Deloitte LLP, an action plan was put in place to address the twenty recommendations that were made. The delivery of this action plan was overseen by the Governance Review Oversight Group, consisting of the Vice Chair, a further Non-executive Director, the Executive Team and the Trust Secretary. In February 2019 the Governance Review Oversight Group

recommended to the Board closure of the group and the actions. The few remaining outstanding actions were clearly marked on the action plan and assigned to be owned by either the Board, or a Committee of the Board. The Board were satisfied with this approach and were assured the actions were both implemented and embedded in the Trust.

There are no material inconsistencies between:

- the annual governance statement,
- annual and quarterly board statements required by the Risk Assessment Framework,
- the corporate governance statement with the annual plan,
- the quality report, and
- annual reports and reports arising from the Care Quality Commission planned and responsive reviews of the NHS Foundation Trust and any consequent actions plans developed by the NHS Foundation Trust.

Council of Governors

The Trust has a Council of Governors which consists of both elected and appointed governors. The Council of Governors contributes to the development of the Trust strategy and works with the Trust Board to forward plan. It will be involved in service development through member engagement. Governors have responsibility for the following decisions:

- Appointing the Chairman;
- Appointing the Non-executive Directors;
- Approving the appointment of the Chief Executive;
- Removing the Chairman and Non-executive Directors;
- Agreeing Non-executive Directors' terms and conditions, and
- Approving changes to the Constitution.

Governors' responsibilities include:

- Holding the Non-executive Directors individually and collectively to account for the performance of the Board;
- Appointing and removing external auditors;
- Receiving the Annual Report and Accounts;
- Being consulted on proposed changes and providing feedback on the future direction of the NHS Foundation Trust, and

- Representing the interests of members and public.

Elections are due to commence in May 2019.

The 2018/19 Council of Governors' membership is shown below:

Constituency	Governor	Date of election
Public: Ashton, Leigh and Wigan (1)	Susan Francis	1/11/16
Public: Ashton, Leigh and Wigan (2)	Vacancy	
Public: Ashton, Leigh and Wigan (3)	Rebecca Reece	1/11/16
Public: Ashton, Leigh and Wigan (4)	Dr Gary Young	28/10/15
Public: Ashton, Leigh and Wigan (5)	Ken Griffiths	28/10/15
Public: Halton (6)	Diane McCormick	1/11/16
Public: Halton (7)	Vacancy	
Public: Halton (8)	Vacancy	
Public: St Helens (9) and Lead Governor	Rita Chapman	1/11/16
Public: St Helens (10)	Bill Harrison	1/11/16
Public: St Helens (11)	Canon Geoff Almond	28/10/15
Public St Helens (12)	Derek Maylor	28/10/15
Public: Warrington (13)	Paul Mendeika	28/10/15
Public: Warrington (14)	Alan Guthrie	28/10/15
Public: Warrington (15)	Vacancy	
Public: Warrington (16)	Vacancy	
Community Dental (17)	Vacancy	
Rest of England (18)	Vacancy	
Staff: Registered Nurses and Midwives (19)	Fiona Bremner	1/11/16
Staff: Registered Nurses and Midwives (20)	Corina Casey Hardman	1/11/16
Staff: Registered Nurses and Midwives (21)	Janet Rawlings	1/11/16
Staff: Allied health professionals/other registered healthcare professionals (22)	Steven Lowe	1/11/16
Staff: Allied health professionals/other registered healthcare professionals (23)	Vacancy	
Staff: Clinical Support Staff including Assistant Practitioners/ Healthcare assistants and trainee clinical staff (24)	Vacancy	
Staff: registered Medical practitioners (25)	Dr Deb Mandal	28/10/15
Staff: Registered dentists (26)	Vacancy	

Staff: Non-clinical support staff including managerial and administrative staff (27)	Dave Smith	1/11/16
Partner: Wigan (28)	Vacancy	
Partner: St Helens (29)	Marlene Quinn	14/10/13
Partner: Halton (30)	Cllr Geoff Zygadlo	19/05/16
Partner : Warrington (31)	Cllr Judith Guthrie	23/06/14
Partner: Higher Education (32)	Janette Gray	14/10/13
Partner: voluntary sector (33)	Vacancy	

Council of Governors Tenures – narrative

(9) Rita Chapman elected as Lead Governor from 19/07/17

(1,2,3,4,5,21,22,28) – tenure ceased for Public Ashton, Leigh and Wigan Governors and Staff Governors who worked within Wigan Borough with the transfer of Wigan services at the end of March 2019.

Governors can be contacted via a dedicated email address:

bridgewater.governors@bridgewater.nhs.uk or via the Trust Secretary.

Non-executive Directors routinely attend Council of Governors meetings and all Governors are routinely invited to attend to observe those meetings of the Board of Directors which are held in public. Executive Directors attend meetings of the Council of Governors by invitation only for specific agenda items. The agendas for these meetings are structured to enable Governors to ask questions of the Board of Directors and to hold the Non-executive Directors to account for the performance of the Board.

Each Trust Board Committee (with the exception of the Nominations and Remuneration Committee) has a nominated Council of Governors attendee at each meeting, primarily to observe the performance of Non-executive Directors.

The Governors have not exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006 to require one or more of the Directors to attend a Governor's meeting for the purpose of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties. They have not proposed a vote on the Trust's or Directors' performance during the reporting year.

Membership

In April 2018 the Trust reviewed its membership strategy and revised the supporting action plan in light of proposed changes to its footprint.

The focus for the forthcoming year needs to be on developing meaningful engagement with its membership and work within the governing body has focused on how the organisation might best achieve this.

One of the key enablers to support this approach has been the continued development of robust relationships with its third sector partners. Very often groups/organisations working for and on behalf of the local population have a better understanding of need and shortfall.

Our members in Halton celebrated with us when the Trust was awarded the 0-19 contract. This reinforces the value of the work we do with children, young people and families in the towns of Widnes and Runcorn where we work closely with partners to develop and deliver holistic packages of care for some of the most vulnerable in these communities.

Due to significant change facing the organisation our governors took the opportunity to start the review of its constitution. Recognition of lack of governor representation in a number of boroughs spurred-on the work.

The recommendations from this working group were ratified at the April 2019 Council of Governors and are scheduled for consideration by the Board in May 2019.

The Trust's public governors continue to meet as a Council six times a year. In addition they meet as borough based groups where focus is on the operational issues impacting on the delivery of healthcare in the towns served by the organisation.

One of the key developments in the year has been greater governor representation at a number of key meetings in the boroughs; Healthier Warrington, Wigan Leaders Engagement Group , Healthwatch Bolton and Halton Peoples Health Forum are just some of the groups where our governors take the opportunity to engage with their members.

In June 2018, Trust Chair Harry Holden retired from the Trust and the governors played a significant role in the selection and recruitment of a new Chair. Andrew Gibson took up his post in October 2018.

In July 2018, the NHS celebrated its 70th anniversary, our members and governors joined staff in a wide range of fun activities. At the Urgent Care Centre in Widnes patients, public, members and staff alike joined in a rousing rendition of Happy Birthday.

Utilising Facebook, Twitter and the Internet we were able to generate significant interest in our work.

One of our greatest achievements has been the recruitment of younger members and we have visited many open evenings at high schools and colleagues across the Bridgewater footprint highlighting the work we do in the communities in which they live and how membership of the Trust can support them in their future careers.

For many these discussions have led to them progressing studies in health and social care related careers. We are hoping some of these members might consider future governor opportunities.

Our governors and staff continue to use public facing events in our communities to recruit members and during 2018 we were delighted to attend the Disability Awareness Day in Warrington, Oldham Family Fun day and Wigan Pride.

Our members actively support our annual staff awards ceremony by voting for our Patient Choice Award. This award recognises the work done by a member of staff/ team to promote health and well-being. This award is nominated for by our members and each year it generates significant recognition for the individual team.

This year's winner was Mags Saunders who works in our Health Outreach and Inclusion Team in Wigan. Mags was praised by several of our members for demonstrating kindness, compassion and care and providing support and help when most needed.

As of February 2019, the Trust membership totalled 12,248 this includes 9, 140 public members and 3,108 staff members. In May 2019, we are planning to hold elections for our Council of Governors.

Directors' statement

As directors, we take responsibility for the preparation of the Annual Report and Accounts. We consider the annual report and accounts, taken as a whole, to be fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

3.2 Remuneration Report

The remuneration report includes:

- Annual Statement on Remuneration
- Appointments & Remuneration Committee
- Senior Remuneration Policy
- Non-executive Director Remuneration
- Salaries and Allowances – Table x 2
- Fair Pay Multiple
- Exit Packages
- Service contracts
- Pension Benefits - Table

- Cash Equivalent Transfer Values (CETV)
- Real Increase in CETV

Annual Statement on Remuneration

The **Nominations and Remuneration Committee** has met on eight occasions between 1 April 2018 and the 31 March 2019.

During the period, the Committee reviewed the salary levels of all directors against national comparators as a part of the appointment process following the departure of previous incumbents. In order to reflect the prevailing market conditions salary levels of Medical Director, Director of Finance and Chief Nurse/ Chief Operating Officer were revised.. The Trust received notification from NHSI encouraging provider chairs to implement the Ministers' recommendation of 2018/19 Very Senior Manager (VSM) pay award. Consequently the Executive Directors received an uplift of £2075 in line with the national VSM agreement.

The Nominations and Remuneration Committee is attended by all Non-executive Directors and is chaired by the Chairman of the Trust. Throughout the course of the year, the Chief Executive, Director of People and Organisational Development and the Chief Nurse also attended the committee to provide advice or services. The committee sets the levels of pay for Executive Directors - and senior managers not remunerated under Agenda for Change pay arrangements. The committee approves the proposed appointment of Executive Directors. Contracts for Executive Directors are substantive unless or until the individual elects to resign the role or is removed from the role. Notice periods for such Directors are six months. There are no contractual provisions for the early termination of Executive Directors.

Appointments and Remuneration Committee – Council of Governors

The Council of Governors appoints Non-Executive Directors, generally on three year contracts which can be renewed on expiry. Notice periods are generally one month. There are no contractual provisions for the early termination of Non-Executive Directors. Furthermore the committee operates an annual Performance Development Review process to agree the objectives for the following year and performance against these is then jointly assessed after the twelve month elapses. The cycle is then repeated on an ongoing annual basis.

Senior Managers Remuneration Policy

With the exception of Directors and the CEO, all senior managers within the Trust are employed on Agenda for Change terms and conditions and associated salary scales.

Bridgewater Community Healthcare NHS Foundation Trust has adopted the NHS VSM pay framework (PCT Band 4) as the salary scale for all Directors. This provides a spot salary for each post, based on a percentage of the CEO salary.

As outlined above, salary levels of the directors have been reviewed in year. The Trust is required to explain the steps taken to ensure remuneration is reasonable where one or more senior managers are paid more than £150,000. The CEO's salary is the only one greater than £150,000. The Nominations and Remuneration Committee considered the market rates using NHS Providers Annual Remuneration survey to provide benchmarking information, prompted by the need to recruit new directors, but extended to ensure parity between those already in post and newly appointed staff.

The Trust is required to report what constitutes the senior manager's remuneration policy in tabular format set out below:

Components of Remuneration Package of Executive and Non-executive Directors	Basic pay in accordance with their contract of employment (executive) and letters of appointment (non-executive)
Components of Remuneration Report that is relevant to the short and long term Strategic Objectives of the Trust	The directors do not receive any remuneration tailored towards the achievement of Strategic Objectives
Explanations of how the components of remuneration operate	With the exception of Directors and the CEO, all senior managers within the Trust are employed on Agenda for Change terms and conditions and associated salary scales. Bridgewater Community Healthcare NHS Foundation Trust has adopted the NHS VSM pay framework (PCT Band 4) as the salary scale for all Directors. This provides a spot salary for each post, based on a % of the CEO salary.
Maximum amount that could be paid in respect of the component	Maximum payable is the director's annual salaries as determined by the NHS VSM pay framework (PCT Band 4).
Explanations of any provisions for recovery	If an individual is overpaid in error, there is a contracted right to recover the overpayment.

There is no facility for performance related pay within the Trust's pay structure. As a Community Trust, with the requirement to travel across a wide geographical footprint, all directors are entitled to receive a lease car or take a car allowance equivalent to £5,700 pa.

All Directors are set annual objectives, in line with the organisational strategy and objectives and are assessed against these on an annual basis. There is input into the assessment from the Chairman and CEO (for directors). Should any director performance be determined to be at an unacceptable level, the Trust would use its agreed performance management policies and procedures. The assessment period runs from 1 April to 31 March each year.

All Directors have been issued with NHS contracts of employment, with notice periods not exceeding 6 months. There is no provision for any additional payments to be made to Directors over and above their agreed salary level and car allowance. There is no payment for loss of office, other than those terms contained in section 16 of the Agenda for Change terms and conditions relating to redundancy situations.

Non-Executive Director Remuneration

The Remuneration levels for the Chair and Non-executive directors are as follows:

- Chair: £65,000 p.a. from October 2018 for 12 months
- NED: £12,359 p.a
- Allowances for Chairs of committees/SID: £1,500 p.a

There are no additional payments that are considered to be remuneration in nature.

The above remuneration levels were considered and agreed by the Council of Governors in line with NHS Improvement guidance.

The tables shown on the following pages provide information on the remuneration and pension benefits for Senior Managers for the period 1 April 2018 to 31 March 2019.

Governor and Director Expenses

During the reporting period, a total of two governors claimed a total of £938 in expenses. A total of seven directors claimed a total of £28,327 in expenses.

Salaries and Allowances

Period from 1 April 2018 to 31 March 2019. (The following table has been subject to audit) **Directors**						

Name and title	Salary at 31.3.2019 Bands of £5,000 £'000s	Taxable benefits at 31.3.2019 Total to nearest £100	Performance pay and bonuses at 31.3.2019 Bands of £5,000 £'000s	Long term performance pay and bonuses at 31.3.2019 Bands of £5,000 £'000s	All pension-related benefits at 31.3.2019 (1) Bands of £2,500 £'000s	TOTAL at 31.3.2019 Bands of £5,000 £'000s
Harry Holden Chairman In post to 30.6.18	10-15	0	0	0	N/a	10-15
Andrew Gibson Chairman In post from 1/10/18	30-35	34	0	0	N/a	35-40
Colin Scales Chief Executive	155-160	48	0	0	30-32.5	195-200
Michelle Cloney Director of Workforce and Organisational Development In post from 7.1.19 Joint post with WHH NHS FT	15-20	0	0	0	0	15-20
Lynne Carter Chief Nurse and Chief Operating Officer In post from 1.4.18	130-135	0	0	0	0	130-135
Caroline Williams Acting Director of Operations In post to 6.10.18	85-90	0	0	0	15-17.5	105-110
David Valentine Medical Director In post from 1.4.18	125-130	0	0	0	50-52.5	175-180
Michael Barker Executive Director of Strategic Development In post to 16.9.18	60-65	0	0	0	52.5-55	110-115
Nick Gallagher Executive Director of Finance In post from 7.1.19	20-25	0	0	0	50-52.5	70-75
Sue Hill Executive Director of Finance In post to 6.1.19	95-100	0	0	0	30-32.5	125-130
Linda Chivers Non-Executive Director In post from 1.6.18	10-15	0	0	0	N/a	10-15
Karen Bliss Non-Executive Director	20-25	0	0	0	N/a	20-25

Interim Chair from 1.7.18 to 30.9.18						
Steve Cash Non-Executive Director	10-15	0	0	0	N/a	10-15
Dorothy Whitaker Non-Executive Director	10-15	0	0	0	N/a	10-15
Sally Yeoman Non-Executive Director	10-15	0	0	0	N/a	10-15
Margaret Pearson Non-Executive Director In post to 30.9.18	5-10	0	0	0	N/a	5-10
Marian Carroll Non-Executive Director	10-15	0	0	0	N/a	10-15
Band of Highest Paid Director's Remuneration (£'000s)	155-160					
Median Total Remuneration (£) Ratio	23,761 6.6					

All of the above Directors were in post for the year ended 31 March 2019 except where indicated.

(1) Calculated in line with the prescribed guidance in Chapter 7 of the NHS Annual Reporting Manual for Foundation Trusts

It should be noted that the Chair was paid off-payroll from 1st October 2018 to 28 February 2019 and on-payroll from 1st March 2019.

Salaries and Allowances

Period from 1 April 2017 to 31 March 2018

Directors

	Salary at 31.3.2018	Taxable benefits at 31.3.2018	Performance pay and bonuses at 31.3.2018	Long term performance pay and bonuses at 31.3.2018	All pension-related benefits at 31.3.2018 (1)	TOTAL at 31.3.2018
Name and title	**Bands of £5,000 £'000s**	**Total to nearest £100**	**Bands of £5,000 £'000s**	**Bands of £5,000 £'000s**	**Bands of £2,500 £'000s**	**Bands of £5,000 £'000s**
Harry Holden Chairman	40-45	0	0	0	N/a	40-45
Colin Scales Chief Executive	155-160	6	0	0	30-32.5	185-190
Christine Samosa Deputy Chief Executive Executive Director of People, and Organisational Development	95-100	0	0	0	5-7.5	100-105
Esther Kirby Chief Nurse and	105-110	0	0	0	5-7.5	110-115

Director of Quality In post to 31.3.18						
Caroline Williams Associate Director of Operations - Children	90-95	0	0	0	17.5-20	105-120
Carole Hugall Associate Director of Operations - Adult In post to 8.5.17	5-10	0	0	0	5-7.5	10-15
Michael Barker Executive Director of Strategic Development	105-110	0	0	0	20-22.5	125-130
Gareth Davies Executive Director of Finance In post to 1.1.18	80-85	50	0	0	22.5-25	110-115
Karen Slade Medical Director In post to 16.10.17	60-65	0	0	0	0	60-65
David Lewis Medical Director In post from 1.10.17 to 31.3.18	25-30	0	0	0	0	25-30
Wendy Hull Interim Executive Director of Finance In post from 2.1.18 to 25.2.18	20-25	0	0	0	0	20-25
Sue Hill Executive Director of Finance In post from 26.2.18	10-15	0	0	0	37.5-40	45-50
Bob Saunders Non-Executive Director	10-15	0	0	0	N/a	10-15
Karen Bliss Non-Executive Director	10-15	0	0	0	N/a	10-15
Steve Cash Non-Executive Director	10-15	0	0	0	N/a	10-15
Dorothy Whitaker Non-Executive Director	10-15	0	0	0	N/a	10-15
Sally Yeoman Non-Executive Director	10-15	0	0	0	N/a	10-15
Margaret Pearson Non-Executive Director	10-15	0	0	0	N/a	10-15
Marian Carroll Non-Executive Director	10-15	0	0	0	N/a	10-15
Band of Highest Paid Director's Remuneration (£'000s)		155-160				
Median Total Remuneration (£)		22,161				

Ratio	6.9

All of the above Directors were in post for the year ended 31 March 2018 except where indicated.

(1) Calculated in line with the prescribed guidance in Chapter 7 of the NHS Annual Reporting Manual for Foundation Trusts

Fair Pay Multiple

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The mid-point of the banded remuneration of the highest paid director in Bridgewater Community Healthcare NHS Foundation Trust in the year ended 31 March 2019 was £157,500 (2017-18: £157,500). This was 6.6 times (2017-18: 6.9 times) the median remuneration of the workforce which was £23,761 (2017-18: £22,161).

In 2018-19 and 2017-18 no employees received remuneration in excess of the highest paid director. Remuneration ranged from £277 to £143,000 (2017-18: £265 to £151,500).

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.

2018-19 was the first year of the three year NHS pay deal which saw the remuneration of those paid under Agenda for Change rise by a higher level than previous years. In contrast, the remuneration of the highest paid director has remained fairly static leading to a reduction in the pay multiple.

Exit Packages

In 2018/19 there were a total of 8 compulsory redundancies undertaken by the Trust. These were as a direct result of service redesign following commissioner requirements and were undertaken after exhausting all possible suitable alternative employment options available.

There was one agreed departure which was facilitated following approval via HM treasury.

Note 6.1 Reporting of other compensation schemes - exit packages 2018/19 Note that columns G, I and M are entered in	Expected sign	A09CY17 Number of compulsory redundancies 2018/19 No.	A09CY18 Cost of compulsory redundancies 2018/19 £000	A09CY19 Number of other departures agreed 2018/19 No.	A09CY20 Cost of other departures agreed 2018/19 £000	A09CY21 Total number of exit packages 2018/19 No.

£000 NHS Trusts - note that the GAM advises local accounts should be in £						
Exit package cost band (including any special payment element)						
<£10,000	+	4	30			**4**
£10,000 - £25,000	+	4	57	1	16	**5**
£25,001 - £50,000	+					**0**
£50,001 - £100,000	+					**0**
£100,001 - £150,000	+					**0**
£150,001 - £200,000	+					**0**
>£200,000	+					**0**
Total	+	**8**	**87**	**1**	**16**	**9**

Service Contracts

Name and Job Title	Date appointed to Trust Board	Tenure	Notice Period	Left the Trust
Colin Scales, Chief Executive Officer	1 November 2014*	Permanent	6 months	N/A
Mike Barker, Director of Strategy	24 October 2015	Permanent	6 months	16th September 2018
Dr David Lewis, Interim Medical Director	16 October 2017	Temporary	N/A	30 April 2018
Dr David Valentine	1 April 2018	Permanent	6 months	N/A
Lynne Carter, Chief Nurse	23 March 2018 as an Interim Chief Nurse and was appointed in	Permanent	6 months	N/A

	substantive role from the 1 May 2018			
Sue Hill, Director of Finance	26 February 2018	Permanent	6 months	6 January 2019
Nick Gallagher, Director of Finance	07 January 2019	Permanent	6 months	N/A
Michelle Cloney. Director of Workforce and OD	07 January 2019 – Shared Director post with Warrington & Halton Foundation NHS Trust	Permanent	6 months	N/A

- Colin Scales became a member of the Board on 24 October 2011 before being appointed as Chief Executive Office on 1 April 2015

Pension Benefits

Period from 1 April 2018 to 31 March 2019
(the following table has been subject to audit)

Executive Directors

Name	Real increase in pension at pensionable age	Real increase in pension lump sum at pensionable age	Total accrued pension at pensionable age at 31 March 2019	Lump sum at pensionable age related to accrued pension at 31 March 2019	Cash Equivalent Transfer Value at 1 April 2018	Cash Equivalent Transfer Value at 31 March 2019	Real increase in Cash Equivalent Transfer Value
	Bands of £2,500 £'000s	Bands of £2,500 £'000s	Bands of £5,000 £'000s	Bands of £5,000 £'000s	£'000s	£'000s	£'000s
Colin Scales Chief Executive	2.5-5	0	35-40	70-75	469	580	97
Caroline Williams Interim Director of Operations In post to 6.10.18	0-2.5	0	20-25	50-55	309	380	31
Michael Barker	0-2.5	0-2.5	20-25	40-45	248	335	37

Director of Strategy In post to 16.9.18							
Nick Gallagher Director of Finance In post from 7.1.19	0-2.5	0-2.5	15-20	35-40	255	343	19
David Valentine Medical Director In post from 1.4.18	2.5-5	0-2.5	25-30	50-55	348	453	73
Sue Hill Director of Finance In post to 6.1.19	0-2.5	0	10-15	0	101	151	36

There are no entries in respect of pensions for Lynne Carter as she does not contribute to the NHS pension scheme.

There are no entries in respect of pensions for Non-Executive Directors as they do not receive pensionable remuneration. Additionally there were no contributions to Stakeholder Pensions on behalf of any of the Directors of the Trust.

Cash Equivalent Transfer Values (CETV)

The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when a member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement).

Colin Scales
Chief Executive **28 May 2019**

3.3 Staff Report

Staff Analysis

As at 31 March 2019 (Actual WTE and Headcount as at 31st March 2019), Bridgewater employed staff 2976 (2476.74 WTE), the majority of whom are clinically trained, including district nurses, health visitors, specialist nurses, occupational therapists, speech and language therapists, physiotherapists and Clinical Admin. Our staff numbers by staff group is as follows:

Staff Group	WTE	Headcount
Add Prof Scientific and Technic	62.15	73
Additional Clinical Services	398.58	492
Administrative and Clerical	617.15	738
Allied Health Professionals	307.66	369
Estates and Ancillary	8.37	10
Healthcare Scientists	10.37	12
Medical and Dental	60.45	88
Nursing and Midwifery Registered	1011.00	1193
Total	2476.74	2976

Of these staff, 2,897 people (2408.91 WTE) have a permanent contract of employment and 79 people (67.83 WTE) have a fixed term/temporary contract of employment.

The breakdown of male and female employees is as follows:

	Male		Female	
	HC	WTE	HC	WTE
Directors	3	3.00	2	1.60
Other Senior Managers	20	19.60	55	52.83
Employees	240	219.16	2656	2180.55
Total	263	241.76	2713	2234.98

The sickness absence rate for the Trust for this period was 5.80%. This equates to a Long Term Sickness Absence rate as 4.60% and Short Term Sickness Absence rate as 1.20%.

The top three reasons for sickness absence are stress/anxiety (39.8%), Gastrointestinal Problems (8.20%) and other musculoskeletal problems (6.80%).

Audited staff cost

Staff costs

	Permanent	Other	2018/19 Total	2017/18 Total
	£000	£000	£000	£000
Salaries and wages	79,591	2,208	**81,799**	81,147
Social security costs	6,906	296	**7,202**	7,145
Apprenticeship levy	380	11	**391**	385
Employer's contributions to NHS pensions	10,126	220	**10,346**	10,357
Pension cost - other	20	-	**20**	-
Temporary staff	-	6,577	**6,577**	5,595
Total gross staff costs	**97,023**	**9,312**	**106,335**	**104,629**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**97,023**	**9,312**	**106,335**	**104,629**
Of which				
Costs capitalised as part of assets	448	-	**448**	548

Average number of employees (WTE basis)

	Permanent	Other	2018/19 Total	2017/18 Total
	Number	Number	Number	Number
Medical and dental	20	15	**35**	39
Administration and estates	244	38	**282**	277
Healthcare assistants and other support staff	808	11	**819**	841
Nursing, midwifery and health visiting staff	949	73	**1,022**	1,005
Nursing, midwifery and health visiting learners	4	8	**12**	4
Scientific, therapeutic and technical staff	342	11	**353**	354
Other	34	-	**34**	37
Total average numbers	**2,401**	**156**	**2,557**	**2,557**
Of which:				
Number of employees (WTE) engaged on capital projects	25	-	**25**	16

Reporting of compensation schemes - exit packages 2018/19

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	4	-	**4**
£10,000 - £25,000	4	1	**5**
£25,001 - 50,000	-	-	**-**

£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	**8**	**1**	**9**
Total cost (£)	£87,000	£16,000	**£103,000**

Reporting of compensation schemes - exit packages 2017/18

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	-
£10,000 - £25,000	-	1	**1**
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	**-**	**1**	**1**
Total cost (£)	£0	£24,000	**£24,000**

Exit packages: other (non-compulsory) departure payments

	2018/19		2017/18	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	1	24
Contractual payments in lieu of notice	1	16	-	-
Total	**1**	**16**	**1**	**24**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Modern Slavery Act

We are committed to improving our practices to combat slavery and human trafficking. We are fully aware of our responsibilities we have towards patients, service users, employees and our local community. We have a robust set of ethical values that we use as guidance for

our commercial activities. We also expect all suppliers to the Trust to adhere to the same ethical principles.

Our policies on slavery and human trafficking

We are committed to ensuring that there is no modern slavery or human trafficking in any part of our business and in so far as is possible to requiring our suppliers hold similar ethos. Human Trafficking and Modern slavery guidance is embedded into Trust Safeguarding and Vulnerable Adults policies. We adhere to employment checks and standards which includes right to work and suitable references.

We are committed to social and environmental responsibility and have zero tolerance for Modern Slavery and Human Trafficking. Any identified concerns regarding Modern Slavery and Human Trafficking would be escalated as part of the organisational safeguarding processes, in conjunction with partner agencies where appropriate such as Local Authorities and Police.

Our guidance on Modern Slavery is to:

- Comply with legislation and regulatory requirements
- Make suppliers and service providers aware that we promote the requirements of the legislation
- Consider modern slavery factors when making procurement decisions
- Develop awareness of modern slavery issues

We will:

- Aim to include modern slavery conditions or criteria in specification and tender documents wherever possible,
- Evaluate specifications and tenders with appropriate weight given to modern slavery points,
- Encourage suppliers and contractors to take their own action and understand their obligations to the new requirements,
- Expect supply chain/ framework providers to demonstrate compliance with their obligations in their processes

Trust staff must:

- Contact and work with the Procurement department when looking to work with new suppliers so appropriate checks can be undertaken.

Procurement staff will:

- Undertake awareness training where possible.
- Aim to check and draft specifications to include a commitment from suppliers to support the requirements of the act.
- Will not award contracts where suppliers do not demonstrate their commitment to ensuring that slavery and human trafficking are not taking place in their own business or supply chains.
- Communicate clear expectations to our supplies through a 'Supplier Code of Conduct'

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ending 31 March 2019.

Equality, Diversity and Inclusion

Equality is fundamental to the NHS - the Health & Social Care Act, the NHS Constitution and the Long Term Plan highlight the need to reduce health inequalities in our communities and to advance equality of opportunity in the workforce.

As a Trust, Bridgewater is committed to equality and to providing inclusive employment opportunities and health care services. We know that to do this we need to recognise, value and meet the diversity and differing individual challenges and needs faced by people in our communities and in our workforce. Recognising the significant numbers of people within our boroughs who suffer inequalities that lead to the early onset of long term ill health and disability and ultimately shorter life expectancy we made the commitment in 2011 to recognise and support advancement of equality not just for the nine protected characteristic groups, but also other vulnerable members of our community, for example those from lower socio-economic backgrounds, the homeless and vulnerably housed, military veterans, carers, asylum seekers and refugees, and those with chaotic lifestyles such as sex workers .

The Equality Act 2010 and the Human Rights Act 1998 provide the legal frameworks within which the Trust operates its equality governance. Day to day work on equality and inclusion is the responsibility of the Equality & Inclusion Manager who provides assurance to Board of equality compliance via the internal committee structure. Board level responsibility for equality sits with the Director of Workforce & Organisational Development, with executive sponsorship for ethnicity lying with the Chief Executive.

In January 2019 we published our new Equality Objectives for 2019 – 2022. These have been developed in partnership with the Merseyside & Cheshire Equality Delivery System 2

(ESD2) group; an innovative collaboration of providers and commissioners who through engagement with local, regional and national groups have sought to understand the barriers and problems faced by different communities that lead to inequality in health and in employment. The collaborative work has included development of quality standards for interpretation and translation, and continues with new work looking at reasonable adjustments for people with disabilities in services and in the workplace. Through this collaboration we seek to not just reduce inequality and remove barriers, but to also provide consistency, and share good practice and expertise across the region.

The Equality Objectives also bring together the identified work-streams that will ensure the Trust meets its legal obligations under the Equality Duty for its employees. These actions have been identified through development of the Public Sector Equality Duty Annual Report, the Workforce Race Equality Standard, the Gender Pay Gap, and EDS2. All of these reports, along with the Equality Objectives can be viewed on our webpages. In 2019/20 a new Equality & Inclusion Steering Group will be developed to oversee work on the Equality Objectives. This should ensure that work progresses effectively across the Trust over the next three years, and that equality and inclusion becomes further embedded within the day to day business of the Trust and its leaders.

More information on equality, diversity and inclusion within Bridgewater, including contact details, can be found on our website.

Employee Engagement

The Staff Engagement Strategy 2017-2020 was launched in March 2017 and is monitored by the Staff Engagement Strategy Steering Group; that meets monthly. Since its launch, all of the objectives set have been achieved and Staff Engagement Champions throughout the Trust also support this agenda. There are 73 champions in total who all receive gold lanyards and personal development opportunities.

The strategy will be reviewed in May 2019 and will be re-launched during the summer. Staff survey results have shown an improvement in the staff engagement score since the launch of the strategy and the Trust has just commissioned Questback Staff Community, a web based tool to allow us to engage with all our staff in a more meaningful and focused way.

Listening into Action (LiA) continues to be used as one of the methods to engage with staff to allow them to:

- Improve patient care
- Improve the patient experience
- Enable staff to do their jobs more effectively

Big Conversation events are held across the Trust and allow staff to suggest improvements in their area of work and/or location. The staff suggestions are disseminated to all staff

engagement champions and local staff engagement groups. In 2018 the LiA local groups merged with the staff engagement groups and all borough groups report to the Staff Engagement Strategy steering group.

Our 'Pulse Check' 15 item questionnaire is also disseminated to staff in all boroughs. The results are published on the Trust's intranet for all staff to view.

In addition to the direct engagement work with staff, bespoke development programmes are delivered internally to strengthen staff relationships and allow time for employees to explore their values and behaviours to drive the cultural change that is necessary to equip the Trust to face the challenges of the future.

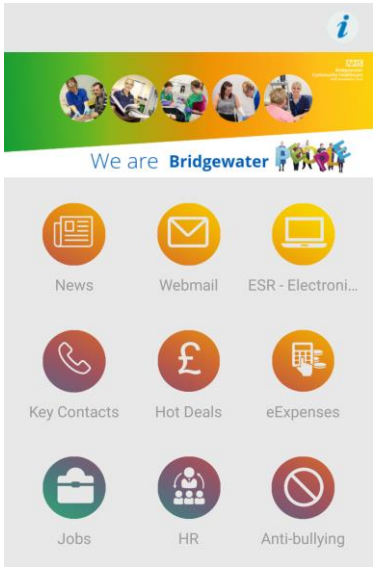
These programmes include:

- Our bespoke Institute of Leadership and Management (ILM) accredited Leadership Development Programme.
- Delivery of the FranklinCovey 'Leading at the Speed of Trust' Programme which supports managers to build trust within teams.
- Our values and behaviour based PDR framework that focuses on: individual wellbeing, your role, behaviours, the individual fit and impact within the organisation; and to identify development and training needs.
- The development and implementation of a Talent Management Strategy which is linked to succession planning.
- The delivery of a 7 Habits of Highly Effective People programme which commenced in 2017. The aim of the programme is for staff to explore their own personal effectiveness and build effective relationships
- To continue to offer staff a suite of appropriate change management tools
- Rolling out our System Leadership Programme, developed following a successful bid for funding from the North West Leadership Academy

Internal Communications

Within Bridgewater there are a range of communications channels designed to keep staff informed and to support two-way dialogue and engagement. These include a monthly Team Brief presentation from the Chief Executive to senior managers which starts the cascade of messages from the Executive and Board throughout the organisation by managers and team leaders. This contains key messages to keep staff informed on new developments, policy, performance (including HR performance measures, financial and quality performance) and staff matters. Staff have the opportunity to ask questions during and after the briefing session. Any questions and answers are shared through the following month's team brief. In addition there is a facility for staff to ask questions through the Intranet (The Hub) via a feature titled 'Ask the Boss'.

Staff also receive a weekly Bridgewater Bulletin e-newsletter and are encouraged to access to the Trust intranet "The Hub" as the primary source of information on Trust policies, corporate services and key initiatives within the Trust. Directors also share updates on key achievements and priorities through regular blogs and the Bridgewater 'Friday message'. The Chief Executive has also used video updates for staff to communicate key messages.



The Trust supports a staff mobile application (Staff App), which has been downloaded by around half of our workforce and enables those working out in the community to access key contacts, information and news via a mobile device.

Director staff engagement visits occur monthly and in all boroughs. They enable staff to meet members of the Executive Team to showcase the services they deliver and discuss what it is like to work for the Trust. During these visits, the directors also observe treatments delivered to patients by staff in the community.

Throughout the year a number of successful internal communications campaigns were run to support the annual staff flu campaign and also a 'Now We're Talking' campaign to encourage staff to showcase their successes through newsletters, case studies and videos used both internally and externally.

Celebrating our staff

At Bridgewater it is important for us to recognise when our staff go above and beyond the call of duty, demonstrate a willingness to innovate and make significant strides to delivering improvements in services.

Our "Stars of the Month" scheme allows staff to recognise the work of colleagues by nominating them for an award each month. This scheme continued to be popular amongst staff and 300 separate nominations for individual colleagues or teams were made during the year.

The highlight of the Trust's staff reward and recognition programme is the annual Staff Awards ceremony which is held in September each year. This is held as a daytime event and combined with our Annual General Meeting to encourage greater participation in the latter by our staff. At the 2018 event more than 130 staff, governors and partners attended the event at Haydock Park Racecourse.

Health and safety performance and occupational health

Information on accidents and incidents are included in the integrated performance report and therefore are available for all staff. Services that are available to staff from our Occupational Health provider are available in leaflet form for staff and details are on the intranet.

Sickness absence data is provided to each clinical and service manager on a regular basis and this is discussed at Finance, Workforce and Performance meetings.

Health and wellbeing data is also available in the integrated performance report.

In a snapshot, within the last financial year the Health and Safety team have undertaken the following:

- Fire Risk Assessments in 15 Freehold sites and 4 leasehold sites – reports generated and action plans produced
- 16 Fire Risk Assessments – Oldham Children Centres - reports generated and action plans produced
- Fire Warden Training and certificates produced – x 8
- 3 Contract Performance Reports
- Security Risk Assessments - 15 Freehold sites and 4 leasehold sites – reports generated and action plans produced
- Security Risk Assessment (CCG Wigan request) – Lower Ince Health Centre - report generated and action plans produced
- Health, Safety, Fire and Security Group meetings – 3 per year

- Attendance at estate strategy meeting monthly
- Newsletter: Safe & Secure
- Stress working group – review of Stress Management Policy
- Attendance at Local Security Management Specialist – meetings
- Provision of statistic – violence and aggression – NHSI
- Counter terrorism – ALERTS – suspect packages
- Communication articles – various subjects - Bulletin
- Update/review of Suspicious Packages/Bomb Threat Procedure

Guidance and support to managers has been provided throughout the year.

NHS Staff Survey

The NHS Staff Survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in 10 indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

The response rate to the 2018 survey among Trust staff was 43% (2017:44%). Scores for each indicator together with that of the survey benchmarking group (16 Community Trusts) are presented below:

	2018/19		**2017/18**		**2016/17**	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, diversity and inclusion	9.4	9.3	9.3	9.3	9.4	9.4
Health and Wellbeing	6.0	5.9	5.7	6.0	5.8	6.1
Immediate Managers	7.1	7.0	7.0	7.0	6.9	6.9
Morale	6.1	6.2	-	-	-	-
Quality of appraisals	5.1	5.6	4.7	5.4	4.7	5.6
Quality of care	7.4	7.3	7.3	7.3	7.5	7.5
Safe environment – bullying & harassment	8.4	8.4	8.3	8.4	8.1	8.4
Safe environment – violence	9.8	9.7	9.8	9.7	9.8	9.7
Safety culture	6.7	7.0	6.5	6.9	6.6	6.8
Staff engagement	7.1	7.1	6.7	6.9	6.8	6.9

The response rate to the 2018 staff survey was 1% lower than the previous year. Bridgewater distributed a paper staff survey to all staff within the Trust, therefore 43% is a

significant sample of the views of staff within the Trust. The national response rate overall was 46%.

The 10 themes assist the Trust to continually measure the quality of staff experience. Data relating to workforce indicators are reported to the Trust Board, as are the national NHS Staff Survey results. The Staff Survey Action Plan is monitored for progression via the Trust's Workforce and Organisational Development Committee.

To ensure that we continue to listen to our staff and acknowledge the important feedback we get from our survey, we develop action plans to inform us of our key priorities and areas for further development and continuous improvements. The action plan is, and will continue to be, managed through formal management meetings where performance review takes place. Action plans and progress against them is shared with the Trust's Staff-side colleagues at our partnership working groups. We enjoy effective partnership working with our Trade Unions and staff-side colleagues and believe this is critical to our success.

As part of our response to the staff survey, to enable staff to see how we are responding to their feedback, we have used our Staff Engagement Group and Champions to explore staff values, attitudes and behaviours to enhance care delivery and the patient's experience. The feedback has informed the Trust's Staff Engagement Strategy and is monitored at its Workforce and Organisational Development Committee through to Trust Board.

The 2018 Staff Survey results show either an improvement or maintenance in each of the themes that were tested in 2017. This is detailed in the table below:

Theme	**2018/19**	**2017/18**	**Variance**
Equality, Diversity & Inclusion	9.4	9.3	0.1 ↑
Health & Wellbeing	6.0	5.7	0.3 ↑
Immediate Managers	7.1	7.0	0.1 ↑
Morale	6.1	NA	NA
Quality of appraisals	5.1	4.7	0.4 ↑
Quality of care	7.4	7.3	0.1 ↑
Safe environment – Bullying & Harassment	8.4	8.3	0.1 ↑
Safe environment – Violence	9.8	9.8	0.0 →
Safety Culture	6.7	6.5	0.2 ↑
Staff Engagement	7.1	6.7	0.4 ↑

This is to be celebrated across the Trust whilst we continue to improve year on year through our action plans, focus groups, partnership forums and the Workforce and Organisational Development Committee.

The Trust was the most improved in the North West for staff recommending it as a place to work or receive treatment. Although this was an improved position, there is more work to do with our staff.

The Trust's results when compared with the benchmark for community services are also a generally positive picture. Of the 10 themes the Trust is above the benchmark score for 5 of them, below for 3 and equal to for 2. The table below reflects this:

Theme	**2018/19**	**Benchmark**	**Variance**
Equality, Diversity & Inclusion	9.4	9.3	0.1 ↑
Health & Wellbeing	6.0	5.9	0.1 ↑
Immediate Managers	7.1	7.0	0.1 ↑
Morale	6.1	6.2	0.1 ↓
Quality of appraisals	5.1	5.6	0.5 ↓
Quality of care	7.4	7.3	0.1 ↑
Safe environment – Bullying & Harassment	8.4	8.4	0.0 →
Safe environment – Violence	9.8	9.7	0.1 ↑
Safety Culture	6.7	7.0	0.3 ↓
Staff Engagement	7.1	7.1	0.0 →

Future Priorities and Targets

Having reviewed the NHS staff survey results the key priorities for the Trust to focus on during 2019 are as per the 5 areas the 10 themes are grouped into:

1. Your Job
2. Your Manager
3. Your Health, Wellbeing and Safety at Work
4. Your Personal Development
5. Your Organisation

We will focus on communication, raising and report concerns, retention, discrimination and the meaningfulness of the appraisal process.

This will be reviewed by the Trust on a regular basis, including:

- Bi monthly Workforce and Organisational Development Committee meetings
- Bi monthly Partnership Forums, comprising of Executives, Senior Management and Staff-side colleagues
- Monthly Finance, Workforce and Performance Meetings held within each borough (FWP)
- Quarterly reviews with the Senior Management Team (SMT)
- Quarterly reviews with the respective CCG's (or as per their meeting cycles)
- Monthly Staff Engagement Group Meetings

Trade Union Facility Time

The Trade Union report is only done in July for the previous year, therefore the data for the 2018/2019 will be provided in the next year's report or on request later in the year.

Total Number of Employees who were relevant union officals during 2017/2018

Number of employees who were relevant union officals during 2017/2018	Full time Equivalent Employee Number
27	22.06

P**ercentage of Time spent on facility time**

Percentage of Time	Number of Employees
0%	17
1-50%	8
51-99%	0
100%	2

Percentage of Pay Bill Spent on Facility Time	
Cost of Facility Time	£42,343.56
Cost of Total Pay Bill	£74,967,473.02
% of Total Pay Bill spent on facility time	0.06%

Paid Trade Union Activities	
Time spent on paid trade union activies as a percentage of total paid facilities time	48.18%

Expenditure on consultancy

The Trust spent £1.3m (2017/18: £1.9m) on Consultancy.

Off-payroll engagements

The Trust had the following off-payroll engagements as at 31 March 2019, for more than £245 per day that last longer than six months.

No. of Existing engagements as of 31 March 2019	37
Of Which…	
No. that have existed for less than one year at time of reporting	0
No. that have existed between one & two years at time of reporting	1
No. that have existed between two & three years at time of reporting	4
No. that have existed between three & four years at time of reporting	5
No. that have existed for four or more years at time of reporting	27

All off-payroll engagements have been assessed under current HM Revenue and Customs regulations to ensure that it is appropriate for the individual to be paid off-payroll.

New off-payroll engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019, for more than £245 per day and that last for longer than six months:

No. of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	2
Of Which…	
No. Assessed as caught by IR35	1
No. Assessed as not caught by IR35	1
No. Engaged directly (Via PSC contracted to department) and are on the departmental payroll	
No. of engagements reassessed for consistency / assurance purposes during the year	2
No. of engagements that saw a change to IR35 status following the consistency review	0

Off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019:

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year. (1)	1
No. of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements. (2)	1

3.4 The disclosures set out in the NHS Foundation Trust Code of Governance

Bridgewater Community Healthcare NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014 is based on the principles of the UK Corporate Governance code issued in 2012.

The Trust Board and 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 Code). The Trust Board regularly review metrics in relation to regulatory obligations, contractual obligations and additional internal performance targets/standards of the Trust. To review the performance and effectiveness of the Trust, a number of arrangements are in place including governance structures, policies and processes to ensure compliance with the code. These arrangements are set out in documents that include:

- The constitution of the Trust
- Standing orders
- Standing financial instructions
- Schemes of delegation and decisions reserved to the Board
- Terms of reference for the Board of Directors, Council of Governors and subcommittees
- Role descriptions
- Codes of conduct for staff, directors and governors
- Annual declarations of interest

In accordance with the code, all directors and non-directors of the Trust Board scrutinise and constructively challenge the performance of the Trust to drive improvement and achieve high quality safe care. The non-executive directors of the board are held to account by the Council of Governors who are responsible for ensuring that non-executive directors (individually and collectively) are exercising their duty in constructively challenging executive directors, developing strategic proposals and ensuring the on-going effectiveness and performance of the Trust Board. The Chair of the Trust ensures that the Council of Governors meet on a regular basis and are fully consulted on areas of potential development or change in a timely manner. Thus supporting the Governors to fulfil their role and discharge their duties of representing the interests of members within their constituencies to whom they are accountable. NHS foundation trusts are required to provide (within their annual report) a specific set of disclosures in relation to the provisions within schedule A of the code of governance.

Where applicable, the Trust complies with all provisions of the Code of Governance issued by NHSI (as Monitor) and updated in July 2014.

3.5 Regulatory Ratings

Single Oversight Framework

NHS Improvement's (NHSI) Single Oversight Framework (SOF) provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4 where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

The Trust is currently placed in segment '2' by NHSI which means that the Trust is offered targeted support by NHSI for the areas of concern but the Trust is not obliged to take advantage of this support.

This segmentation information is the Trust's position as at 28 April 2019. Current segmentation information for NHS Trusts and Foundation Trusts is published on the NHSI website.

Finance and use of resources

NHS Improvement award a rating for finance and use of resources based on the scoring of measures from '1' to '4' where '1' reflects the strongest performance. These scores are then weighted to give an overall score, one of the five themes feeding into the Single Oversight Framework. The Trust's scores are shown below.

Area	Metric	2018/19 score
Financial sustainability	Capital service capacity	4
	Liquidity	1
Financial efficiency	I&E margin	4
Financial controls	Distance from financial plan	2
	Agency spend	3*
Overall scoring		**3****

*The agency score reflects the Trust's continued use of agency, particularly medical locums in hard to recruit posts to ensure safe service provision. All agency posts have been assessed to justify the expenditure versus the NHSI agency cap.

**2.8, uncapped and unrounded.

3.6 Statement of Accounting Officer's Responsibilities

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 Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Bridgewater Community Healthcare 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 Bridgewater Community

Healthcare NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, 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 Improvement, 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.

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 him/her 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.

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

Colin Scales

Chief Executive Officer

The Accountability Report for Bridgewater Community Healthcare NHS Foundation Trust was approved on behalf of the Board on 28 May 2019

Accounting Officer Colin Scales (Chief Executive)

28 May 2019

3.7 Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Bridgewater Community Healthcare 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 Bridgewater Community Healthcare NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Directors oversaw all aspects of organisational performance and foreseeable risk, including challenges in achieving financial duties, ongoing financial sustainability, service pressures and maintaining key relationships and partnerships across the wider local health economy and with our commissioners, including engagement with integrated commissioning plans and the sustainability and transformation plans. Executive Directors' performance appraisals were undertaken by the Chief Executive, and personal objectives have been set for 2019/20 The Nomination and Remuneration Committee of the Board oversees the outcome of these meetings.

As set out in the Risk Management Policy, the Chief Nurse and Medical Director had responsibility for directing that a sound risk management process is in place. This entails directing and monitoring the systems and tools in place to effectively identify, record, monitor, and influence risks to the objectives of the Trust.

The Head of Risk Management and Patient Safety has responsibility for developing, embedding and advising on risk management systems and tools for operational risks

identified by clinical and non-clinical support services and strategic risks developed by the Board.

The Medical Director offered leadership as the Responsible Officer (RO) and has responsibility, together with the Chief Nurse, for monitoring and improving clinical service delivery, safety, and quality. The Medical Director role encompasses the role of Controlled Drugs Accountable Officer (CDAO) as set out in the Medicines Policy, and provides the executive lead on medical equipment as set out in the Medical Devices Policy. The Medical Director holds the role of the Caldicott Guardian as set out in the Information Governance Policy, and is responsible for the process for revalidation of medical (doctors) staff across the trust. He is the designated Chair of the Information Governance reporting to the Quality and Safety Committee. The Medical Director is the Chair of the Serious Incident Review Panel (SIRP - monitoring serious incidents).

The Chief Nurse, together with the Medical Director, has responsibility for monitoring and improving clinical service delivery, safety, and quality. This includes ensuring mechanisms are in place for reporting clinical incidents and identifying opportunities for service improvement as identified from incident investigations. They have responsibility for monitoring of trust achievement against the Care Quality Commission standards, supported by sound clinical governance systems across the trust. The Chief Nurse is responsible for the process for revalidation of nursing staff across the trust and holds the role of Executive Lead for Safeguarding.

Directors and managers were supported by the Head of Risk Management and Patient Safety who offered specialist advice and leadership on risk register and incident system management, and facilitated monthly training for all managers with responsibility for risk management within their service and to support to their staff.

The Risk Management Policy and the Incident Reporting Policy contained the mechanisms for staff to employ to identify and manage risk. The web-based Ulysses 'Safeguard' Risk Management system accommodated the Risk Register, incident reporting, medical equipment, and central alert management functions. The system also hosted safeguarding, complaints, and Freedom of Information data.

Lessons Learned were identified by the SIRP to identify and cascade identified areas of improvement across the trust using electronic bulletins, intranet, and Team Brief from the Director Team. Recommendations from investigations into serious incidents also feed directly back to local teams and services.

The risk and control framework

The Risk Management Policy differentiates between strategic risk (the principal risks to the strategic objectives of the organisation as set out by the members of the Board) and operational risk (risks to the delivery of safe and high quality care on a day to day basis as identified by operational staff).

It sets out the range of sources for risk identification, where these are documented, the responsibility and authority, expected responses, and escalation by managers to different levels of risk, and a consistent methodology for prioritising and reviewing risks based on the NHS standard 5 x 5 matrix of scoring.

The documented risk assessments set out in policy, whether manual or electronic (using the Ulysses 'Safeguard' risk module), require the assessor to document primarily:

- the foreseeable hazard placing an objective at risk,
- the potential impact should the hazard occur,
- existing controls that are currently mitigating the likelihood or impact,
- means of assurance on the efficacy of those controls,
- gaps in controls or assurance that has increased the level of risk,
- a plan in place to address these gaps

Policies, procedures, and clinical guidelines and associated staff training/implementation are the most common form of control for the majority of both strategic and operational risk. The Policy Approval Group has delegated responsibility for establishing policy development guidelines, reviewing, and approving the policies for the trust. Built into the process for policy development, each document is approved with evidence of an Equality Impact Assessments being completed.

The Risk Management Policy also sets out the threshold of the Board's appetite (strategic and operational) for tolerating what it deems to be high risk based on a 5 x 5 scoring matrix:

- any risk with an overall score greater than or equal to 12, or
- any overall score below this but retaining a potential severity score of '4 Major'

Any risk that reaches this threshold is escalated to the directors for support and constructive challenge as these are seen as exceptional.

Operational risks and incidents were monitored monthly by the Borough Directors via the QSSGs and the Risk Council meetings. Controls and assurance that affected local operational

process were managed and recorded by managers at an operational level within the directorate. High risks are escalated to the Quality and Safety Committee.

The Trust employs specialists (Health and Safety, Medicines Management, Information Governance, Security, and Equality and Diversity etc.) to maintain Trust adherence to regulations and additionally offer advice to staff and management on expected operational controls and assurances to mitigate and monitor risks.

Our Head of Information Governance (IG), in conjunction with the Information Security Manager, ensures that all related policies and guidance have been reviewed and updated in line with the Data Protection changes under GDPR (General Data Protection Regulation). They also oversee the completion and monitoring of the Data Protection and Security Toolkit (DSP), reviewing this at the quarterly Information Governance Subgroup meetings chaired by the Caldicott Guardian, with the Director of Finance in his role as Senior Information Risk Owner (SIRO) in attendance and providing exception reports to the Quality and Safety Committee. The 2018/19 toolkit was audited and 'substantial assurance' was given. They are in automatic receipt of all Information Governance incidents reported by staff on Ulysses, maintain their own set of risks on the Risk Register, and are able to access all IG risks documented by all services. IG breaches are assessed by the Head of Information Governance and submitted to the Information Commissioner if significant, uploaded as Serious Incidents to STEIS and investigated. Investigations are submitted to commissioners and lessons learned cascaded to staff with bespoke training as required.

All managers across the Trust maintain a responsibility for the safety of their staff and patients, and the safe and effective delivery of care as part of the Trust objectives. Foreseeable hazards were risk assessed and documented on the risk register residing on the Ulysses Risk Management System or, if something adverse occurred it was recorded on the same system as an incident.

Risks, complaints, and incidents are monitored and triangulated by the Risk Council with any thematic lessons to be learned for trust-wide dissemination reported via the Team Brief cascade and via the Trust Intranet.

Monthly operational performance, finance, human resource, incident, and patient experience, information is collated by the Performance Team for reporting to the Board in a single Integrated Performance Report (the IQPR). As gatekeepers of all contributions to the IQPR, the Performance Team will only include data on the understanding that local quality checks by services have taken place, and that figures and supporting narratives have been reviewed by the relevant director before publication. This data is aggregated against KPIs and submitted back to services for explanatory narrative. Additionally, specific reports are collated for the Board monthly and quarterly encompassing infection control, incidents, CQUINs, complaints, clinical audit etc

The Board and directors are accountable for the establishment and ongoing delivery of services within the requirements of the Provider Licence, risk assessment framework, and maintained regulatory compliance, including against CQC ratings and feedback from inspections. As a committee of the Board, the Quality and Safety Committee obtains routine assurance on compliance with CQC registration requirements from the CGSC. Services are subject to objective visits by managers and findings collated for the Operations and Performance meetings to review and challenge. As a committee of the Board, the Finance and Performance Committee monitors and challenges the robustness of financial controls and escalates significant risks and actions where they do not appear robust.

Operational risks as identified by operational staff and managers are those that may foreseeably impede the safe delivery of high quality service to patients on a day to day basis. The implication is that a significant operational risk could adversely affect a service's ability to meet the organisational objectives.

Operational risks are identified, assessed, and documented at service level and monitored by the Quality and Safety sub-groups with any significant issues escalating to the Operation and performance meetings, the Risk Council and the Quality and Safety Committee (with strategic risks) for assurance.

During 2018/19 the Trust recognised the most routinely reported significant operational risks likely to remain the focus of risk treatment during 2019/20 were:

- Demand and capacity issues within both clinical services and also corporate support functions. This was identified as a strategic issue and systems put in place referred to in the strategic risk referred to below.
- Potential breaches of waiting times for assessment and treatment. As these breaches occur they are now being reported via Ulysses as incidents to establish whether any harm has occurred and form part of monthly monitoring via the IPR.
- Information technology issues. These were identified as symptoms of more strategic issues and systems put in place.
- Operational finance risks. These were acknowledged and reported to the Finance & Performance Committee during 2018/19 as follows:
  - Impact of the transfers of the Wigan Borough and other commissioned services,
  - If the operational Run Rate exceeds resources and impacts on forecast outturn position, it may lead to impact on overall financial position, increased impact on cash position, impact on service delivery

- If the non-pay expenditure exceeds resource it may lead to impact on the financial position, impact on cash balances, impact on CIP programme, impact on risk rating
- If the CIP / Efficiency programme is not delivered it may impact on financial position, impact on cash balances, impact on CIP programme, impact on financial risk rating
- If there is a worsening of working capital balances leading to minimal cash balances it may lead to failure to make payments, potential cessation of deliveries, potential clinical risk, reputational damage, impact on risk rating

Actions and controls to mitigate the above risks include:

- Development and implementation of 'Service Line reporting' to facilitate contract management by commissioner.
- Monthly Reports to F&P committee include :-
  - Financial Position
  - Forecast Position
  - Top 25 overspending cost centres
  - Top 25 Agency spend
  - Cash Committee Report
  - Capital report (quarterly)
  - TIF report (inc. minutes)
- Monthly Cash Committee
- Weekly Aged Debt Review meetings
- Monthly review of CIP performance at Management Team
- Contractual invoices raised in advance to allow for prompt payment. All contractual payment terms reflected in invoice process.
- Agency management through a single engagement provider
- Executive and directorate performance meetings
- Detailed cash flows and forecasts are reviewed on a regular basis to manage working balances.

- CIP schemes for 2019/20 currently being developed.

Strategic risks are those principal risks recorded on the Board Assurance Framework (BAF) that may foreseeably impede the ability of the organisation to deliver its objectives. Each of these retains controls, assurances and any gaps that are the responsibility of a lead director and are assigned to a Board Committee who oversees the actions of each strategic risk. The assurances are within those documents received by the Board.

Failure to deliver safe and effective patient care. There is a risk that the Trust may be unable to achieve and maintain the required levels of safe and effective patient care; this could be caused by inadequate clinical practice and/or ineffective governance. If this were to happen it may result in widespread instances of avoidable patient harm, this in turn could lead to regulatory intervention and adverse publicity that damages the Trust's reputation and could affect CQC registration.

Staffing levels If the Trust fails to have an appropriately resourced, focused, resilient workforce in place that meets service requirements; Caused by an inability to recruit, retain and/or appropriately deploy a workforce with the necessary skills and experience; It may result in extended unplanned service closure and disruption to services across divisions, leading to poor clinical outcomes & experience for large numbers of patients; failure to achieve constitutional standards; unmanageable staff workloads; and increased costs.

Failure to implement and maintain sound systems of Corporate Governance. If the Trust is unable to put in place and maintain effective corporate governance structures and processes; Caused by insufficient or inadequate resources and / or fundamental structural or process issues; It may result in sustained failure to achieve constitutional standards; disruption to multiple services; reduced quality of care for patients; unmanageable staff workloads; increased costs and regulatory sanctions.

Managing demand & capacity If the Trust is unable to manage the level of demand; Caused by insufficient resources and / or fundamental process issues; It may result in sustained failure to achieve constitutional standards in relation to access; substantial delays to the treatment of multiple patients; increased costs; financial penalties; unmanageable staff workloads; and possible breach of license.

Financial sustainability If the Trust is unable to achieve and maintain financial sustainability; Caused by the scale of any deficit and the effectiveness of plans to reduce it;
It may result in widespread loss of public and stakeholder confidence with the potential for regulatory action such as parliamentary intervention, special administration or suspension of CQC registration. The Trust's FT licence requires 'that it shall at all times act in a manner calculated to secure that it has or has access to the Required Resources' so failure to do so would lead to breach of licence.

Organisational sustainability (a) If the Trust fails to effectively manage key relationships; Caused by a failure to identify and understand the needs of key stakeholders and commissioners; It may result in the loss of existing contracts or a failure to win new business.

Organisational sustainability (b) If the Trust fails to adapt and respond competitively to changes in the market place; Caused by a failure to identify and understand the risks within current or potential service developments and or a lack of an appropriate level of due diligence being undertaken; It may result in the loss of existing contracts, a failure to win new business and or taking on business at unsustainable margins.

Organisational sustainability(c) If the Trust fails to effectively integrate new services; Caused by a lack of planning and or understanding of service requirements; It may result in the new service failing to deliver effectively and or efficiently resulting in patient harm and or increased costs.

IM&T systems which do not meet the requirements of the organisation If the Trust's fails to maintain IT systems which meet the needs of users in a secure, effective and efficient manner; Caused by a lack of investment, poor IT strategy or lack of suitably qualified and experienced staff; It may result in the failure of the IT systems resulting in a lack of access to patient records by front line staff with poor standards of care delivered as a result and or lack of sufficiently robust information on which to make informed decisions

Staff engagement & morale If the Trust loses the engagement of a substantial proportion of its workforce; Caused by ineffective leadership or inadequate management practice; It may result in low staff morale, leading to poor outcomes & experience for large numbers of patients; less effective teamwork; reduced compliance with policies and standards; high levels of staff absence; and high staff turnover.

The following was a new strategic risk entered onto the Board Assurance Framework during 2018/19 and was scored as 16, significant.

Failure to enact the Trusts Strategy for future service provision could hinder a complete transfer of clinical and corporate services and associated assets and liabilities leaves significant financial, workforce and quality risk to Bridgewater's continuity of services. Caused by a lack of understanding of service requirements by either Bridgewater as the transferor or the receiving organisation as the transferee. It may result in the new service failing to deliver effectively and or efficiently resulting in patient harm. A failure to transfer the full costs of the service will leave the Trust with stranded costs / liabilities which is not offset by income. Transfer of key staff may leave the remaining organisation

without critical skills impacting upon business continuity.

The Board meets on a bi-monthly basis and delegates specific monitoring responsibilities in order to receive assurance reports from the Quality and Safety Committee as a committee of the Board. The Trust Chair was responsible for the leadership of the Board and ensured that members of the Board had access to relevant information to assist them in the delivery of their duties. Records of Board attendance are reported in the Annual Report and these confirmed that their attendance ensured that all the six meetings of the Board were quorate. All members of the Board attended the required number of meetings. The NEDs actively provided scrutiny and contributed challenge at Board and Board Committee level. The Board and its committees comprised membership and representation from appropriate staff and non-executive directors with sufficient experience and knowledge to support the committees in discharging their duties. The Board was well attended by all executives and non-executives throughout the year, ensuring that the Board was able to make fully informed decisions to support and deliver the strategic objectives.

Governors attend Board and committee meetings as observers and are therefore party to the presentation of information and assurance that relate to Trust risks and incidents. Routine quality meetings, and also performance meetings, are held with each of the Trust's commissioners (Clinical Commissioning Groups, local authorities or NHS England depending on the service) in order that they receive assurance on service quality, risks, and are challenged on any exceptions are being addressed.

In 2018/19 the Trust completed a Corporate Governance Statement (required under NHS foundation trust condition 4(8) (b)). The Board was satisfied that systems and standards of corporate governance are sound. The Trust Secretary engages with the NHS Providers Company Secretaries Network and routinely checks the NHS Improvement website and publications to ensure the trust remains compliant and responsive to any new information or requirements. Terms of Reference for the Board and committees were reviewed during 18/19. External audit reports support the annual financial accounts and quality report. The Finance & Performance Committee, as a committee of the Board, routinely scrutinises the Trust's financial decision-making, management, and control. The Board receives annual confirmation that the Trust complies with the conditions of its licence. There is an Accountability Framework and Escalation Framework in place to ensure the Board is sighted on significant issues and risks in an appropriate manner. The Trust undertakes a range of engagement with its stakeholders, through Governors, Patient Partners, via Health Watch. A Trust-wide staff engagement programme is in place, and directors regularly undertake drop-ins to team meetings. Non-executive Directors and Public Governors take part in Quality visits to services and engage with staff and service users to gauge the effective delivery of a service on site.

Policies, procedures, and clinical guidelines and associated staff training/implementation are the most common form of control for the majority of both strategic and operational risk. The Policy Approval Group has delegated responsibility for establishing policy development guidelines, reviewing, and approving the policies for the Trust. Built into the process for policy development, each document can only be approved once evidence of an equality impact assessment has been completed.

The IQPR and quality dashboard continue to be reviewed regularly by Board and the Executive Management Team. Each responsible director reviews his/her component contribution and these are triangulated to provide a rounded picture of risks, outcomes, and impact on service safety and delivery, and the strategic objectives of the organisation.

All services are encouraged to report incidents and team leaders and managers have access to training with the Head of Risk Management and Patent Safety to cascade and engender a culture or incident reporting, including drafting trigger lists for staff to adhere to. They can use the Ulysses incident report form to maintain a record of apologies or acknowledgement to patients or relatives in accordance with the Being Open Policy and as part of the Trust's Duty of Candour requirements.

There is an escalation framework that ensured Board members were briefed on any significant events or risks between Board meetings. When this happened, Board members received an email from the Trust Secretary, with detail including the nature of the issue, immediate remedial action, any likely media interest, long-term action, and to which Board or committee meeting a formal report on the issue will be presented. For serious incidents, the Head of Risk and Patient Safety completes a Directors' notification for the Board.

The Audit Committee oversees a programme of counter fraud arrangements, including the contract with MIAA for a Counter Fraud Officer. An MIAA Internal Audit Plan was developed and produced to address and ensure coverage of key risk areas of the trust, with reference to strategic risks identified within the BAF, management requests into areas of potential gaps and weaknesses etc.

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

The Trust continues to strive to deliver high quality services and has arrangements in place to monitor ongoing compliance with the Care Quality Commission Fundamental Standards.

The Trust has undergone a comprehensive CQC Well-Led Inspection in September 2018. The report was published on the 17th December 2018 and demonstrates a significant improvement since the 2016 inspection with several service lines and domains this year achieving an improved rating of "good". Due to the weighting given to the inspection at Trust level, the overall rating for the Trust remains as **Requires Improvement.**

During 2018/19 following the receipt of the final Governance Review undertaken by Deloitte LLP, an action plan was put in place to address the twenty recommendations that were made. The delivery of this action plan was overseen by the Governance Review Oversight Group, consisting of the Vice Chair, a further Non-executive Director, the Executive Team and the Trust Secretary. In February 2019 the Governance Review Oversight Group recommended to the Board closure of the group and the actions. The few remaining outstanding actions were clearly marked on the action plan was now to be owned by either the Board, or a Committee of the Board. The Board were satisfied with this approach and were assured the actions were both implemented and embedded in the Trust.

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

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

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are met.

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

The Trust's Finance & Performance Committee oversaw delivery of the Trust's efficiency programmes, and provided appropriate assurance directly to the Board. The CIP Council oversaw the identification and delivery of the 2018/19 CIP programme. The 18/19 CIP target was £3.069m, of which £2.894m was finally delivered; the slight shortfall of £175k being due to CIP schemes that were not completed in-year.

The Finance and Performance Committee received regular reports on the top twenty five overspending budgets throughout the year and were assured as these deficits were driven down. Throughout the year, there has been significant focus on workforce and the use of agency and locum staff in particular. The vacancy approval panel extended its remit to agency and locum usage.

Whilst the Finance & Performance Committee provided assurance to the Board from a financial stand point, integral to the delivery of efficiencies was the Trust's rolling Quality Impact Assessment (QIA) programme. CIP proposals were captured via a Project Overview Document (POD) and were submitted to the QIA panel for assessment. If a scheme was

foreseeably deemed to have an adverse impact on quality or patient safety, then the sponsor was required to address the concerns of the QIA panel and to resubmit for further assessment. If the panel's concerns prevailed, the scheme would be replaced with another scheme. Overall responsibility for each project proceeding to implementation rested with the Medical Director and the Chief Nurse. The Quality and Safety Committee was in receipt of quarterly QIA summaries for monitoring and assurance purposes. After the initial sign off of an efficiency initiative, there was an ongoing process in place to monitor the progress and efficacy of the initiative on service quality and delivery, the frequency of review determined according to the level of risk presented.

NHS Improvement award a rating for finance and use of resources based on the scoring of measures from '1' to '4' where '1' reflects the strongest performance. These scores are then weighted to give an overall score, one of the five themes feeding into the Single Oversight Framework. The Trust's scores are shown below.

Area	**Metric**	**2018/19 scores**				**2017/18 scores**	
		Q4	**Q3**	**Q2**	**Q1**	**Q4**	**Q3**
Financial sustainability	Capital service capacity	4	4	4	4	4	1
	Liquidity	1	1	1	1	1	2
Financial efficiency	I&E margin	4	4	4	4	4	4
Financial controls	Distance from financial plan	2	3	1	1	3	1
	Agency spend	3	3	4	4	3	2
Overall scoring		**3**	**3**	**3**	**3**	**3**	**3**

Information governance

Bridgewater Community Healthcare NHS Foundation Trust Data Protection and Security Toolkit (DSPT) formerly the Information Governance Toolkit (IGT) assessment for 2018/19 was submitted. All mandatory requirements could be evidenced with the exception of Assertion 3.3.1 – "at least 95% of all staff complete their annual Data Security Awareness Training between 1st April 18 and 31st March 19". The highest percentage achieved was 70% and this has been recorded in the toolkit. The low compliance rate remains on the risk register, with an action plan in place.

The DSPT provides an overall measure of the data quality systems, standards and processes. The score a Trust receives and is therefore indicative of how well the Trust has followed guidance and good practice. An audit was conducted by Mersey Internal Audit Agency during February 2019 to evaluate and validate the Trust's self-assessed scores. The final report from Mersey Internal Audit Agency granted the Trust "Substantial Assurance".

There were four information governance serious incidents during 2018/19 that required reporting to the Information Commissioner's Office (ICO).

- Theft of records from a staff vehicle.
- Records founds among household waste following fly tipping incident.
- Letter was sent to incorrect patient that contained sensitive information for another patient.
- Sensitive information was sent to wrong address.

All four incidents have been acknowledged by the Information Commissioner's Office (ICO). Of the four incidents the fly tipping incident is closed as the internal investigation had a thorough action plan. The one regarding theft from vehicle remains open but no further information has been requested by the ICO. We expect this incident to be closed. The two incidents where sensitive information has been disseminated inappropriately are currently being investigated by the ICO.

Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The trust published an annual quality report in line with the requirements set out in the NHS Improvement Detailed Requirements for Quality Reports 2018/19. All contributors to the report are responsible for ensuring the accuracy of the data reported. This includes ensuring that data are consistent with the data reported throughout the year as part of the

on-going assurance processes and systems. External assurance is obtained in order to provide independent assurance of the accuracy of the data and the results are published in the quality report as required.

The quality report requires foundation trusts to obtain external assurance on their quality reports as this subjects them to external scrutiny on the quality of data on which performance reporting depends.

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 the content of the quality report attached to this Annual report and other 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 quality and safety committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

During the year, the audit committee undertook a review of its effectiveness, with the output of the exercise used to inform the board development programme in place throughout the year. The Trust has used a combination of internal subject matter experts and external development support. All Board members have an appraisal with the Chair or Chief Executive, the results of which are reported to the Remuneration Committee or the Governors' Nominations Committee. The Council of Governors oversee the performance review of the Chair and the Non-executive directors of the trust to help inform their decisions on the re-appointment or termination of Non-executives as necessary.

The Audit Committee has separate internal and external audit plans. The Committee meets on a quarterly basis with representation from both internal and external audit functions. An annual work plan is produced. The Audit Committee's primary role is to conclude upon the adequacy and effective operation of the organisation's overall internal control system.

The main focus of an Audit Committee's work is related to internal financial control matters, the maintenance of proper accounting records, the reliability of financial information, and a wider focus on the safety and quality of patient care. However, the Trust's Audit Committee also considers the findings of clinical audit across operational services.

During the financial reporting period for 2018/19 the Audit Committee have complied with 'good practice' recommended through:

- Agreement of Internal and External Audit and Counter Fraud plans.
- Regular review of progress and outcomes, i.e. risks identified and action plans agreed.
- Private meetings with External and Internal Audit.
- Regular review of the Audit Committee work plan.
- Review of the Committee's Terms of Reference.

The overall opinion from the Director of Internal Audit was that 'Moderate Assurance', can be given that there is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some of the organisation's objectives at risk.

The overall opinion is underpinned by the work conducted through the risk based internal audit plan, review coverage has been across governance and leadership, financial performance and financial sustainability, quality, workforce and information technology.

This opinion is provided in the context that the Board like other organisations across the NHS is facing a number of challenging issues and wider organisational factors.

Throughout the year the Audit Committee has worked effectively with the internal auditors to strengthen the Trust's internal control processes. The Internal Audit Plan has been delivered in accordance with the schedule of days agreed with the Committee at the start of the financial year. During the year, some agreed amendments to the plan had been approved by the Audit Committee. The Committee Chair reported these amendments to the Board.

During the year MIAA has completed 20 internal audit reviews, covering both clinical and non-clinical systems and processes and formed a view on the level of assurance as follows:

INTERNAL AUDIT PLAN OUTPUTS	**ASSURANCE LEVEL**
Attendance Management	No assurance
Cost Improvement Programme (draft report)	Limited assurance
Duty of Candour	Limited assurance
Serious Incident Reporting	Limited assurance
IT Service Continuity	Limited assurance
Falls risk assessment	Limited assurance
CQC Action Plan	Limited assurance

Non-pay controls	Moderate assurance
Payroll	Moderate assurance
Referral to Treatment Times	Moderate assurance
Risk Management	Moderate assurance
Medicines Management	Substantial assurance
Safeguarding	Substantial assurance
IT Critical application - SystmOne	Substantial assurance
IT User Access Privilege Management	Substantial assurance
Data Security & Protection Toolkit	Substantial assurance
Aimes Data Centre re-location	Substantial assurance
AHP Revalidation	Substantial assurance
Key Financial Systems	High assurance
Assurance Framework briefing note	NHS requirements met

In addition, there are two reviews that will conclude early in 2019/20:

Risk Management

Woodview action plan

These audits were all presented to the Audit Committee for oversight and to provide assurance. Individual committees take responsibility for tracking progress against recommendations and action plans. The Audit Committee and the Quality and Safety Committee were also in receipt of the progress of Clinical Audit programmes across the trust.

The Trust takes the view that Internal Audit is a key management tool for improvement and therefore consciously asks its auditors to review areas where it is aware it can benefit from advice or recommendations relating to good practice from elsewhere. All audits carry responses to any risks identified in internal audits. Those receiving No and Limited assurance and carrying outstanding high risk recommendations are shown below, with responses as follows: -

- Attendance Management
- Cost Improvement Programme

- Duty of Candour
- Serious Untoward Incident Reporting
- IT Service Continuity
- Falls risk assessment

These audits were all supplied to the Audit Committee for oversight and to provide assurance. Individual committees take responsibility for tracking progress against recommendations and action plans.

The Trust's external auditor, PricewaterhouseCoopers (PwC) attends the Audit committee on a regular basis and is able to meet in private with members of the committee throughout the year. The year-end external audit emphasises matters in relation to risks faced by the Trust, its use of resources, value for money, ability to continue as a going concerns and any areas of material uncertainty which the Audit Committee then uses to direct its work in the subsequent year.

The Annual Report and Accounts 2018/19 includes PwC's external audit opinion. The adverse conclusion around value for money and material uncertainty on going concern paragraph was discussed with the Audit Committee on 21 May 2018, and the committee noted the conclusions of PwC in this regard.

Conclusion

The systems of internal control are sound and they have been reviewed and are able to identify and escalate any significant issues speedily and appropriately to the proper level. The trust identified risks associated with the CQC rating of Requires Improvement during 2018/19. All of the 'musts' have been addressed in 2018/19 and outstanding actions now form part of the Trust continuous improvement plan which is monitored by the Board.

Accounting Officer: Colin Scales (Chief Executive)

Organisation: Bridgewater Community Healthcare NHS Foundation Trust

Signed: 

Date: 28 May 2019

Bridgewater Community Healthcare NHS Foundation Trust

4. Quality Report 2018/19

Quality first and foremost

Contents of the Quality Report

Contents

PART ONE

Quality first and foremost

Part 1 - Statement on Quality by Chief Executive

This Quality Report outlines our commitment to ensuring we deliver care of the highest possible standard during 2018/19 and identifies the areas on which we have focused during the year as well as our performance against key quality indicators.
It also sets out our strategic ambition to deliver high quality, safe and effective care which meets both individual and community needs, whilst delivering value for money.

As a foundation trust we want to contribute to a wide-ranging programme of change that sees health, quality and care pathways co-ordinated across different providers and levels of care with a far greater focus on wellness, early intervention and prevention.

Our 'Quality and Place' strategy is central to how we now operate as a Trust and our approach during the 2018/19 year has been to ensure we provide a high standard of care whilst working towards a more integrated approach within the health and care systems in each of the boroughs where we operate.

During the year we have made significant strides in the delivery of integrated community teams in Warrington and Wigan, with our community response teams being cited as an area of outstanding practice in the CQC inspection which was undertaken in September 2018.

Our CQC inspectors' report also highlighted that we have been on a journey of improvement across many of our service lines since our last core service inspection in 2016, although the weighting methodology meant that our overall rating as a Trust remains as requires improvement.

I am also convinced of the strong link between the quality of a patient's experience and levels of staff satisfaction and engagement. It is for this reason that during the year our Board has been particularly focused on embedding our approach to staff engagement. I am really pleased that we have already seen some initial indicators of improvement in the feedback from the 2018 NHS Staff Survey and were the most improved Trust in our region in relation to staff recommending the Trust as a place to work or receive treatment.

As Chief Executive I am assured that the Trust provides a high quality service and that this Quality Report demonstrates this. To the best of my knowledge the information in this account is accurate and fairly reflects the quality of the care we deliver.

Chief Executive

Colin Scales

PART TWO

Quality first and foremost

Part 2 - Priorities for Improvement and Statements of Assurance from the Board

Priorities for Improvement in 2019/20

Patients are at the heart of everything we do at Bridgewater Community Healthcare NHS Foundation Trust. Our priorities for 2019/20 are a combination of national and local priorities. The Trust wishes to further its work around learning from community deaths, developing a patient engagement strategy and driving up quality by developing quality improvement methodology for staff to use when working on service improvement projects.

Quality priorities for the year 2019/20 include:

As part of our Quality and Place strategy our approach to quality forms part of our quality improvement plan and for 2019/20 the Trust wants to further develop:

- Learning from Deaths: Including learning from national reports such as the Gosport Enquiry and our promotion of a no blame culture and improvements by increasing greater numbers of Freedom to Speak up Guardians to encourage staff to raise concerns.

- Driving up quality using quality improvement methodology to enable greater learning and engagement to underpin our previous work on Sepsis and NEWS 2 roll out. This will also impact on the work around Gram Negative infections where most cases occur in the community amongst older people who form the largest users of adult services.

- Developing a patient engagement strategy as active engagement and participation further supports our place based services and patient satisfaction as well as increasing participation in service redesign.

During the summer of 2017, our staff, local people, carers, health and care professionals, partners and community-based leaders came together in each borough as part of a 'Big Conversation' to influence and shape the development of our Quality and Place strategy which covers the period 2018-2022. Our quality plan on a page covers areas such as patient safety, clinical effectiveness and patient experience. One of the strategic ambitions is to deliver high quality, safe and effective care which meets both the individual and community needs.

In the table below the implications on workforce and finance are displayed.

Quality	Workforce	Finance
Learning from Deaths	Sharing Lessons Learned	Claims/Regulatory fines
Driving up quality and quality improvement methodology	Training	Staff costs to release for training
Developing a patient engagement strategy	Engagement with stakeholders and staff	Potential venue costs for stakeholder events.

Review of progress against the 2017/18 Priorities for Improvement

Priority for Improvement	Update
Pressure Ulcer Prevention	Although the number of Pressure Ulcers reported have increased, the Trust has developed mechanisms where by staff have actively been encouraged to recognise and report Pressure Ulcers correctly. This has been achieved by: • The Trust developed Borough facing weekly patient safety meetings chaired by the borough Directors of Nursing. Pressure Ulcer incidents are reviewed and scrutinised. Investigations are undertaken if the Pressure Ulcer occurred in our care. These investigations are then reported and reviewed at the Trusts Serious Incident Review Panel (SIRP) held weekly and chaired by the Medical Director or the Chief Nurse. • Borough facing Harm Free Care Groups have been established to work on the programme of pressure ulcer prevention and monitor progress. • There has also been a multi-disciplinary Pressure Ulcer learning events with our stakeholders and lessons shared. • Our Tissue Viability Nurses produce an annual thematic review and trend analysis in order that further improvement work can be undertaken. • Our Trust policies were updated with NHSI (2018)

	Pressure ulcers: revised definition and measurement framework and (DH 2018) Pressure ulcers: safeguarding adult's protocol and training by the Tissue Viability Nurses was amended to be in line with the new guidance.
Reduction in medication Errors	With the appointment of the Medication Safety Officer the changes in 2018 saw: • The introduction of the medicines incident review panel which feeds into the boroughs Quality & Safety Sub-Groups. Incidents are discussed and actioned and any lessons learned shared with teams. • A Medicine Management newsletter has now been produced which covers topics such as insulin administration, how to report an incident or any medicine alerts that staff need to be aware of. • Medicine policies and procedures have been written or updated in order that staff have clear guidance when administrating medicines. • The team also deliver training on medicine management to Trust staff.
Improve processes for reporting harm and promoting an open and honest culture in which the organisation can learn and innovate.	The Trust reviewed its process of how incident reporting was managed in the boroughs: • It established the weekly patient safety meetings in which incidents are reviewed and challenged by the boroughs Director of Nursing and these incidents if they require further investigation are then reviewed and signed off at the Serious Incident Review Panel (SIRP) which is chaired by the Medical Director or the Chief Nurse. • This complemented the already established borough Quality & Safety Sub-Groups where any service risks or quality programmes of care are discussed and shared. • To help staff further with reporting harms, all of

	the risk management related policies and procedures and paperwork were reviewed and updated to make them easier for staff to follow and work with. • Risk Management training was also developed such as how to undertake a root cause analysis (an investigation) and how managers can manage an incident once it has been reported by staff. • Duty of Candour training was provided to all clinical staff. • The Quality and safety Leads produce a monthly lessons learned newsletter that collates any learning from these investigations or incidents that have occurred. These newsletters are published in our Trust bulletin and on out intranet for staff to access and share. For example as a result of some feedback from complaints in our children's services, we have now developed a child friendly feedback form for young people to complete.

The priorities will be monitored through the Trusts governance infrastructure. Information is gathered by triangulating data and quality reports which are discussed, challenged and monitored at monthly Quality and Safety sub groups, Directorate team meetings, Operational Performance meetings, and finally scrutinised at the Quality and Safety Committee that reports to the Board.

To give assurance to the Trust Board they monitor performance on a bi-monthly basis by receiving regular reports on all quality and operational issues. This enables the Trust to demonstrate its commitment to encouraging a culture of continuous improvement and accountability to patients, the community, the commissioners of its services and other key stakeholders.

Statements of Assurance from the Board

During 2018/19 the Bridgewater Community Healthcare NHS Foundation Trust provided and/or sub-contracted 219 relevant health services.

Bridgewater Community Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in 100% of these relevant health services.

The income generated by the relevant health services reviewed in 2018/19 represents 97.5% of the total income generated from the provision of relevant health services by the Bridgewater Community Healthcare NHS Foundation Trust for 2018/19.

Clinical Audit

Participation in Clinical Audits

During 2018/19 five national clinical audits and two national confidential enquiries covered relevant services that Bridgewater Community Healthcare NHS Foundation Trust provides.

During that period Bridgewater Community Healthcare NHS Foundation Trust participated in 100% of the national clinical audits and 100% of national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Bridgewater Community Healthcare NHS Foundation Trust was eligible to participate in during 2018/19 are as follows:

- National Diabetes Audit - Adults (foot care)
- National Audit of Intermediate Care (NAIC)
- National Audit of Falls - Fracture Liaison
- National Audit of Cardiac Rehabilitation (NACR)
- National Audit of Comprehensive Health Assessment Tool (CHAT)
- Long Term Ventilation – NCEPOD study
- Learning Disability Mortality Review Programme (LeDeR)

The national clinical audits and national confidential enquiries that Bridgewater Community Healthcare NHS Foundation Trust participated in during 2018/19 are as follows:

- National Diabetes Audit - Adults (foot care)
- National Audit of Intermediate Care (NAIC)
- National Audit of Falls - Fracture Liaison
- National Audit of Cardiac Rehabilitation (NACR)
- National Audit of Comprehensive Health Assessment Tool (CHAT)
- Long Term Ventilation – NCEPOD study
- Learning Disability Mortality Review Programme (LeDeR)

The national clinical audits and national confidential enquiries that Bridgewater Community Healthcare NHS Foundation Trust participated in, and for which data collection was completed during 2018-19, are listed below alongside the number of cases submitted to

each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Title of National Audit	
National Diabetes Audit - Adults (foot care)	100%
National Audit of Intermediate Care (NAIC)	100%
National Audit of Falls - Fracture Liaison	100%
National Audit of Cardiac Rehabilitation (NACR)	100%
National Audit of Comprehensive Health Assessment Tool (CHAT)	100%
Long Term Ventilation – NCEPOD study	100%
Learning Disability Mortality Review Programme (LeDeR)	100%

The report of one national clinical audit was reviewed by the provider in 2018-19 and Bridgewater Community Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

1. Title: National Audit of Intermediate Care (NAIC)
The results of this audit mainly inform commissioning decisions and their review of intermediate care provision. No specific service related actions were identified.

The reports of 16 local clinical audits were reviewed by the provider in 2018/19 and Bridgewater Community Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided – please see Clinical Effectiveness section of this report for further detail.

Participation in Clinical Research

The number of patients receiving relevant health services provided or subcontracted by Bridgewater Community Healthcare NHS Foundation Trust in 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 110. The number of new studies approved during 2018/19 was 13.

Goals agreed with Commissioners - Use of the CQUIN Payment Framework

A proportion of Bridgewater Community Healthcare NHS Foundation Trust income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between Bridgewater Community Healthcare NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

For further details regarding the agreed goals for 2018/19 please see the CQUIN section and for the following 12 month period the information is available electronically at: www.bridgewater.nhs.uk/aboutus/foi/cquin/

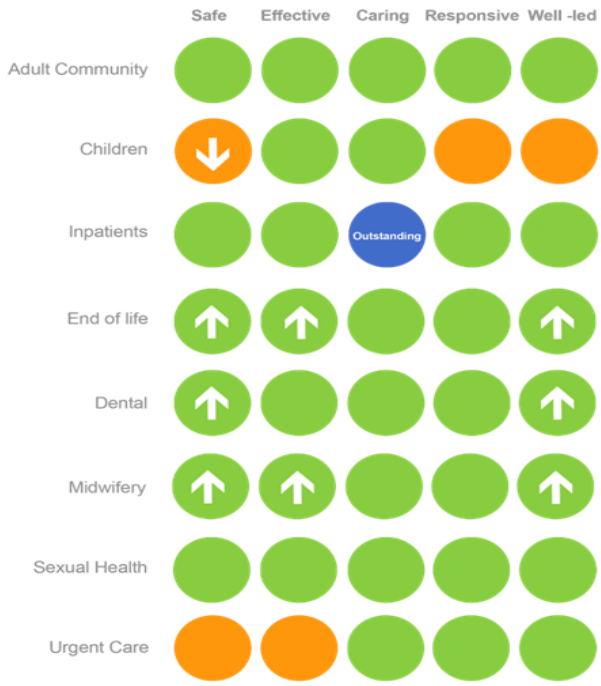
Bridgewater is currently reporting a monetary total income of £1,923k subject to final confirmation from commissioners regarding quarter 4 data.

The monetary total for the associated payment in 2017/18 was £1,820k

Care Quality Commission (CQC)

Bridgewater Community Healthcare NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is full and unconditional registration.

The Trust has undergone a comprehensive Well-Led Inspection in September 2018. The report was published on the 17th December 2018 and demonstrates a significant improvement since the 2016 inspection with several service lines and domains this year achieving an improved rating of "good". Due to the weighting given to the inspection at Trust level, the overall rating for the Trust remains as **Requires Improvement.**



- Eight core service lines inspected, six rated "good"
- Of 40 domains measured across the services we now have one rated as outstanding, 34 as good and five as requires improvement.
- Midwifery, End of Life and Community Dental Services achieved an improved rating of good.
- Adult Community and Sexual Health services both retained their good rating
- Overall our **core services** are rated as **good**

The quality concerns from the CQC are:

- Regulation 17 HSCA (RA) Regulations 2014 - Good Governance – in relation to information management and triangulation
- Regulation 9 HSCA (RA) Regulations 2014 - Person-centred care – in relation to children's care and treatment
- Regulation 16 HSCA (RA) Regulations 2014 - Receiving and action on complaints – in relation to children's services

The areas of concern have been addressed by a comprehensive improvement plan which details responsibilities at a corporate and service specific level. This is monitored through key governance meetings.

Strategic risks to quality have been assessed by the executive team and are:
Failure to deliver safe & effective patient care - This encompasses the CQC concerns. Quality and safety risks currently include safeguarding capacity, recruitment to some staff groups and record keeping as we transfer to EPR. The strategic risks have an assigned accountable director and mitigation plans are reviewed by the Board on a regular basis.

The need to use information to triangulate quality with finance, performance and workforce has led to the introduction of our Integrated Quality and Performance Report (IQPR) which is refined each month as further data becomes available. This report will not only enable the CQC concerns to be resolved but is also enabling clinical staff to see potential areas of concern and act more quickly to prevent problems. The impact of all of our contracts, improvement plans and quality initiatives will be monitored via the IQPR report monthly to measure impact following implementation of changes. Audit will be used to provide longer term assurance.

Throughout 2018/19 the Trust strengthened its approach to 'Lessons Learned'. There are weekly patient safety meetings in the boroughs that review patient safety incidents, case note reviews and Root Cause Analysis (RCA) reports. If a serious incident is identified then these are reviewed by the Trust's Serious Incident Review Panel, chaired by the Medical Director or the Chief Nurse. Responding to deaths is also reviewed at this panel. Any lessons learned are highlighted in the monthly Quality Newsletter which is shared on the Trust intranet.

Our Health and Justice Services also underwent a period of inspections during 2018/19.

Barton Moss Secure Children's Home: Ofsted Report May 2018

The report highlighted that health staff provided:

- a good level of physical and mental healthcare to the children and young people. They are enthusiastic and dedicated to providing good outcomes.
- The children and young people feel well supported by health staff.
- The way in which medicines are managed has improved since the last inspection and is now considered to be safer.
- An appropriate range of on-site primary care services are delivered regularly and without delay.
- Health and well-being needs are identified promptly through the Children's Health Assessment Tool, which informs ongoing care and children and young people receive very good support before they leave the home.

Where Improvements Are Needed:

- Due to using an electronic patient record, health records can be delayed or there is the potential for information to be missed that could have implications for children and young people's care.

Action taken: The issues with accessing the electronic record relates to an IT infrastructure issue at the home. Currently the Local Authority provides this, and so the Local Authority IT department and the Trust IT department are exploring a permanent solution with the NHSE commissioner.

- The treatment room is too small and has no windows or means of ventilation without keeping the door open. The door is closed when a child or young person is being treated or examined to ensure their privacy. The examination bed cannot be laid flat as the room is too narrow. A recent infection control audit has highlighted the need for a 'splash back' behind the sink, wall-mounted soap and apron dispensers.

Action taken: The estate is managed by the Local Authority. The Splash-back and wall mounted soap and apron dispensers are now in place. The issues relating to the size and ventilation of the room have been raised with the Local Authority for resolution however it is unlikely that an alternative room will be available until further building work is undertaken. The NHSE commissioner is aware of the difficulties and this is monitored at the quarterly contract meeting.

St Catherine's Secure Children's Home: Ofsted Report, November 2018

The report highlighted:

- Children's health and well-being assessments are completed within the required timescales.
- They are effective in promptly identifying children's emerging needs to inform their ongoing healthcare.
- Children access an appropriate range of primary care services at the home, without delay.
- The medical room provides a good resource for children to have their medical needs addressed in private.
- The home's medicine management is good, and staff monitors children with specific health needs closely.
- Health staff provides a very good level of physical and mental healthcare to children.
- Children are supported to access external services without delay for diagnosis and treatment.
- The multi-disciplinary mental health team provides good psychosocial and emotional well-being support to all children. Therefore, children make good progress in all areas of their health and feel well supported by the health staff.

Where Improvements Are Needed:

- The full infection control audit of the room is overdue.

Action Taken: The Trust Infection Prevention and Control Team completed a full audit during January 2019 and resulted in 96% achievement. An action plan has been developed is in place to resolve identified areas for improvement.

HMP&YOI Hindley: CQC Focussed Inspection Draft Report, January 2019

The last joint inspection by CQC with Her Majesty's Inspectorate of Prisons (HMIP) in December 2017, found the quality of healthcare provided by Bridgewater at HMP YOI Hindley did not meet regulations. One Requirement Notice in relation to Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was issued.

There was a re inspection in December 2018 and the purpose was to determine if the healthcare services provided by Bridgewater were now meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008 and that prisoners were receiving safe care and treatment.

At this inspection CQC found the trust had made a range of improvements to the management structure and governance processes to monitor and improve patient care and safety:

- Infection prevention and control was appropriately monitored and staff had been given appropriate training to carry out their roles.
- Local patient concerns were appropriately monitored and complaints were no longer recorded in patient clinical records.
- Managers had arranged additional training for all staff in the incident reporting and management system and the reporting and investigating of incidents had improved significantly.
- There was a range of engagement with patients to help improve the quality of the service and responses to patient surveys were positive about the service.
- Access to routine GP appointments was generally within two weeks.
- There had been a number of staffing changes in the pharmacy team and a lead pharmacist for the prison health service had oversight of pharmacy services at HMP YOI Hindley.
- Two pharmacy technicians had been recruited to support nurses with medicines administration and management and there were clear plans in place to provide further pharmacy input into HMP YOI Hindley.
- Local managers were working effectively with prison management to drive forward a range of improvements to prisoner health and wellbeing.

Currently the CQC do not give a rating for prison services.

HMP Garth

HMP Garth was jointly inspected by the CQC and Her Majesty's Inspectorate of Prisons the week commencing 1th January 2019. The Trust is awaiting the published report.

Focused Visit to St Helens Children Services

This inspection was conducted by Ofsted in July 2018 who looked into the local authority arrangements for children in need and children subject to a child protection plan. The report highlighted no concerns for Bridgewater.

Focused Visit to Halton Children Services

This inspection was conducted by Ofsted in July 2018 where the inspectors looked at the local authority's arrangements for contacts and referrals in the integrated contact and referral team (iCART) and thresholds for children in need and child protection, with a focus

on children and families stepping down too early to help. The report highlighted no concerns for Bridgewater.

There was also a Halton site visit for Children in care review by the CCG in July 2018. There were 13 standards assessed and an action plan was developed which is monitored internally and by the commissioners.
Some of the areas of concern were:

- There needed to be a process for following up children who do not attend an appointment for specialist care. The department wrote a standard operating procedure to reflect the pathways that was then shared with all of the teams.
- That there is good communication between GPs, community nursing services (i.e. Health Visiting, School Nursing and community Midwifery services) in respect of children for whom there are concerns. The department ensured that the designated nurse collated and shared feedback from safeguarding leads in GP practices and shared the information with the wider multi-disciplinary team. An updated list of practices links within the 0-19 service was shared with the designated nurse for dissemination. The 0-19 service are also developing details within their new model which will include plans to re-establish and strengthen relationships with GP practices and to ensure effective communications between practices regarding vulnerable children.

Oldham Early Years Peer Review

This review took place at the end of March 2019 and the service is currently awaiting feedback.

NHS Number and General Medical Practice Code Validity

Bridgewater Community Healthcare NHS Foundation Trust submitted records during 2018/19 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

- 100% for outpatient care; and
- 98.9% for Walk in Centres and Urgent Care Centres

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 99.8% for outpatient care; and

- 98.6% for Walk in Centres and Urgent Care Centres

Information Governance Assessment Report

Bridgewater Community Healthcare NHS Foundation Trust Data Security and Protection Toolkit (DSPT) Report for 2018/19 was submitted in a timely manner prior to 31st March 2019. All assertions were met with the exception 3.3.1 - Percentage of Staff Successfully Completing the Level 1 Data Security Awareness training. We are expected to achieve 95% compliance and the Trust achieved 70% compliance. Work is underway to improve compliance as part of the Subject Matter Expert (SME) Mandatory Training Summits which are held quarterly

The DSPT, which replaced the Information Governance Toolkit in 2018/19, provides an overall measure of the data quality systems, standards and processes. The assurance a Trust receives is therefore indicative of how well the Trust has followed guidance and good practice. An audit was conducted by Mersey Internal Audit Agency (MIAA) during February 2019 to evaluate and validate the Trust's self-assessment. The final report from Mersey Internal Audit Agency granted the Trust as Significant Assurance.

There were 4 information governance serious incidents during 2018/19 that required reporting to the Information Commissioner's Office (ICO) they were:

- HMP Healthcare - In March 2018 a patient received a letter which also contained a letter for another patient, which contained sensitive information.

- A fly tipping incident occurred in Wigan in July 2018. The council cleansing operatives found a quantity of NHS documentation dated 2010/11 amongst the rubbish, which appeared to be from a health service in St Helens. This case is now closed with no further action required.

- A staff member's car was broken in to during a patient visit in June 2018. The staff member's work bag which contained 5 sets of patient records were stolen

- Oldham Family Nurse Partnership: An appointment letter was sent to patient about pending home visit. It came to light that the letter had been sent to her estranged parents address. The notification and further communication between the two services showed that the patient was highlighted as being at risk.

Three of the four are currently being investigated by the Information Commissioners Office (ICO).

The General Data Protection Regulation (GDPR) which was implemented in May 2018 is embedded in to the Trust.

Clinical Coding Error Rate Validity

Bridgewater Community Healthcare NHS Foundation Trust was not subject to the payment by results clinical coding audit during 2018/19 by NHS Improvement.

Statement on Relevance of Data Quality and your Actions to Improve your Data Quality Validity

Bridgewater Community Healthcare NHS Foundation Trust will be taking the following action to improve data quality.

The Trust recognises the need to ensure that all Trust and clinical decisions are based on sound data and has a number of controls in place to support the process of ensuring high quality data.

The Trust uses MIAA to audit performance and performance management processes. The overall objective of the audits is to provide assurance that the Trust has an effective process-controlled system for performance reporting and ensure that mitigating plans are in place to achieve maximum performance and support patient quality.

The Trust has an agreed data quality policy to complement its data quality strategy and also has a data consistency programme that aims to ensure a consistent Place Based approach to recording data and performance management across all its Boroughs.

Data consistency implementation groups are in place who oversees data consistency progress aligned with data improvement, service redesign and System roll out across the Trust.

The Trust has continued to be proactive in improving data quality by providing:

- system training (and refresher training available on request) drop-in sessions for assistance with system use for data recording
- guidance and frequently asked questions (available on the Trust intranet).
- activity and data quality are to be standing items on clinical team meeting agendas
- data definition work streams continue at individual service line level

Number of Deaths

The number of patients who have died during the report period, including a quarterly breakdown of the annual figures was:

Q 1	Q2	Q3	Q4	Total
364	268	269	253	1054

The number of deaths including which were subjected to a case record review or an investigating to determine what problem (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure were:

Q 1	Q2	Q3	Q4	Total
11	19	39	17	86

An estimate of the number of deaths during the reporting period for which a case record review or investigation had been carried out which the organisation judges as a result of the review or investigation were more likely than not to have been due to problems in care provided to the patient (including a quarterly breakdown), with an explanation of the method used to assess this. This is still to be determined and under development.

A summary of what the provider has learnt from case record reviews and investigation conducted in relation to deaths is still to be determined and under development.

A description of the actions which the organisation has taken in the reporting period, and proposes to take following the reporting period, as consequence of what we have learnt during the reporting period, still to be determined and under development

An assessment of the impact of the actions which were taken by the organisation during the reporting period is still to be determined and under development.

The number of case record reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in the relevant document for that previous reporting period is still to be determined and under development.

An estimate of the number of deaths included in which the organisation judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this is Still to be determined and under development.

A revised estimate of the number of deaths during the previous reporting period stated in the relevant document of that previous reporting period, taking account of the deaths referred to in item will be completed mid May 2019.`

During 2018 the Trust has developed a 'Learning from Deaths' policy and is currently establishing the process for how it will monitor and review cases in order to draw on thematic reviews in order to highlight good practice or areas for improvements. The Trust currently reviews deaths at the Serious Incident Review Panel and will continue to do so in order to ensure that investigations are completed and to support this process further from May 2019 the Trust will have introduced a 'Learning from deaths' Panel. This panel will oversee all of the Trusts reported deaths by providing a senior level of scrutiny and provide reports to the Trust Board. Any lessons learned will be shared with clinical teams via our established routes of sharing information across the Trust.

Reporting against Core Indicators

In accordance with NHS England requirements Bridgewater Community Healthcare NHS Foundation Trust is able to provide data related to the following core indicators using data made available by the Health and Social Care Information Centre (HSCIC).

Core Indicator Staff Friends & Family Test	Bridgewater 2016	Bridgewater 2017	Bridgewater 2018	National Average for Community Trusts	Highest Community Trust	Lowest Community Trust
If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation (Q21d NHS Staff Survey)	71% (reported as 79% in last year's report)	67%	72.1%	74.8%	82.8%	36.8%
% of staff that would recommend the Trust as a place to work. (Q21c NHS Staff Survey)	49%	45%	54.8%	59.4%	72.0%	35.4%

Bridgewater Community Healthcare NHS Foundation Trust considers that this data is as described for the following reasons:

- There has been continuous change in the health economy that has impacted on staff. It is recognised that continuous financial challenge and change at national, regional and local levels can affect staff morale and their perceptions of the organisation and the NHS as a whole. Work has been on-going during 2018 to try to improve this with just short of a 10% improvement with regards to our staff recommending the Trust as a place of work Furthermore, there has been just over a 5% improvement in staff recommending the Trust as a place to receive treatment. However whilst both these responses are improvements the Trust is still slightly below the national average of response rates for Community Trusts.

Bridgewater Community Healthcare NHS Foundation Trust intends to take the following actions to improve these scores, and so the quality of its services by:

- Utilising our Staff Engagement Champions to work with the Trust's Staff Engagement Lead to further understand and address the reasons why staff would not recommend the Trust as a place to receive treatment or work.
- Continuing to develop and implement various initiatives to work further on staff engagement. These include, but would not be limited to: updating the intranet site – "The Hub", My Bridgewater App (available to all staff), monthly staff health and wellbeing newsletter and twitter messages, and our now well established staff health and wellbeing month, Director Quality Visits, Open Space Events, Professional Forums, Chief Executives Blog, Team Brief and Trust Bulletin, Star of the Month, Annual Staff Awards and our "you said, we did…..are doing" cascades and 'Listening into Action' groups. Running our internal Staff Pulse Check Survey on a quarterly basis which positions the two questions with staff to enable periodic 'temperature checks'.
- Continuing to report on our progress to the Trust's Workforce & Organisational Development that reports in to the Trust's Board.
- Continuing to undertake quarterly on-line surveys asking staff if they would recommend Bridgewater to their family and friends as a place of work and receive treatment. The survey is anonymous and enables staff to add their feedback/comments when responding. We will review these comments and further explore these with staff via our established mechanisms such as the Trust's Staff Engagement Group, Workforce & Organisational Development Committee, Open Space and Big Conversations etc.

The core indicators from 2014-2017 were reported from patients that attended Newton Hospital. From 2017 Bridgewater Community Healthcare NHS FT no longer provides this service or any other service where this indicator is applicable to and therefore is not applicable for 2017/18.

Core Indicator	2018/19	2017/18	2016/17	2015/16	2014/15
The percentage of patients aged 16 or over, that were readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting.	NA	NA	1.16% There were 343 discharges and 4 readmissions within 28 days	3% There were 323 discharges and 8 readmissions within 28 days.	2% There were 343 discharges and 7 readmissions within 28 days

Core Indicator		2014/15	2015/16	2016/17	2017/18	2018/19
The number and, where available, rate of patient safety incidents reported within the Trust during 2018/19, and the number and percentage of such patient safety incidents that resulted in severe harm or death	The number and, where available, rate of patient safety incidents reported within the trust during 2018/19	3,999 incidents reported of which 1321 (33%) were submitted to the NRLS as patient safety incidents	3,986 incidents reported of which 1,293 (32%) were submitted to the NRLS as patient safety incidents (as of 6/4/16)	4,676 incidents reported of which 1,217 (26%) were submitted to the NRLs as patient safety incidents (as of 31/03/17)	4,811 incidents reported of which 1,176 (24%) were submitted to NRLs as patient safety incidents (as of 03/04/18).	6,505 incidents were reported. 2,819 (43%) were reported to NRLS (as of 07/04/19)
	The number and percentage of such patient safety incidents that resulted in severe harm or death	There were 24 incidents resulting in severe harm or death, 11 of which met the criteria for a patient safety incident	There were 20 incidents resulting in severe harm or death, three of which met the criteria for a patient safety incident.	There were 16 incidents resulting in severe harm or death, 12 of which met criteria for patient safety incident.	There were 28 incidents resulting in severe harm or death, 19 of which met the criteria for patient safety incident.	There were 215 incidents that resulted in severe harm / death. 85 of which met the criteria for a patient safety incident.

The Bridgewater Community Healthcare NHS Foundation Trust considers that this data is as described for the following reasons, compared to 2017/18: -

During 2018/19, 6,505 incidents were reported and 2,819 (43%) of these were submitted to the National Reporting and Learning Service (NRLS) as Patient Safety Incidents.

There were 85 Patient Safety Incidents that resulted in severe harm or death that were treated as Serious Incidents and came under the Trust's Root Cause Analysis investigation. This increase was also attributed to the development of processes for reporting prison and child deaths within the Trust processes as well as externally.

Compared to 2017/18 the volume of Patient Safety Incidents has increased by 1,643 (140%) and the Trust continues to encourage staff to report incidents in order to prevent recurrence where possible and to promote opportunities to support staff learning and support service improvement.

The Trust considers that this data is as described for the following reasons, compared to 2017/18:

- the volume of Patient Safety Incidents has increased by 1,643 (140%) this is encouraging and is an indicator of the Trust's emerging patient safety culture.
- **T**he overall number of Patient Safety Incidents increased, the ratio of No Harm incidents (Near Miss, Insignificant outcomes) was 51% of the total number of incidents reported.
- The number of Serious Incidents from 2018/19 was 137. The top three cause groups were pressure ulcers, slips, trips and falls & medication errors.
- From 2017/18 to 2018/19 there was the increased number of reported incidents indicating that the incident reporting culture is evolving in the Trust. The Trust will continue to develop this culture by providing training to all staff regarding the process of reporting and management of incidents.

The Bridgewater Community Healthcare NHS Foundation Trust has taken the following actions to improve this data and indicators, and so the quality of its services, by:

- Introducing weekly Borough / Service specific Patient Safety meetings, which maintain an over view of all reported incidents in the organisation. These review meetings ensure that all incidents are reported and managed correctly depending on the nature and severity of the incident and are chaired by the Director of Nursing Services for the boroughs.
- Maintaining a dedicated root cause analysis training program for staff in the Trust. This will enhance the quality of incident investigations in the Trust, by ensuring that investigators are aware of the concepts of root cause analysis and are able to prepare robust investigations reports.

- Maintaining support for incident investigators and managers in completing investigation documentation, incident management, risk assessment, and risk registers.
- Ensuring the routine scrutiny of incidents on a daily, weekly, and monthly basis by the Risk Team and senior clinicians which increases data quality and accuracy.
- Maintaining the production of weekly and monthly automated aggregate reports regarding incidents to assist monitoring by managers and the Trust.

PART THREE

Quality first and foremost

Part 3 – Quality of Care in 2018/19

Trust Quality Measures

In 2018/19 Bridgewater agreed the following Quality Measures. They were chosen to reflect patient safety, patient experience and clinical effectiveness, and to measure the quality of care provided by a broad range of our services. Providing data on the same set of indicators over a number of years demonstrates where the care we have provided has either improved or declined.

The data for the Patient Safety Indicators are taken from the Ulysses Risk Management system. This system provides is a mechanism for staff to report incidents into the incident management system, using an on line form; this allows incidents to be recorded and managed in a safe and secure way.

Indicator to be measured	Change compared to previous year	2018/19 full year position	2017/18 full year position	2016/17 full year position	2015/16 full year position	2014/15 full year position	2013/14 full year position	Comments
	Patient Safety							
Number of pressure ulcers which developed whilst patients were under our care	↓	683 of 760 incidents reported.	41.26%	39%	42%	38%	33%	The overall number of reported incidents increased due to the Pressure ulcer work during 2018.
No. of serious untoward incidents (SUIs)	↑	137	162	106	45	80	54	The volume of reported SIs reduced by 25. The top three cause groups were pressure ulcers, slips, trips and falls and medication errors.
Proportion of incidents with outcome of "No Harm "	↑	51%	49%	53%	40%	45%	34%	Reported patient safety incidents with "No Harm" (near miss, insignificant) outcomes

								increased to 51% of the incidents reported.
CDI reported as lapse in care and apportioned to the Trust	↔	0 (6 cases under investigation)	0	2	0	2	4	For further information please see HCAI section
MRSA reported as lapse in care and apportioned to the Trust	↔	0 (2 cases being investigated)	0	0	0	0	0	For further information please see HCAI section.
Total number of patient falls (In Patient facilities – Padgate House)	↓	100 falls in total for the year Trust figure 229	1.8%	5%	6%	5%	3%	There has been an increase of 8 falls for the year.
	Clinical Effectiveness							
Percentage of patient facing staff that have been vaccinated against flu	ALW ↓ Warrington↑ Halton↑ St Helens ↑ Dental ↑ Total ↓ Bolton ↓ Oldham↓ Health & Justice ↑	58.5% 60.1% 49.6% 55.8% 63.2% 59.8% 80.2% 49.3% 80.6%	65% 53% 49% 47% 36% 70% 86.5% 74.2% 78.5%	59% 51% 52% 47% 45% 52%	49% 50% 41% 38% 52% 46%	60% 48% 45% 47% 53%	56% 46% 36% 36% 45%	National average across all trusts 59.8% (NB the national figures are provisional and may vary slightly after further data validation)
Percentage of school age children immunised	HPV TD/IPV MenACWY							Please see appendix C NB – This indicator has been changed as Bridgewater no longer delivers the preschool immunisation programme
	Patient Experience							
Staff who would recommend our services to friends and	See Comments	79%	3.51	3.61	3.63	3.55	3.48 (reported as 3.47)	The minimum score is 1 and the maximum score is 5.

family								2018/19 The result format in relation to the Friends and Family Test has internally changed. The results for the two questions are no longer combined.
End of life – Percentage of patients being cared for in their Preferred Place of Care (PPC)	Warrington ↓	77%	98%	97%	97%	97%	95%	Warrington have demonstrated a decrease from previous years.
	Wigan ↑	89%	80%	78%	89%	87%	86%	Wigan has seen an increase in those patients achieving their PPC.
	Halton ↓	83%	98%	93%	82%	95%		Halton have demonstrated a decrease from previous years.
	St Helens	N/A	N/A					
Percentage of patients indicating they had a good overall experience	↔	99%	99%	99%	99%	99%	98%	For further information please refer to patient survey and Friends and Family Test results sections of this account
No. of complaints	↑	104	92	94	88	91	88	

Patient Safety

Patient Safety Improvement Plan as part of the Sign up to Safety Campaign

Some key aspects of our Sign Up to Safety Campaign included:

- NHS Safety Thermometer – see the NHS Safety Thermometer section for an update.
- Health Care Acquired Infections (HCAI) – see HCAI section.
- Pressure Ulcers – see the Pressure Ulcer Section.
- Falls – see the Falls section.
- Open and Honest Care Reporting – On the Trust website we report monthly data on safety, infections, pressure ulcers, patient experience, staff experience, a patient's story and a synopsis of an area where we have improved care.

Safety Thermometer

The NHS Safety Thermometer enables nursing teams to measure harm and the proportion of patients that are 'harm free' from pressure ulcers, falls, urine infections (patients who have a catheter) and venous thromboembolism. Known as a point prevalence audit this is undertaken for all patients who are seen by nursing services in their own homes or bed based units on a specified day each month.

The data table below show the Trust data for harm free, all harms (harms experienced by patients prior to being cared for by the Trust) and new harms (harms experienced whilst a patient of the Trust) for 2018/19 compared to the national average.

	March 2018	April 2018	May 2018	June 2018	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019
Harm Free (Bridgewater)	93.97	93.84	94.81	95.89%	94%	94.1%	95.69%	94.26%	93.91%	96.7%	92.39%	94.44%	94.70%
Harm Free (National)	94.01	93.08%	93.95%	94.13%	94.05%	94%	94.28%	93.9%	94.22%	94.25%	94.00%	93.87%	93.90%
All Harms (Bridgewater)	6.03	6.16	5.82	4.11%	1.4%	2.5%	1.63%	5.74%	6.09%	3.3%	7.61%	5.56%	5.30%
All Harms (National)	5.99	6.02%	6.05%	5.87%	5.95%	6%	5.72%	6.1%	5.78%	5.75%	6.00%	6.13%	6.10%
New Harms (Bridgewater)	1.76	2.33	2.23	0.85%	1.4%	2.5%	1.63%	0.85%	2.55%	2.15%	1.43%	1.90%	1.61%
New Harms (National)	2.14	2.16%	2.17%	2.17%	1.99%	2.07%	2.12%	2.17%	2.04%	2.06%	2.19%	2.20%	2.17%

Between April 2018 and March 2019 the level of harm free care for 8 of the 12 months Bridgewater reported above the national average which means that patients receiving care from the Trust experienced less harms. There were 4 months during the reporting period that showed a lower percentage of harm free care than the national average meaning that the organisation reported that patients experienced more harms whilst under our care. The level of harm free care for each of these 4 months was less than 1% lower than reported nationally. These harms were a mixture of new and old harms. For the period the

organisation reported an increase in harms a deeper dive was undertaken to understand the rationale for this. It was noted that there was an increase in the numbers of new VTE's being reported. On further review of this it highlighted a data quality issue in that VTE's not occurring whilst under the care of Bridgewater were being recorded as new VTE's. The national data definitions were recirculated to all teams to support the correct interpretation of and reporting of harms. A Quality Matron is now monitoring any reporting of new VTE's to confirm the correct reporting. The continued evaluation of the safety thermometer data will continue to be shared with our harm free care group to agree and implement any quality improvement actions we identify and share any learning across the Trust.

Falls

We record the incidence of falls in our inpatient units to improve patient safety and reduce harm. This allows us to compare our improvement over time, but cannot be used to compare us with other hospitals, as their staff may report falls in different ways, and their patients may be more or less vulnerable to falling than our patients. For example, other hospitals/inpatient units may have younger or older patient populations, who are more or less mobile, or are undergoing treatment for different illnesses.

The recommended benchmark for recording falls is per 1,000 bed days. Not all Trusts report falls consistently, so the National Patient Safety Agency does not recommend comparing Trusts' recorded falls rate.
There is a monthly falls meeting where all falls are reviewed to look for patterns or trends and to ensure that all preventative measures are in situ. This meeting is multi-disciplinary involving social care and health nurses, carers and therapists. The team also take part in the National Falls Audit on a yearly basis.

Total Falls Rates	Padgate House
2014/15 = 193	71
2015/16 = 245 (NB - this figure was incorrect in last year's account – previously stated as 215)	106
2016/17 = 225	96
2017/18 = 185	80
2018/19 = 229	100

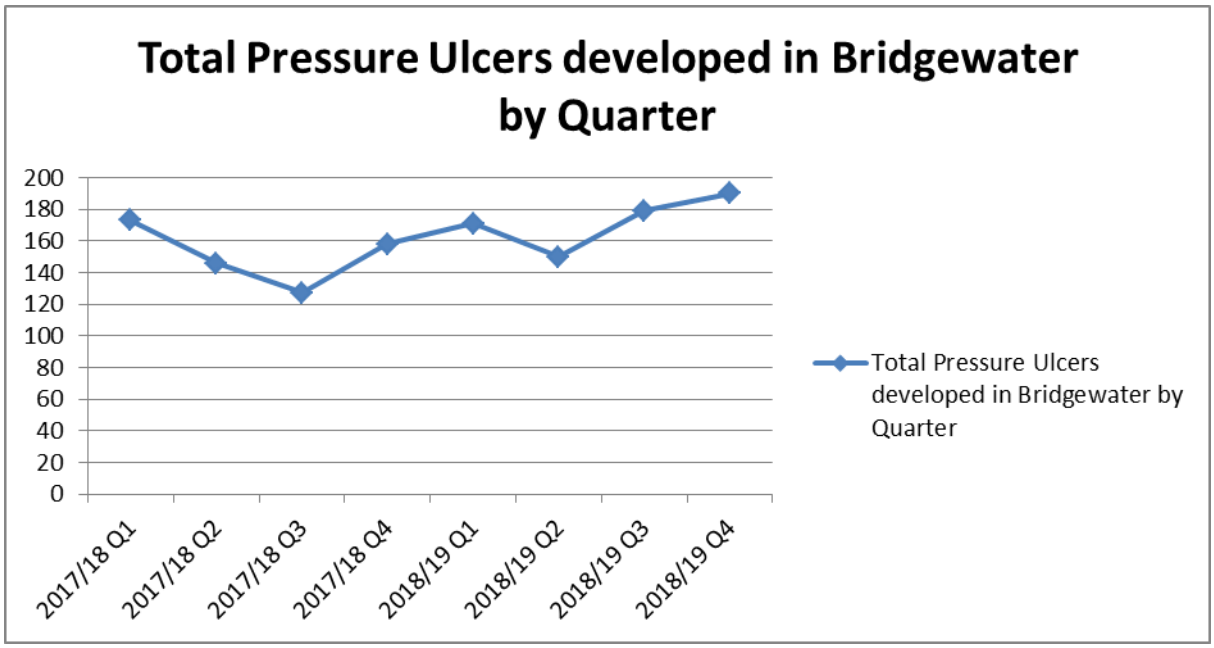
The figure represents an increase of twenty falls compared to last year at Padgate House.

Pressure Ulcers

In 2018/19, there was an increase in the total number of pressure ulcers that developed within Bridgewater. There was an increase from 604 incidents in 2017/18 to 823 incidents in 2018/19. This reflects the increased activity and level of acuity and dependency of our patients.

The proportion of more severe ulcers (Category 3 and 4) also increased, during 2018/19. The Trust continues to actively encourage reporting of all categories of pressure ulcers in line with national requirements.

The Trust has continued to review all reported pressure ulcer incidents as part of our commitment to maintaining patient safety through reducing harm and learning from incidents, identifying themes and trends and improving the quality of care. This will enable us to ensure that the right wound care product is being used as well as pressure relieving equipment. The review process enables us to identify ways in which we can improve practice to reduce the risk of harm to patients.



Over the last year the Trust has continued to hold weekly Patient Safety Meetings which provide an opportunity to review moderate and severe pressure ulcers i.e. those categorised as category 3, 4 or Ungradeable. The category three, four and ungradable pressure ulcers developed under the Trusts care continues to be reported externally to Clinical Commissioning Groups (CCGs) via a national reporting system. The weekly Patient Safety Meeting has provided a learning opportunity which captures areas of good practice and/or areas for improvements. These meetings are chaired by the Directors for Nursing for each Borough, and include representation from the clinical teams involved and tissue viability specialist nurses. They carry out an initial review of Trust acquired or deteriorated pressure ulcers and establish the required scope of the investigation.

Positive practice has included:

- Patients assessed to ensure appropriate wound products used.
- Taking a photograph of the wound to support the clinical assessment process and also to monitor wound healing and/or deterioration.
- Open discussion and communication with carers/care agencies to share advice regarding regular repositioning of patients.
- Close working with patients and their careers when the patient has several and differing health needs.

Learning has included:

- Sharing of the pressure care leaflet with carers, aiding carer understanding of ways to promote pressure relief.
- Improvement in the standard of record keeping evidencing care delivery.
- Scheduling of visits in line with planned care.
- Proactive escalation and risk assessment to support patients with the process of informed decision making in those instances where a patient, with capacity, declines repositioning advice or to accept equipment.

The Trust are collaborating with NHS England (NHSE) who are leading a systems approach working across acute and community providers and in collaboration with key partners in social services and care home settings. The Trust is proactive in developing quality improvement initiatives to reduce pressure ulcer incidents and patient harm; in line with the ten commitments of *Leading Change Adding Value*.

Bridgewater has developed a pressure ulcer quality improvement plan which focuses on:

- ensuring accurate reporting and recording of data
- ensuring effective systems and processes are in place to investigate pressure ulcer incidence
- providing a framework for learning from pressure ulcer incidence
- developing a competent workforce to support patients who are at risk of or have pressure ulcer damage
- providing an accurate baseline from which an improvement trajectory can be set.

Medication Safety

The Trust continues to promote the reporting of medication incidents and to encourage staff to reflect and identify lessons learnt.

The role of the Trust's Medication Safety Officer is to support the management of these incidents to ensure the safe use of medicines in all services. Medication incidents continue to be reported on the Trust's incident reporting system (Ulysses), and are reviewed initially by the Medication Safety Officer who then contacts the incident reporter or Clinical

Manager to manage immediate actions required and put a plan in place to manage the longer term actions.

In 2018/19, the bimonthly Medicines Management newsletter 'Medicines Matters' included regular features on lessons learnt and good practice involving medicines, national patient safety alerts, as well as specific topics such as 'Insulin Safety', 'How to report a Medicines Incident', 'Adverse Drug Reactions' and 'Biosimilar Medicines'.

On a quarterly basis, a medication incident report and controlled drugs accountable officer report is submitted to the Safety & Quality Committee and shared with the Clinical Commissioning Group Medicines Management Leads. Controlled drug incidents are also reported to the local intelligence teams and information shared at local intelligence network meetings for Cumbria and Lancashire, Greater Manchester, and Cheshire and Merseyside.

In Quarters 1-4 in 2018/19, 878 medication related incidents (13.5% of the total incidents reported over this period) were reported by Trust staff including 229 involving controlled drugs.

45% of these medication related incidents were classified as third party incidents i.e. those which Bridgewater staff identify and originate from other healthcare providers e.g. hospitals, community pharmacies, GPs, care agencies or individuals. Links continue to be developed between the Trust's medicines management team, local trusts, local clinical commissioning groups and other relevant local agencies to report relevant third party incidents for appropriate investigation and to facilitate lessons learnt being put into practice and shared across the health economy.
Near miss review and reporting continued over Quarters 1-4 with a total of 188 near misses (an average of approximately 15 per month) reported.

The Trust has continued with its excellent record for medication related never events with none occurring.

Throughout 2018/19, the Medicines Management team has worked with many services in the Trust and there are clear improvements in the support available for staff and medicines management standards. A number of guidelines and procedures have been reviewed including the Medicines Incident Policy. The safe and secure handling of medicines audit is currently being finalised to provide assurance on the safe management of medicines across the Trust, and outcomes will be cascaded to all services that handle medicines to share learning.
The Medicines Management team has provided training sessions to specific services on the handling and record-keeping of controlled drugs, medicines stored in fridges ('cold chain' training) and the use of Patient Group Directions to supply and administer medicines.

Medication safety remains high on the Medicines Management agenda to support the delivery of quality services across the Trust.

Non-Medical Prescribing

Bridgewater has approximately 527 Non-Medical Prescribers (NMPs) comprising of 126 independent/supplementary prescribers and 401 community practitioner nurse prescribers on its NMP register. New NMPs meet with the NMP Lead to go through NMP policy, procedures, prescription security, formulary compliance and continued professional development upon first allocation of prescription forms. The register is maintained and prescribers authorised with NHS Business Services Authority and prescription forms ordered via the secure stationers Xerox and issued for NMPs alongside other medical services using them such as out of hours, child development and specialist services etc. Prescribing rights for smartcards SystmOne/EMIS access is authorised by the Medicines Management team. Medicines Healthcare Regulatory Agency (MHRA) alerts and other relevant information are circulated to all prescribers.

The Non-Medical Prescribing Lead provides regular NMP update meetings to discuss safe and appropriate prescribing. Prescribing data is reviewed quarterly for compliance against local formularies (Pan Mersey and Greater Manchester), and Trust formularies. Any off formulary prescribing is highlighted and individuals asked to provide a rationale. Repeat infringements will trigger escalation to clinical managers. All NMPs have been contacted to submit their current Approval to Practice form to enable prescribing to be reviewed against their defined scope of practice. Compliance reports are shared with CCG Heads of Medicines Management.

In 2018/19, 48 clinical staff enrolled and successfully completed a non-medical prescribing course at a North West university.

Safeguarding

Keeping children safe is both complex and challenging and requires practitioners to have high levels of commitment and professional curiosity; safeguarding children is everyone's responsibility. All Directorates within the Bridgewater are committed to their staff protecting vulnerable children and adults at risk.
This is a brief overview report as each of the boroughs provides a detailed individual Safeguarding, Looked after Children and a Safeguarding Adult annual report.

The Safeguarding team provides a specialist service that delivers high quality provision across the organisation. All staff are able to access support, advice, training, safeguarding supervision and guidance.

The Safeguarding Team – Key Roles and Responsibilities

The Chief Nurse;

The Chief Nurse is the Executive Lead for Safeguarding and PREVENT and has overall responsibility for ensuring that:

- There are safe and robust operational arrangements in place for safeguarding in all the services that are provided
- Staff work in line with organisational and Local Safeguarding Boards policy, procedures and standards

Medical Director;

- Leads on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS**)**

Director for Safeguarding Services;

- Strategic leadership and day-to-day running of the safeguarding function
- Strategic and professional lead across the Trust for Domestic Abuse and Looked After Children
- Work alongside HR in regards to allegations against staff working with children (Local Authority Designated Officer (LADO))
- Identify measure and monitor key outcomes in this area of practice, demonstrating continuous improvements
- Ensure lessons learnt are shared across the organisation following Serious Case and Domestic Homicide Reviews
- Lead on the planning, development, implementation and evaluation of innovative practice in the management of the safeguarding agenda
- Operational Lead for Prevent
- Ensures representation, where requested, at the 10 LSCBs (Local Safeguarding Children Boards) and SABs (Safeguarding Adult Boards) and their sub groups. In light of the Wood Review, Children and Social Care Act 2017 and Working Together 2018, there are currently changes to the LSCBs and the new Multi-Agency Safeguarding Arrangements (MASA) membership is being reviewed in each borough and will be published by June 2019

Strategic Lead for Safeguarding

- Deputises for the Director for Safeguarding responsibilities and provides support for the Named Nurses
- Provides leadership and management to a team of safeguarding specialist practitioners within the Trust
- Model a safeguarding culture across the Trust and promote communication that clearly conveys that safeguarding is part of everyday clinical practice in whatever setting it takes place
- Takes the Lead for Early Help Services agenda

- Takes the lead role and coordinate the production of serious case reviews, internal management review reports and domestic homicide reviews ensuring that mechanisms are in place to apply lessons learnt across the Trust
- Influences the Trust training and education agenda relation to safeguarding

Named Nurses for Children and Adult Safeguarding;

- Professional leads on Safeguarding, working in collaboration with Local Authorities and Commissioners to provide a high quality, evidence based service
- Attend and contribute to internal Trust meetings, sub-groups of the various Boards, Serious Case Reviews/Case Reviews, Multi-Agency Case File Audits, Multi-Agency Risk Assessment Conferences (MARAC) and Child Sexual Exploitation (CSE) meetings
- Ensure the delivery of quality care to adults at risk and children within the Trust which includes being a source of expertise for the Trust and promoting excellent standards of professional practice in relation to Safeguarding, Working Together (2018), the Children Acts (1989 + 2004), the Care Act (2014), the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (2009)
- Manage the Safeguarding and Looked after Children Teams in their borough. The Named Nurse for Adults works across all of the boroughs and during 2018/2019 has had a Specialist Safeguarding Adult Nurse to support the role as a Fixed Term arrangement. This is due to end in March and the organisation is planning to ensure this is a permanent position
- The Named Nurses address their work plan which is monitored on a weekly basis and presented at the STAG (Safeguarding Team Assurance Group).
- The safeguarding teams in each borough are made up of a variety of safeguarding professionals depending on the services we provide. Halton, Wigan, Warrington and Bolton have Children in Care Nurses; this service sits within the Children's Directorate in St. Helens. Wigan also has a Specialist Nurse for Child Sexual Exploitation. All boroughs have Specialist Safeguarding Children Nurses and dedicated administrative staff
- Three of the safeguarding administration teams won Non Clinical Team of the Year at Bridgewater Trust Awards during quarter 2 and in quarter 3 were finalists in The Unsung Heroes Award. This was very proud moments for the safeguarding team and acknowledgement of their hard work. One of the administration team members was also nominated and a finalist in the Trust Awards for Non-Clinical Employee of the Year.

Named Midwife

The Named Midwife and the Safeguarding Midwife work closely with the Named Nurses and the safeguarding team to ensure that midwifery staff are enabled to identify and support women in need of early help or those where there are safeguarding concerns.

During 2018/2019, there were a number of changes to the senior safeguarding management team. One of the Named Nurses took flexi retirement and returned as a Safeguarding Specialist Nurse. Two Named Nurses left to take up Safeguarding Nursing roles nearer their home. As a result of positive succession planning, two of our Specialist Nurses

were successful in securing the Named Nurse roles that became vacant. The Strategic Safeguarding Lead role became vacant in quarter 4 and there are currently interim cover arrangements in place.

As a health provider, Bridgewater demonstrates safeguarding leadership and commitment at all levels of the organisation, and is fully engage in supporting local accountability and assurance structures; in particular via the LSCBs, SABs and Commissioners of services. Safeguarding assurance is provided to Commissioners through quarterly submission of evidence to support the quality dashboard as well as annual completion of safeguarding audit tools.

The Safeguarding team is accessible to all Bridgewater staff and offer;

- Safeguarding training; PREVENT WRAP3, MCA and DoLS bespoke and Level 3 for safeguarding children and adults. Bespoke training is also offered where required in response to local priorities and service need.
- Advice and support to all staff in relation to all aspects of safeguarding including Sexual and Criminal Exploitation, Radicalisation, Domestic Abuse, Sexual and Physical abuse, Female Genital Mutilation, Forced Marriage, Honour Based Violence, Mate Crime and Adults at Risk
- Safeguarding supervision for staff ; 1;1, group, drop in and reactive
- Supports the delivery of specialist health provision for Children in Care/Looked after Children which recognise the vulnerability of this group and ensures health needs are identified and care plans monitored
- Supports clinical team's engagement in multi-agency working for Serious Case Reviews, Safeguarding Adult Reviews, Domestic Homicide Reviews and local and multi-agency learning reviews.
- A robust process for review, consultation and approval of Policies, SOPs (Standard Operating Procedures), Protocols, Guidelines and Procedures, ensuring they are up to date, reflect local and national legislation and guidance and are easily accessible for all staff .

Safeguarding Training

Throughout the year there has continued to an emphasis on training to ensure increased compliance in respect of Safeguarding Adult and Children training at all levels The Safeguarding Teams have been working in collaboration with the Education and Professional Development (EPD) Team to target services, individual staff and relevant line managers to improve compliance rates to ensure a more, skilled and knowledgeable workforce.

A comprehensive Safeguarding Training Strategy, Training Needs Analysis and Framework setting out the safeguarding training requirements for all staff across our organisation, is in place. This enables staff to identify the appropriate level of training, depending on their job role.

Safeguarding level 2 e-Learning training was introduced in 2016 as part of the mandatory training programme for all staff. The compliance threshold in quarter 2 demonstrated a significant reduction. EPD advised that this is as a result of an instruction issued two years ago that all staff had to complete a new level 2 Children's eLearning module every 2 years. This meant that large numbers of staff all become non-compliant at the same time. The safeguarding team will continue to work closely with EPD to ensure that competencies are correctly applied to job roles and that reporting takes into account that staff who are required to access safeguarding training at level 3 or above are only required to complete safeguarding level 2 training once.

A clear expectation was set by our Chief Executive at the November 2018 Team Brief for this to be addressed by the operational teams as the responsibility for compliance sits with the clinical managers and their teams and not the safeguarding team.

Additional bespoke MCA/DoLS face to face training sessions were provided by the Named Nurse for Adults in quarter 3 and quarter 4 to increase the understanding and application of MCA

The level 3 safeguarding adult training compliance demonstrates a significant increase in compliance since month 12 in 2017/2018, when the compliance was 68.15%.

During the year there has been a compliance rate of 100% for Safeguarding Children Level 3 in some of the boroughs.

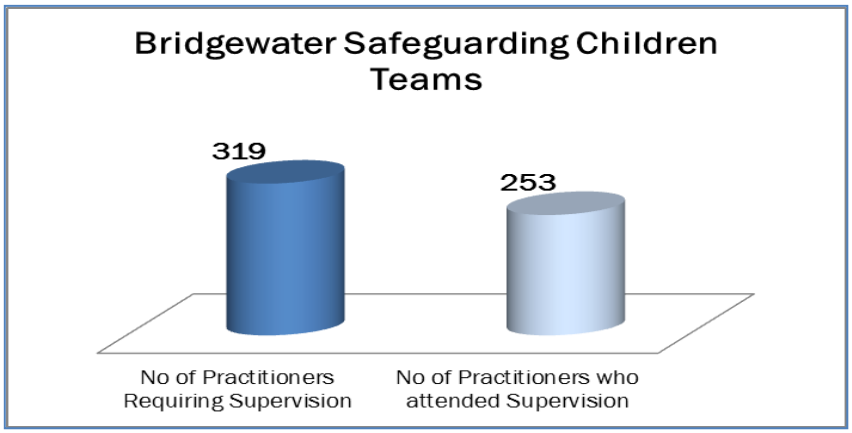
Safeguarding Training	Month 12 – 2017/2018	Month 12– 2018/2019
Level 2 Safeguarding Children e-Learning Target 95%	93.62%	71.26%
Level 2 Safeguarding Adults e-Learning Target 90%	94.31%	71.26%
Level 3 Safeguarding Children Face to Face Target 90%	93.22%	91.64%
Level 3 Safeguarding Adults Face to Face Target 90%	68.15% 2016/2017= 17.04%	90.77%
PREVENT Awareness e-Learning Target 85%	77.25%	89.78%

PREVENT WRAP 3 Face to Face / e-learning Target 85% set by NHSE	86.10%	89.57%
MCA DoLS e-Learning Target 90%	84.82%	Month 9, as produced quarterly; 88.17%

Safeguarding Supervision

Safeguarding supervision is a requirement for all staff who have face to face contact with children and young people. Bridgewater's *Safeguarding Supervision* policy ensures there is consistent approach to the delivery of safeguarding supervision across all boroughs, which is in line with national guidance and local Commissioner's requirements. Each of the safeguarding teams provide a combination of, individual, group and reactive safeguarding supervision, ensuring support and guidance are available to assist all staff in the identification of risk and protective factors for vulnerable adults, children and young people. The Named Nurses also receive individual safeguarding supervision from the borough Designated Nurse.

Safeguarding supervision compliance in each borough is monitored and since quarter 2, reported quarterly at STAG. Reasons for staff not attending their Safeguarding Supervision are monitored by the safeguarding team and where patterns emerge these are responded to, recorded and addressed. Data for compliance for quarter 3 can be seen in the table below;



Whilst there is not yet guidance on formal Safeguarding Supervision processes in Adult Safeguarding, the support provided as part of the monitoring of concerns raised to Adult Social Care gives the opportunity for reactive supervision to take place.

Section 11 (Children Act 2004)

Section 11 places a statutory duty on organisations to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children. Compliance is mandatory. The Section 11 Audits are submitted by the Safeguarding teams to the LSCBs at varying stages throughout the year depending on each Boards request. Scrutiny panels provided by LSCBs assist in the monitoring of action plans developed to incorporate any gaps or areas for development.

The Care Quality Commission (CQC)

The Trusts CQC inspection took place during September and the Director for Safeguarding Services, alongside our Chief Nurse, Executive Safeguarding Lead, were interviewed during the Well Led interview process. The Wigan and Bolton Safeguarding teams received a visit from the Inspectors, who were interested in all aspects of safeguarding and the experience of Children receiving health care from Bridgewater.

Two SEND (Special Educational Needs and Disabilities) inspections have been carried out during the year. Inspectors visited Wigan services in June 2018 and Warrington services in December 2018, the 0-19 services took the lead for theses visits.

JTAI (Joint Targeted Area Inspection)

JTAI inspections are undertaken by Ofsted, the Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary (HMIC) and Her Majesty's Inspectorate of Probation (HMI Probation). These inspections combine an evaluation of multi-agency front door arrangements with a deep dive investigation. Within each borough the safeguarding teams are supporting preparations with a range of activities including completion of self-assessment documents, submission of Annexe A evidence and participation in multiagency case file audits on current JTAI these which is interfamilial child sexual abuse. The Safeguarding team have also developed a JTAI newsletter for staff

Many of the boroughs have been preparing for these inspections by different methods, such as mock inspections, audits and planning meetings.

LADO

Allegations against Staff – LADO (Local Authority Designated Officer)

As outlined in 'Working Together to Safeguard Children' 2018, the LADO must be informed of all allegations against adults who work with children. For adults, cases are referred to the local authority.

The Assistant Director of Workforce is Bridgewater's lead for LADO and maintains the log and works closely with the Director of Safeguarding when cases are identified. A review is undertaken monthly to track cases and investigation outcomes.

During 2018/2019, there were 2 LADO referrals which have been dealt with using the Trusts investigation procedures.

PREVENT

Prevent is part of the UK's counter terrorism strategy, preventing people from becoming involved in terrorism or supporting terrorism. It is part of the Government counter-terrorism strategy CONTEST2 and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism.

The Director for Safeguarding, as Operational Prevent Lead, liaises regularly within NHS England and is a member of the North-West Prevent sub-group. The Director for Safeguarding ensures that systems and processes are in place support the delivery of the Prevent Programme.

Bridgewater provides PREVENT data, which include referrals to the Channel Panel and the organisations training compliance, via the electronic UNIFY 2 system as requested by NHSE.

The safeguarding team produced a PREVENT Leaflet and is available on the hub and discussed during level 3 safeguarding training.

Clinical Commissioning Groups (CCGs)

Safeguarding and Children in Care/Looked after Children assurance is provided to Commissioners through the KPIs and the Safeguarding Audit Tool, which is completed annually with quarterly reviews of performance by the Commissioners.

NHS Commissioning Standards Audit Tools have been submitted where requested in all boroughs. Validation visits have been undertaken by the relevant CCG. Action plans have been developed to incorporate any red or amber areas and are updated quarterly to demonstrate progression towards achieving full compliance. Feedback has been positive and there are currently no red areas.

Oldham and Bolton's safeguarding team sits within the 0-19 service and budget. Evidence is therefore provided to the 0-19 service manager to inform the reporting in to Commissioners to provide assurance regarding activity and compliance.

Safeguarding Team Assurance Group (STAG)

STAG provides strategic and operational direction in relation to safeguarding and in line with national, regional and local guidance. STAG has membership from all Directorates within Bridgewater so that information can be relayed down to ensure there is a safeguarding thread throughout our organisation. Our Designated Nursing colleagues are invited to part 1 of the STAG meeting on a quarterly basis.

Bridgewater's STAG seeks assurance that all safeguarding commitments and responsibilities are met. Due to the volume of safeguarding documents reviewing review and approval monthly extra-ordinary STAG meetings have been necessary throughout 2018/2019.

The Trusts safeguarding assurance is provided through the STAG meetings reporting to the Quality + Safety (Q+S) Committee.
The weekly Named Professional meeting is the operational sub group of the STAG to progress a shared work plan.

Audits

During 2018/19 The Safeguarding Children Team have contributed to multi-agency audits in each borough as well as undertaking numerous internal audits including audits of Safeguarding Supervision, Safeguarding Flagging on SystmOne, Information Sharing from Health Care Plans, Quality of referrals to children's social care and the Mental Capacity Act.

In response to challenge from St Helens CCG regarding level of safeguarding activity at St Helen's UTC an audit was undertaken by the safeguarding team in quarter 2. The audit focused on staff recognition of their safeguarding responsibilities and whether there was evidence of appropriate action being taken in relation to children and adults at risk. Audit findings were incorporated into an action plan which the safeguarding team are working to progress. A re audit was commenced in quarter 4 to test out whether actions taken had been effective.

During Q4 Mersey Internal Audit Agency (MIAA) undertook a review of safeguarding adult and children arrangements in the Trust in accordance with the Trusts 2018/19 Internal Audit Plan. The scope of the review was to undertake a baseline assessment of key expected safeguarding controls within the Trust. The review took in processes operating from borough level up to the Quality and Safety Committee. MIAA found and shared in their draft report that 'there is a good system of internal control designed to meet the system objectives, and that controls are generally being consistently applied'. The trust was awarded an assurance rating of '**Substantial Assurance**'. This is a significant improvement since the previous audit, which was completed in 2015 and received 'Limited Assurance'.

SCRS/DHRS (Serious Case Reviews/Domestic Homicide Reviews)

A SCR is carried out after a child dies or is seriously injured and abuse or neglect is thought to be involved. These reviews look to identify lessons that can help prevent similar incidents from happening in the future (Working Together to Safeguard Children, 2018).
A DHR's are conducted to review the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom he was related or with whom he was or had been in an intimate personal relationship, or a member of the same household as himself. These aim to identify any lessons to be learnt from the death.

The Safeguarding Team are committed to contributing to these reviews and more importantly to work with partner agencies to embed learning from these cases. Learning is shared across the organisation via delivery of safeguarding training, safeguarding

supervision and 7 minute briefings. The team monitor the action plans at the Named Professional weekly meeting.

The Safeguarding team are involved in the delivery of the multi-agency action plans from previously published SCRs, providing assurance to the Safeguarding Boards and support to health staff to embed the actions and learning

Bridgewater safeguarding team have been involved with 24 SCR's, 1 DHRs and 2 Serious Adult Reviews plus Multi and Single Agency Reviews.

During 2918/19 due to the impact on the workload of the safeguarding team the volume of serious case reviews has been identified as a risk on the organisations risk register and is reviewed regularly.

The Adult Named Nurse has contributed to Safeguarding Adult Reviews, Local Case Reviews and processes. The Named Nurse Nurses lead on action plans and provided updates to the CCGs and the LSCBs and SABs on the progress of these plans. Progress was overseen by the Safeguarding Board Panels and the Named Nurses presented evidence to the Board Panel to demonstrate outcomes against the required action.

Voice of Child/Adult

Capturing the voice of the child and adult is a crucial part of safeguarding. As part of each quarterly STAG meeting a voice of the child or vulnerable adult case study is shared with the group by a STAG member.

The Safeguarding team advocates that staff working with children and families must listen to and hear the voice of the child and reflect and respond to their voice in all aspects of their work.

In Bolton the Specialist Nurse for Looked after Children is a member of Bridgewater's *Voice of the Child Working Party*. This has allowed the profile of Looked after Children to be raised.

Risks

The safeguarding risks on the Trusts Risk Register are monitored by the safeguarding team. The risks are discussed at the STAG meetings and reviewed/escalated at the newly formed Risk Management Council meetings. The high risks are reviewed on at least a monthly basis and form part of the quarterly safeguarding children and adults reports that are shared with the CCGs.

Incidents

Incidents are reported to the Safeguarding team on a daily basis and a weekly report is received. These are monitored and actioned by the safeguarding team when a safeguarding incident is identified.

CP-IS (Child Protection - Information Sharing)

The Government has introduced requirements for all Local Authorities and NHS unscheduled care or emergency departments to share information to safeguard children.

The CP-IS links the IT systems used across health and children's social care (using the child's NHS number). Social Care will be notified immediately that a child in their care or a child subject to a child protection plan has presented at an unscheduled care setting which is participating in CP-IS. 2018/2019 saw Bridgewater go 'live' with CP-IS in all of their unscheduled settings;

1. Leigh WIC
2. St Helens UTC
3. Wigan GP Out of Hours
4. Warrington GP Out of Hours
5. Widnes UCC.

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) includes all procedures that involve the partial or total removal of external genitalia or other injury to the female genital organs for non-medical reasons (WHO 2016). During 2018/19 Bridgewater's Female Genital Mutilation Guideline was reviewed, updated, approved and is available for all staff to access on the hub. There is a mandatory duty for healthcare professionals to record, report and act upon any concerns regarding FGM. Bridgewater had no cases to report this year.

Child Deaths

Sadly there have been a number of child deaths in each of the boroughs, some expected due to health issues and some unexpected.

Each child death is now reported on Ulysses. The Child Death Process is followed for each death.

The safeguarding team oversee Bridgewater's contribution to the CDOP (Child Death Overview Panel) process in relation to all child deaths.

Additional Safeguarding Supervision and support is offered to all staff who have been involved with a child who has died.

MASH (Multi Agency Safeguarding Hub)

MASH teams bring together health, the local authority and the police. Oldham and Warrington the safeguarding teams each have one full time specialist nurse to support the MASH function. Responsibilities within the MASH include the sourcing and sharing of health information and attendance at strategy meetings. In both areas the demand from the MASH exceeds the current commissioned staff resource and requires support from the wider safeguarding team to manage the workload. This is identified as a risk on the Risk Register and the Commissioners are aware of the concerns and are reviewing provision.

Intranet- Hub

There is a dedicated Safeguarding section on the hub. This is updated on a monthly basis to ensure all staff can access up to date news and details of what is happening in their own boroughs.

It shares a wealth of detail and information for staff and information regarding what to do if they have any concerns.

Safeguarding Strategy

During 2018, the safeguarding team launched Bridgewater's first *Safeguarding Strategy*. The purpose of this is to provide Bridgewater with an overarching safeguarding strategy and vision. This visual and engaging strategy sets out the principles and expectation around our approach and commitment to keeping children and adults at risk safe.

Safeguarding Business Continuity Plan

In August 2018, the Safeguarding team produced their first Business Continuity Plan.

It provides contingency plans in the event of any disruptions to service and is available to all staff via the hub.

Children in Care (CIC) /Looked after Children (LAC) Teams

As part of the safeguarding team there are LAC/CIC teams in Halton, Wigan, Warrington and Bolton. The roles and responsibilities vary slightly throughout the boroughs. Review Health Assessments (RHA) are completed by healthcare staff.

Wigan and Warrington have a team of Specialist Nurses for Children in Care who continue to be recognised as high achieving teams. They report positively on improvements to service delivery and the impact of health interventions, through the LAC KPI's and they also provide a quarterly report to the CCG and Corporate Parenting Board which are always well received.

In quarter 2, the Wigan Children in Care Team delivered a presentation to Wigan Borough CCG in relation to the achievements of the team in meeting the needs of some of the boroughs most vulnerable children and young people. The Children in Care Team climbed Mount Snowden in September to raise funds for Children in Care in Wigan. The team raised over £1700. The CCG purchased ipads to enable the team to deliver health promotion messages and activities to children and young people in a more interactive way.

During 2018/19 Halton CIC team have been working towards mobilising a new model of service delivery for CIC in line with that already successfully provided in Wigan and Warrington. Two new CIC nurses joined the Halton team in quarter four and the team expect to be fully operational for the start of 2019/20.

Achievements in 2018/2019

- New Appointment of a Named Nurse for Warrington and St. Helens
- Development and Launch of Bridgewater's first Safeguarding Strategy

- Production of the Safeguarding Business Continuity Plan
- Capacity to respond to the needs of vulnerable adults has been enhanced by the introduction of a safeguarding specialist nurse for adults to work with the Named Nurse.
- Significant increase in compliance of safeguarding adult Level 3 training
- Administration Team winning the Non Clinical Team of the Year at Bridgewater Trust Awards and finalists in The Unsung Heroes Award
- Comprehensive update of policies, procedures and guidance.

- Worked in partnership with the Local Safeguarding Boards in providing commitment and leadership in the safeguarding agenda
- Fully participated, reviewed and learned from local and national Serious Case Reviews and Domestic Homicide Reviews
- Worked with LSAB's to ensure that any service development in the Trust is reflective of multi-agency safeguarding practices both locally and nationally
- Monitor, identify and implement changes in line with key safeguarding legislation
- Re-launched the Safeguarding Adult Champions, who provide a resource, role model and multidisciplinary link across the Trust. The Champions support and advice in their clinical area and act under the supervision and support of the Safeguarding Adult Named Nurse
- Worked closely with the Head of Risk Management & Patient Safety in managing risks and incidents
- Worked effectively with the Designated Nurses for Safeguarding

Challenges for 2018/2019

- Staffing vacancies during the crossover of senior managers in the safeguarding team leaving and new staff commencing
- The number of SCRs particularly in Wigan and Oldham
- Compliance with safeguarding e-Learning modules.
- Safeguarding adult team support and prior to the fixed term contract there only being one Adult Named Nurse across Bridgewater
- Increasing workload and demands on the safeguarding service

Challenges for 2019/2020

- High number of Serious Case Reviews and the emotional impact and increased workload this has on staff
- Implementation of new multi-agency safeguarding arrangements (MASA) and what this will these mean for each borough within the Trust – this will not be known until after June 2019

Priorities for 2019/2020

- Continue to promote all safeguarding training increase compliance to ensure the trust has a skilled and competent workforce.
- Continue to work closely with the Head of Risk Management & Patient Safety in managing risks and incidents
- Develop the Safeguarding Adult Champions, who act as a resource, role model and multidisciplinary link across the Trust. The Champions will provide support and advice in their clinical area and act under the supervision and support of the Adult Safeguarding Team
- To continue to work with multiagency partners demonstrating the trusts commitment and leadership in the safeguarding agenda
- Continue to participate effectively and disseminate learning , from local and national SCRs and DHRs
- Work to progress and complete all action plans including CQC action plans in a timely and efficient manner
- Continue to work with SABs and LSAB's to ensure that any service development in the Trust is reflective of multi-agency safeguarding practices both locally and nationally
- Work with health service Commissioners to ensure that the service remains responsive to changing population needs
- Continue to monitor, identify and implement changes in line with key legislation

Infection Prevention and Control

Aspects of the infection, prevention and control programme that have been met, include continued management of hand hygiene, ensuring all policy and guidance is up to date and meeting with other providers to support a collaborative approach to infection prevention.

Hygiene Code

The Trust is responsible for meeting the standards within the Hygiene Code (Health and Social Care Act Hygiene Code 2008 (updated 2015). The Hygiene Code sets out the 10 criteria against which the Care Quality Commission (CQC) will judge that a registered provider is complying with best practice in infection prevention and control. Following on from the last CQC report (2016) were infection control practices were described as good the recent CQC visit in September 2018, visiting maternity, adult care and dental, found the Trust controlled infection risk well. They found that the staff kept themselves, equipment and the premises clean, hand hygiene was seen to comply with essential steps, and in dental infection control procedures were in line with nationally recognised guidance.

Infection, prevention and control practice

- For 2018/19 the number of sharps injuries was 27, which is the same as reported last year.
- Mandatory training for Infection Prevention and Control is:

INFECTION PREVENTION & CONTROL - LEVEL 2

	Total Number of Staff	Number of Staff compliant	% compliant
Bridgewater	2139	1216	56.85%
Corporate	58	36	62.07%
Dental	154	86	55.84%
Health and Justice	78	45	57.69%
Cheshire and Mersey	964	538	55.81%
Halton	334	204	61.08%
St. Helens	105	59	56.19%
Warrington	503	267	53.08%
DMT	22	8	36.36%
Greater Manchester	884	511	57.74%
Bolton	6	6	100.00%
Oldham	144	76	52.78%
Wigan	729	426	58.44%
DMT	6	3	50.00%

HAND HYGIENE

Hand washing audits are completed twice a year by clinical staff; the audit is managed by the IPC team in conjunction with all departmental team leads. The overall results for 2018 – 2019 are:

Hand hygiene by Borough

Locality	1st April 2018 – 30th September 2018	1st October 2018 – 31st March 2019
Bolton	100%	100%

Dental	96%	76%
Halton	83%	74%
Health and Justice Team	82%	91%
Oldham	80%	77%
St Helens	84%	95%
Warrington	86%	87%
Wigan	93%	80%

Cleanliness

- Audits continue to be completed by the IPC team and the cleaning providers; these have previously been reviewed by the IPC team for discrepancies with the audit completed by themselves and where necessary the Head of Estates was notified. The IPC team hope to continue to review the audits conducted by the cleaning providers in the future and are in contact with the Estates team to facilitate this. The audit calendar ensures that all premises where Bridgewater staff carry out clinical duties are audited every two years.
- Although there has been a pause in clinical audits from the end of June 2018, due to staffing levels within the team, the team have continued to provide clinical audit when informed of issues that have caused concern to staff either based in the clinic or visiting the clinic. The team have also continued to provide clinical audit and audit reviews to the Health and Justice setting due to the issues previously highlighted on audits.
- The dental service completes its own audits; these are submitted to the IPC group for assurance.

Patient information

- Patient information around infection control is available in clinic settings via notice boards and available on the Trust intranet for both staff and patients to access. Further information can be obtained directly from the IPC team.

Infection, Prevention and Control Programme of Work

An annual infection, prevention and control programme of work is developed and monitored throughout the year. The work programme has a primary focus on policy development, education and training. It also outlines the structures required to share information across the Trust from the chief executive to staff in the community and vice versa.

This year the infection, prevention and control team were able to meet the majority of the goals set within the programme. Clinical audits by the IPC team where paused, initially due to staffing issues and then with the added addition of managing the staff influenza campaign. All audits should be completed by the end of March, 2019. Audits in the Health and Justice setting where given priority and have been completed and reviewed within a timely manner.

Healthcare Associated Infection (HCAI)

These are infections that occur in healthcare that were not present before the patient entered the care setting. Patients are more likely to be vulnerable to infection due to their illness, their age, or the treatment for their condition.

Where Trust staff have been providing care to patients who are then diagnosed with either Clostridium difficile, MRSA or E-coli infection, a full root cause analysis (RCA) or Post Infection Review (PIR) is always undertaken. These assessments are often complicated, as frequently patients have seen a number of different care providers. A member of the Infection control team attends the monthly review meeting in the Wigan Borough. This year there has been no lapses in care to date of Clostridium difficile infection.

There has been no MRSA blood stream infections linked to a lapse in care across the Trust to date in 2018 – 2019.

The Trust IPC team have multi agency meetings to support the delivery of the E-coli agenda and have started to complete PIR's on these blood stream infections. Regular meetings are held looking at ways of reducing the number as a health economy. There has been no request to review patient's notes for E-coli to date.

Outbreaks

Following last year's influenza (flu) outbreaks in the Health and Justice system the infection prevention and control training organised training with the infection prevention and control link nurses from the Health and Justice setting, covering influenza and management of outbreaks. The Health and Justice team and IPC team attended bespoke training organised by PHE on the management of influenza outbreaks in these facilities due to the unique challenges the prison lay outs and environment, along with prisoners not always reporting symptoms in a timely manner cause and discussed possible solutions to future management.

There has been one flu outbreak to date one of the Health and Justice facilities managed by the Trust. The staff on duty acted quickly following procedure and isolating and seeking advice from both the infection control team and PHE. There were two patients involved and the outbreak was contained and declared over within two weeks.

In September there was a case of Giardia lamblia, which is a reportable disease, the IPC link nurse within the prison acted appropriately, informing PHE, the IPC team, prison staff and implementing infection prevention and control measures. There were no further cases reported.

Environmental Cleanliness

Cleaning across the Trust clinical and treatment rooms is provided by two cleaning companies, this is via a national cleaning contract. Cleaning contractors are asked to share their own environmental cleaning audits and the Trust infection, prevention and control team are working with them to ensure the environment is fit for practice. Audits by the IPC team where paused, initially due to staffing issues and then with the added addition of managing the staff influenza campaign 2019. At the end of March 2019 only two clinics where outstanding for clinical audits. Audits in the Health and Justice setting were given priority and have been completed and reviewed within a timely manner.

Dental

Dental health care and practice is monitored against the standards within 'HTM 01-05: Decontamination in Primary Care Dental Practices Guidance'.

During the CQC visit in 2018 it was noted that dental infection control procedures were in line with nationally recognised guidance.

Influenza Vaccination for Staff

Frontline health and social care workers should be provided with a flu vaccination. Trusts must ensure that a 100% offer of flu vaccination is made for all frontline staff, with the aim of reaching a minimum uptake of 75% uptake. The permanent position of an IPC/Flu lead was advertised in June and recruited to in October. The IPC team ran a campaign and training for peer immunisers across nursing teams to support the campaign and make accessibility to the vaccine easier and timely. New fridges were installed in Warrington to

aid access to the staff vaccines. Vaccine was available for all staff and an advertisement campaign was launched in September to encourage staff to take up the offer of a free flu vaccination. The IPC team used various methods with an aim to increase uptake of the vaccination, which included advertised drop in sessions, visiting individual teams, and attending team symposiums and team meetings. The flu lead was supported by the immunisation lead in Bolton and the immunisations teams in Warrington, Halton and the Oldham areas.

Bridgewater clinical staff uptake was 58.7% for this year, with each Borough/directorate broken down as follows for clinical staff:

- Bolton 80.2%
- Dental at 63.0%
- Halton 49.3%
- Health & Justice 81.2%
- Oldham 49.3%
- St. Helens 56.6%
- Warrington 59.6%
- Wigan 57.8%

The overall Bridgewater staff uptake, including both clinical and non-clinical, is 59.8%.

Leaflets Guidance and Policies

Having the best information at hand to help staff and patients manage infection is crucial. The infection, prevention and control team ensure that their contact details are shared across the Trust and are happy to answer questions and concerns. To support this, the infection, prevention and control team have developed a number of policy and guidance documents, which are all up to date.

Work carried out by the Infection, Prevention and Control Team

Whilst the infection, prevention and control set an annual work plan, there are often opportunities to take part in new initiatives to prevent infection.

The infection, prevention and control team continue to work with the medicines management team in antimicrobial stewardship with the aim of improving staff and patient knowledge of the best use of antibiotics. Antibiotics remain an important medicine for treating bacterial infections in both humans and animals. However, bacteria can adapt and find ways to survive the effects of an antibiotic. The concern is that we may soon find ourselves in a world where antibiotics don't work.

This year the antimicrobial stewardship group update the Trust's web page and with the support of the communications team ran an interview with a Bridgewater prescriber to highlight the difficulties faced in patient consultations when antibiotics are '*expected to be prescribed*' and the way staff can support patients in understanding when a prescription may be required.

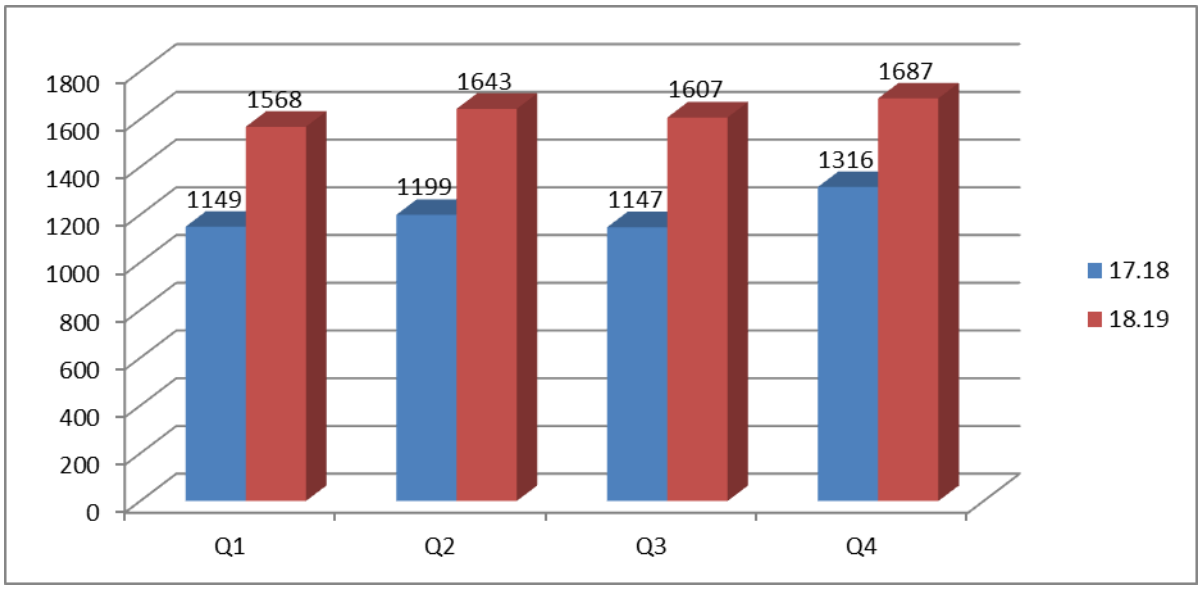
Patient Safety / Incident Reporting

The Trust continued to use the web-based Ulysses Safeguard Risk Management System for reporting and management of all actual incidents and near misses, which did / could, have resulted in harm.
There was an increase in the total numbers of incidents reported in the Trust during the period 2018/19, when 6,505 incidents were reported, compared to 2017 / 2018 when a total of 4,811 incidents were reported in the Trust. This increase is indicative of the Trust's improving incident reporting culture.

Weekly Borough / Service specific Patient Safety meetings continue to be held in the Trust s, which are led by the respective Directors of Nursing Services. The purpose of these meetings is to review all reported patient safety incidents to ensure that they are being managed correctly, these meetings have been used as a vehicle to improve the Trust's incident reporting culture.

Incidents are also reviewed at the monthly Quality & Safety Sub Groups where support is provided to managers to ensure that all possible action is being taken to manage incidents and risks.

The quarterly trend for incidents that were reported during the period 01 April 2018 to 31 March 2019, compared to the previous year was as follows: -



The numbers of incidents reported from the Boroughs where the Trust provides services were as follows: -

Borough / Service	2016/17	2017/18	2018/19
Bolton	113	132	130
Cheshire	77	40	29
Corporate	13	22	41
Dental	137	156	216
Halton	1,020	1,074	1,287
Health for Justice	0	271	776
Oldham	146	151	500
St Helens	806	181	144
Trafford	16	11	17
Warrington	1,114	1,224	1571
Wigan	1,227	1,547	1792
Total	**4,676**	**4,811**	**6,505**

All newly reported incidents are reviewed by the relevant senior clinical staff, responsible for the service area(s) involved in incidents. This is necessary to embed the accountability for risk management and prevention of incidents around the Trust.

Daily checks are also made of all newly reported incidents by the Risk Management Team, to check the quality of the data recorded in each incident. These daily checks are used to identify possible serious incidents for escalation.

At each of the weekly Patient Safety Meetings there is a review of all reported incidents from the preceding seven days. This review is to identify any incidents that meet the criteria of a Serious Incident and to ensure that all incidents are being managed correctly and to ensure that all opportunities for learning are maximised.

Pressure ulcers continue to be the most common type of incident reported in the Trust. A "pressure ulcer huddle" which was previously introduced in the Wigan Borough, has now been implemented in the Warrington and Halton Boroughs.

This process ensures that all key steps in the management of pressure ulcers are followed and is being embedded into operational practice. The impact of this huddle will be monitored to evaluate its impact on the prevention and management of pressure ulcers.

Major / Catastrophic Incidents

During the period 2018/2019 there were a total of 215 incidents (this includes all patient safety incidents and all other types of incidents) reported that were classed as major / catastrophic. The main factor in this was initiatives to ensure that the Trust complies with the national learning from deaths programme. This has resulted in Trust staff using the

incident reporting system to record unexpected deaths. The oversight of learning from deaths has been carried out by Serious Incident Review Panel.

10 incidents that resulted in death were managed as serious incidents during the year, 4 of these incidents related to unexpected deaths, while the other 6 related to deaths in custody. All of these incidents were recorded on the Strategic Executive Information System (StEIS).

Trust staff reported 6,505 incidents during 2018/19, 2,819 (43%) of which were categorised [1] Insignificant or [0] near misses effecting patient safety.

All patient safety incidents are submitted to the National Reporting and Learning Service (NRLS), from which the CQC nationally monitors all Trusts' patient safety incidents. The following table represents the number of patient safety incidents reported to the NRLS by level of actual impact.

Patient Safety Incidents by Actual Impact

Patient Safety Incidents by Actual Impact ***(This is a scoring matrix to measure the level of harm to patients)***	**2016/17**	**2017/18**	**2018/19**
	Total	**Total**	**Total**
Near Miss	133	180	432
Insignificant	390	333	999
Minor	580	517	1,035
Moderate	102	128	268
Major	2	6	10
Catastrophic	10	12	75
	1,217	**1,176**	**2,819**

The overall volume of reported incidents 6,505 for the period 01st April 2018 to 31st March 2019.

The numbers of reported incidents that were classed as patient safety incidents has increased to 2,819. Compared to the full year for 2017 / 2018 this represents an increase of 1,643 (140%).

All incidents were routinely investigated and, in some cases, serious incidents may have been escalated into a full root cause analysis based the use of a consistent national methodology.

The following work streams continued during 2018/19 to improve our management of incidents:

- The Trust's Incident Reporting Policy was reviewed and updated during 2019 to fully reflect the organisation's requirements.
- The Borough's Quality and Safety Sub-Groups continued to meet every month to analyse and escalate significant incidents, complaints, or risks for support from the Borough / Service Management team meetings and to direct service change in response.
- The role of the Weekly Patient Safety meeting was expanded to include review and monitoring all reported incidents during the preceding week.
- A weekly patient safety meeting was set up in the Health & Justice Services.
- Automated monthly incident reports continued to be issued to senior managers at the beginning of each month, to ensure that they were sighted on all incidents within their areas of responsibility.
- The Trust's Root Cause Analysis template has been further developed to ensure that it provides a robust tool for completion of Root Cause Analysis investigations.
- Continued to use a case note review process to inform the management of pressure ulcer incidents and determine if further investigation was required.
- The Serious incident Review Panel (SIRP) continued to meet on a weekly basis to maintain an overview of all serious incidents. This meeting is chaired by the Medical Director and the Chief Nurse.

In order to nurture the Trust's approach to learning from incidents, a Quality Newsletter has continued to be been utilised as a vehicle to deliver key lessons to be learnt in the Trust. There is a shared learning page on the Trust's intra net, which is used to post details of lessons learned from individual incidents.

As pressure ulcer incidents continue to be the most commonly reported incidents in the Trust, a series of Pressure Ulcer Learning Events were held, to allow the Trust staff to come together with other agencies, to share best practice and to maximise learning from all avoidable pressure ulcers.

Never Events

Never Events are serious, largely preventable patient safety incidents that may result in death or permanent harm, that should not occur if the available preventative measures have been implemented. The Department of Health reviewed the list of never events in February 2018, an amended list of 18 never events was implemented. If never events occur in the Trust, we are required to report these directly to the Care Quality Commission and our commissioners as Serious Incidents and investigate the incidents to establish root causes and formulate actions to prevent a reoccurrence of the incident(s). There were two never events reported during the period 01st April 2018 to 31st March 2019 these related to

wrong site surgery & packing being retained in a wound cavity. Both of these incidents were investigated, and upon review of the root cause analysis report the Clinical Commissioning Group, subsequently downgraded the incident as it was not considered to meet the criteria for a never event.

Central Alerting System

Using patient safety incident data from across England, the NHS develops national initiatives and training programmes to reduce incidents and encourage safer practice. Alerts are released through a single "Central Alerting System" (CAS) to all NHS organisations which are then required to indicate their compliance with these patient safety alerts. All of these alerts have required target dates for completion and must be acknowledged on the Department of Health's website within 48 hours of receipt.

During the period 01st April 2018 to 31st March 2019 the Trust received 11 Patient Safety Alerts, 4 of these alerts were relevant to the Trust. The Risk Management Department cascaded the alerts to each Directorate in order that they could be actioned and confirmation provided that all required action had been taken in the service areas of the Trust.

Safer Caseloads in District Nursing

District nursing teams in the Trust are made up of DNs (those with a specialist practitioner qualification), registered community nurses and health care assistants. The service provides nursing care and support for patients, families and carers at home and in community settings. This means that the service experiences frequent fluctuations in the size and complexity of the caseloads as it is not limited, like hospital settings, by the number of beds. Therefore methods used to plan staffing within hospital settings cannot be transferred into the community and there is currently DN staffing levels. From June 2017 the organisation commenced monthly collection to monitor our patient case mix to show the type of need and complexity of our patients and work load index to show the resource required to respond safely and effectively. Regular monitoring of these two elements will allow us to build up themes and trends along with triangulation of other data such as complaints and incidents that we can use to inform the deployment of staff to the busiest areas, the skill mix of the workforce so we have the right balance between registered and non-registered staff and our future workforce planning. To date the data collection tool and process has required adaptation and amendments supported by our performance team to allow for monthly collection, interpretation and monitoring of data. Although there has been an improvement with the data quality during the previous 12 months there is further work required to ensure a consistent approach to data collection. There is an acknowledgement that the use of the tool and data is limited as it provides a backward view of staffing and caseloads that may not relate to real time requirements. The Trust are working to further develop the process for safer caseload management with the use of electronic systems which will support rostering, work allocation, caseload monitoring and workforce

requirements on a real time basis to allow a more focused and responsive approach to workforce planning across all services.

Freedom to Speak Up – Raising Concerns

Sir Robert Francis's recommendations following his review at the Mid-Staffordshire NHS Foundation Trust, he published "Freedom to Speak Up". This outlined twenty principles and associated actions to allow a consistent approach to raising concerns.

Bridgewater had 10 Raising Concerns issues raised in 2018/19 which is 4 more than the previous year. The organisation does not collect data on staff raising concerns directly with Guardians but collects the data on how many staff raised a concern which could be via the Guardian, contacting HR or using the Freedom To Speak Up Policy. The concerns were related to:

1. Patient Safety/quality
2. Bullying and harassment

These concerns have been investigated and have led to managers and the senior nursing teams working to together with 'distressed' teams to work through their concerns and work towards solutions that benefit both staff and our patients.

During 2019 a further five champions were appointed in the organisation, making a total of eight to raise the profile of encouraging staff to 'speak up' if they have a concern. The Guardians will meet on a quarterly bases to review data that has been submitted to the National Guardians office and work alongside Human Resource and Organisational Development colleagues in order to contribute to the staff engagement strategy, so that the staff voice is heard. The group will also continue to assess the Freedom to Speak Up programme of work against the National Health Service Improvement (NHSI) self-assessment tool.

Quality Impact Assessments

Bridgewater's Quality Impact Assessment (QIA) process will continue throughout 2019/20, to ensure that the appropriate steps are in place to safeguard quality, whilst transforming service delivery. Cost improvement schemes are generated at service level, describing delivery plans and identifying any potential impact on clinical quality and/or safety. Equality Impact Assessments are also included in the QIA process, to demonstrate that schemes are equitable, and do not introduce any form of discrimination.

Service leads are required to undertake a QIA for:

- Any scheme that has the potential to impact on service delivery/care, either directly or indirectly
- Any scheme which will have an impact on workforce/skill mix

Documentation is completed that describes the scheme, including timescales and ongoing monitoring, as well as an assessment of the impact of the scheme on each of the following domains:

- Patient Safety e.g. potential for increased adverse events.
- Clinical Effectiveness e.g. potential for poor clinical outcomes, not taking up the latest technology/evidence
- Patient Experience e.g. potential for complaints, negative feedback, ability to treat patients with dignity
- Non-clinical/Operational e.g. any health and safety issues for staff, any impact on operational performance either directly or elsewhere in the organisation. Negative impact on reputation

Membership of the QIA Panel

The QIA Panel consists of the Executive Medical Director (Chair) and the Chief Nurse/ Chief Operating Officer, who carefully consider each CIP scheme submitted and return one of the following outcomes:

- **Approved**: the scheme is deemed safe and implementation can begin
- **Further information required**: scheme leads must provide additional information requested by the panel before the scheme can be approved
- **Rejected**: the scheme is deemed unsafe for implementation and is closed down

Following approval and during implementation, schemes are continuously monitored by the relevant clinical and managerial leads and any issues are escalated to the QIA Panel.

Clinical Effectiveness

Clinical Audit

“Clinical audit is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements.

The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients. Clinical audits can look at care nationwide (national clinical

audits) and local clinical audits can also be performed locally in trusts, hospitals or GP practices anywhere healthcare is provided." https://www.england.nhs.uk/clinaudit/

In Bridgewater we believe that it is our responsibility to provide our patients with good quality, safe and effective care in order to achieve the best outcomes.

There is an annual clinical audit plan that contains both national and local clinical audits which is presented to and overseen by the Quality and Safety Committee. Progress is reported on a quarterly basis and includes key findings from individual audit projects and associated key actions for any areas identified for improvement.

The table below shows the number of clinical audits undertaken during 2018-19. It shows some of the improvement achieved and where necessary shows what actions Bridgewater Community Healthcare NHS Foundation intends to take to improve the quality of healthcare provided

Clinical Audits 2018/19

	Audit name / title	Key actions following the audit
1	Priority Audit of Wound Assessment (CQUIN) Year 2 (2018-19) - Quarter 2 patients	Comparison between Wigan Electronic Patient Record (EPR) templates and Warrington EPR templates to be undertaken to ensure that any learning from Wigan borough is extended to Warrington borough. Wigan auditors will train Warrington auditors if necessary on where to locate the evidence within the EPR.
2	Priority Audit of Compliance with End of Life NICE Quality Standard	Managers to establish why all patients did not have a care & communication record fully completed on initial assessment and increase awareness and use of the Trust's validated pain tools.
3	Priority Audit of pathway for home birth patients including NICE CG190: intrapartum care	The audit involves an ongoing monitoring approach where each case is reviewed and where improvements are needed this was acted upon immediately. This approach with immediate feedback and implementation of change also allows any areas of good practice to be shared and celebrated on a case by case basis with the staff involved.
4	Priority Audit of Ante-natal and Postnatal Care	Further criteria to be added to the next round of audit to ensure information around risk factors correlate with the correct pathway.

		SystmOne will be updates to include a debrief in the postnatal section. A more in depth review of a record will be done by the Risk Management Midwife and presented to midwives as lessons learned.
5	Priority Audit of Podiatry Care Bundles	The Goal Attainment Scale (GAS) Tools will be incorporated onto the EMIS (the electronic patient record) when this is rolled out in the Halton borough. Raise awareness with staff about access criteria to the Halton Falls service and correct referral procedure.
6	Priority Audit of Continence Care Bundle	The paperwork has been revised to ensure improved documentation.
7	Priority Audit of Stroke Care Bundle	Adapt paperwork so that elements of discussions with regards to medicines could be better documented. Add an additional list on SystmOne (Electronic Patient Record) to show more clearly patients that are due for reassessment.
8	Priority Audit of Compliance with Leg Ulcer Guidance	Staff to be supplied with smart phones to allow every nurse the opportunity to photograph wounds at point of care contact. GPCam APP to be uploaded onto smart phones to support measurements and monitoring of wounds directly on SystmOne.
9	Priority Audit of Falls (Local)	The therapy initial assessment has been amended to include a tick box to evidence patients have been offered a copy of their moving & handling plans and they have had discussions about the Falls leaflet.
10	Priority Audit of Mental Capacity Act - Dental	Record keeping practices to be monitored. Details of discussion leading to the conclusion the dentist came to with regards to patients mental capacity should be recorded in the notes.
11	Priority Audit of Heart Failure Care Bundle	No improvement actions required - all standards had a compliance of 95% and above.
12	Priority Audit of Speech & Language Care bundle	The care bundles include tools such as patient reported quality of life outcomes. The audit collects data on whether or not the tool was used as well as whether or not it demonstrates improvement. Initial & follow up assessment need to be completed as well as initial & follow up Therapy Outcomes Measures (TOM's) so an

		improvement can be seen on quality of life for the patients. Reminders will be given in the regular staff meetings.
13	Priority Audit Duty of Candour	There is an improvement action plan in place that includes Duty of Candour but relates to incident management as a whole. This is an iterative and continuous improvement process. A further specific audit of adherence to Duty of Candour will be undertaken to ensure that the plan produces the intended improvement and that the Trust is open and honest in communicating with patients thus discharging its duty of candour.
14	Audit of Record Keeping	Managers identify improvements via this monthly audit, implement actions locally as indicated and monitor improvements on a monthly basis.
15	Audit of Mental Capacity Act – Safeguarding Adults	Trial monthly training sessions to develop an appropriate higher level training for staff who are required to undertake MCA assessments. Undertake review of Safeguarding Training Needs Analysis, incorporating training related to MCA. Mental Capacity Assessment and Best Interest Decision Forms to be available in electronic patient record systems in electronic form. Use National Safeguarding Adults week to share information on mental capacity assessment and best interest decisions making.
16	Audit of Croup Pathway	Overall, it appears conclusive following this audit that the croup pathway is being followed consistently. Further training and education will be offered with regards to the pathway.

There is a more detailed report available for each clinical audit that completes a cycle of audit during the year. The reports from all clinical audits completed across Bridgewater are included in the Trust's clinical audit annual report (anticipated completion date July 2019). To request a copy of the 2018-19 clinical audit annual report please contact clinical.audit@bridgewater.nhs.uk

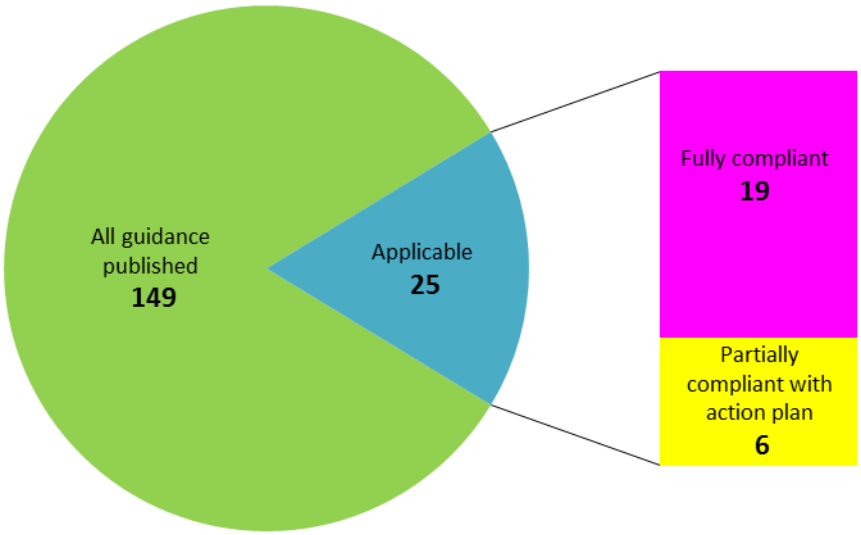
NICE Guidance

Every month NICE publishes guidance that sets the standards for high quality healthcare and encourages healthy living. The Trust is committed to continually improving the quality of our

services and the health of our patients. By adopting a robust approach to implementing NICE guidelines service users can be assured that their care and treatment is safe, up to date, and evidence based.

All newly published NICE guidance is distributed to services throughout the Trust to ensure that services are compliant with NICE recommendations. Services evaluate each piece of guidance and determine whether it is relevant to their service and if so, the service is required to undertake a baseline assessment to state whether they are fully compliant, partially compliant or non-compliant. Services are given four weeks to undertake baseline assessments following publication of guidance and a further four weeks if compliance is partial and an action plan needs to be developed. Partial compliance means that there is one or more recommendation that the service is not adhering to at present. This is to be expected in relation to newly published NICE guidance. However, an action plan must be devised in order to bring the service into full compliance.

In the year April 2018 to March 2019, NICE published 149 pieces of guidance most of which relates to care provided in acute hospitals. There were 25 pieces of guidance applicable to services that the Trust provides. We are fully compliant with 19 and action plans are underway to bring us into full compliance with the remaining 6.



Compliance with NICE guidance is reported through the Quality & Safety Committee of the Trust Board and shared with Clinical Commissioning Groups.
Clinical audits of NICE guidance are included in the annual clinical audit plan. Below is an example of an audit that was undertaken against standards from NICE guidance.

Audit of pathway for home birth patients including NICE CG190: intrapartum care Halton Borough
What we found
The audit found that compliance with the standards taken from the NICE guidance could be improved. The audit is designed as an ongoing monitoring and review of care. Each case is reviewed on discharge on a semi structured data capture tool, this allows for implicit data to be captured and quality assessed. The audit tool captures all the data aspects of the audit throughout the year to allow the population to be analysed and any outliers to be identified. Any recommendations and actions are undertaken as each case is reviewed. Overall compliance scores for the 7 standards ranged between 97% and 71% with 6 out of the 7 standards scoring above 80% compliance.
What we are doing about it
This audit involves an ongoing monitoring approach and will enable each case to be reviewed and where improvements can be made, this will be acted upon immediately. This will also allow any areas of good practice to be celebrated on a case by case basis with the staff involved. It is envisaged that when the annual data is collated and analysed for the re-audit an improvement in compliance with the standards will be seen.

Research and Development

Patients benefit enormously from research and innovation, with breakthroughs enabling prevention of ill-health, earlier diagnosis, more effective treatments, better outcomes and faster recovery. A recent survey carried out by the National Institute for Health Research shows that patients view health research as very important. Half of those interviewed thought patients receive a better quality of care at research active Trusts. Evidence also suggests that research active NHS Trusts, regardless of their size, are more likely to have significantly reduced mortality, better CQC ratings, and improved performance[1].

At Bridgewater, we take our responsibility under the NHS Constitution to provide our patients with opportunities to participate in research and benefit from new treatments very seriously. During the period reported, research has played a central role in advancing our

[1] Jonker L, Fisher SJ. The correlation between National Health Service trusts' clinical trial activity and both mortality rates and care quality commission ratings: a retrospective cross-sectional study. Public health. 2018 Apr 1;157:1-6.

clinicians' practice to provide high quality patient centred care. Our staff generate research questions out of direct clinical practice, with an excellent example being a Trust Speech and Language Therapist (SLT) whose research showed that a change is required in how SLTs interpret test results with post stroke patients. The research recommends a change in practice so that hearing loss is taken into account when analysing test results and in writing treatment plans. Other research during 2018/19 has considered how the NHS supports patients after initial diagnosis of diabetes, examining the important work our district nurses carry out with end of life patients, and developing an early warning system/tool for sepsis that our Walk in Centre staff can use.

Here are some quotes from our patients outlining why they chose to take part in our research: *"Knowing that I was involved in a study made me feel really good and helpful." "It was such a good study, making me more self-aware." A great, simple easy way to gain knowledge about my condition."* In addition, at the end of 2018/19, 747 of our patients are currently signed up to the 'Research for the Future' campaign, which consists of a series of 'Help BEAT' campaigns. (Help BEAT Diabetes; Heart Disease, Respiratory Disease, and the newly launched Kidney Disease). All aim to encourage our patients to get involved with research via a database of volunteers who consent to be approached about studies they are eligible
to participate in. More information on this campaign can be found via the following link: https://www.researchforthefuture.org/

For the fourth year running, Bridgewater was shortlisted in the annual National Institute for Health Research Greater Manchester Clinical Research Awards. In November 2018, therapists working in Warrington's Community Neurosciences Team were runners up in the Best Community Research Contribution category. The nomination recognised their involvement in the RETAKE study, which seeks to support people to return to work following stroke. More information on this study can be found via the following link: https://www.nottingham.ac.uk/research/groups/longtermconditions/vocational-rehabilitation/retake/index.aspx

Our inspiring, enthusiastic and dedicated research active staff also celebrated success at the 2018 Trust Staff awards. A Nurse Consultant based in Wigan's Falls Prevention & Fracture Liaison Service won the Outstanding Contribution to Research and Innovation category for their research examining the falls journey from patient, carer, and ambulance crew perspectives. Their research question grew directly out of clinical practice with one clear outcome of improving the patient pathway. Their findings, which have been shared widely, including the Journal of Frailty, Sarcopenia and Falls, and the International Geriatrics Society falls conference, have produced an in-depth understanding of the experiences of ambulance crew and patients/carers, so that now the falls pathway in the local area is clearly understood and followed by all ambulance crew.

Research at Bridgewater continues to be overseen by a Trust Research & Development Strategy Group, which met on a quarterly basis during 2018-19. Membership includes a broad range of clinical specialisms, with additional representation from a Non-Executive Director, and Public and Staff Governors. Research Management and Governance is assured by quarterly reporting to Board via the Trust's Quality & Safety Committee.

Library and Knowledge Services

In 2018, as part of the Trust's Learning and Development Agreement (LDA) with Health Education North West, the Bridgewater Library and Knowledge service (LKS) participated in the NHS Library Quality Assurance Framework (LQAF). The library and knowledge service is 97% (97% in 2017) compliant with the national standards and therefore retains its green rating.

This table shows the range of scores across the North with the number of Trusts who achieved the corresponding score.

100	99	98	97	96	95	94	93	92	91	89	87	84	82	78	76
12	6	7	8	7	1	8	1	3	1	2	1	1	1	1	1

Patient Experience

The Trust recognises that eliciting, measuring and acting upon patient feedback is a key driver of quality and service improvement. The Bridgewater Service Experience Group provides a focus on the Trust wide, strategic issues for patients and carers, ensuring their views are instrumental in influencing service provision.

The Trust has a Patient Charter outlining what people should expect from Bridgewater services and who to contact if they do not meet those standards. The Trust also uses a range of methods to seek patient feedback including the use of patient stories, Friends and Family Test and patient surveys using Patient Reported Experience Measures (PREMS) and Patient Partners, as a way of involving the people who actually use the services. All feedback is closely monitored by the Service Experience Group with any lessons learned identified and cascaded across the organisation.

Complaints

We welcome complaints as they are a mirror to our services which shine a light to show where improvements need to be made. We aim to learn from all complaints as part of improving our patients' experience.

During 2018/19 we received 104 complaints compared to 92 during the previous year. These are summarised on a Borough/Service basis below:

	Bolton	Halton	Oldham	St Helens	Warrington	Wigan	Dental	Health & Justice	Total
Qtr 1	0	1	2	0	1	8	1	5	18
Qtr 2	0	4	0	1	4	2	1	7	19
Qtr 3	0	6	0	0	5	11	3	13	38
Qtr 4	0	8	0	2	6	4	2	7	29
Total	0	19	2	3	16	25	7	32	104

The complaints were divided across a range of issues. The themes are summarised in the table below:

Theme of complaint	Number
Aspects of clinical treatment	82
Attitude of staff	5
Communication/Information to patient	4
Appointments, delay/cancellation (outpatient)	3
Aids/appliances/equipment	4
Length of Time Waiting: Walk In Centres	1
Patients' privacy and dignity	2
Consent to treatment	1
Admission/discharge/transfer	1
Failure to follow agreed procedure	1
Total	**104**

Every complaint received is investigated to understand fully what has happened and to seek out the lessons that can be learned. All lessons learned are discussed with the service leads and cascaded via the Quality Newsletter.

Some examples of lessons learned include:

- **Community Midwifery Service –** Complaint that Midwife did not inform Whiston Hospital of Strep B diagnosis which led to difficulties with the induction and birth of the child following admission to Whiston. Information had been provided to the patient by telephone so hard copy was not put into the patient's file and the midwife did not tick the box for GBS on a paediatric alert to the hospital.

New alert system put in place including a paediatric alert being sent to the hospital on receipt of test results; local policy and flowchart to be developed
Staff reminded to check EPR for results not noted in hand held records at each attendance by patient
Leaflet to be provided to all patients with this diagnosis and GBS alert stickers to be placed on hand held records

- **Right Start and School Nursing Services** – Complaint about information contained in a report and shared at a health professionals' meeting which the complainant alleges should not have been disclosed. Information had been shared by parent of child (subject of case conference)

  For all staff to consider the option of giving information at conference in a confidential manner and to inform parents about the report content prior to conference if appropriate

- **GP Out of Hour Service –** Complaint around the provision of GP Out of Hours service when patient lives in Wigan but is registered with a Warrington GP. Patient rang to see a GP as she was 39 weeks pregnant and experiencing symptoms of a UTI but was passed from one Out of Hours service to another and advised to see a midwife. Actions completed by Clinical Manager. Unclear criteria for admission to service (GP OOH)

  Assure all staff aware of criteria for service admission
  Administration staff were asked to contact the patient, Clinicians only to direct onward care
  Maintain professional best practice discussion with patient

- **Walk in Centre -** Patient complains of poor clinical practice, not using aseptic technique when changing dressing and lack of privacy and dignity.

  Staff had used clinically clean technique instead of aseptic non-touch technique and used multi-purpose dressing from stock instead of that provided by the hospital on patient's discharge. Apologies given for lack of privacy and dignity when staff left the treatment room door open without patient consent.

  Patient's perception was that no infection control precautions were taken – concerns that cross infection may occur.

  All clinical staff to be reminded of Bridgewater's policy and Royal Marsden Manual clinical procedures
  Email to all clinical staff, reminded at quality/safety huddles to communicate effectively. 1:1 with ANP who provided the patient consultation – completed by end of June 2018

- **Health & Justice Services –** Complaint regarding medication given to patient on discharge from hospital being taken from him and not being provided to him in a timely way.

  Healthcare to ensure that staff on reception duty are aware of all patients expected to return from hospital each day so that they can be seen promptly on their return

  Changed made to medication during admission to be documented on patient record and GP informed. Hospital to be contacted where changes are unclear

- **Paediatric Community Medical Service** – Complaint that parent had rung the service for an update on his son's case being taken to a panel meeting. His call was not put on hold and he overheard a conversation between staff, apparently in the reception area, which led to him being given untrue information. He asked to speak to the manager who was the person involved in the conversation and was eventually put through to the deputy manager who was not able to resolve the issue. He has had communication problems with the service for some time and previous concerns raised have not been resolved.

  A case co-ordinator has been appointed as the key contact for families, she will co-ordinate assessments and ensure all information is to hand for multi-disciplinary discussion prior to panel meetings.
  Telephone system has been updated so that calls are directed to appropriate services, only general calls will be taken at reception
  Changes are being made to the layout of the reception area to ensure patient confidentiality

- **OCAT Service –** Physio provided to patient following a stroke in May 2017, he was discharged in April 2018 as there was nothing further they could do for him. Patient's wife disagreed and was advised that there would be a meeting but this did not happen. There was a gap of six weeks when treatment was not provided as patient had bedsores when physio could have been provided for hand and arm. Private Physio's have treated the patient and he is now much more mobile and able to use his hand and arm much more too.

  To ensure that patients who are receiving therapy as part of the hospital stroke pathway are provided with review meetings with therapists as standard to help improve communication between patients, their families and therapists
  To review the process regarding patients receiving a copy of the discharge letter which is sent to their GP when treatment is complete, again to improve communication with patients and their families

- **District Nursing, End of Life Care (EOL)** – Joint complaint about the care and treatment provided to EOL patient by the District Nursing Service. Patient complained to nurses that she was unwell for weeks prior to her passing. Cancelling of Marie Curie sits following admission causing distress to family

  To ensure timely communication between OOH and day staff

  Unmet needs of night sits when requesting

  To keep family and patient aware of any unmet needs for night sits.

- **Wheelchair Service** – The service was informed of a fault in a Stingray buggy and a replacement buggy was provided, however this was also faulty and should not have been issued.

  The replacement buggy had been checked and the seating and base units should have been separated; the base unit should have been quarantined but was not labelled as such. This led to the base and seating unit being reissued to this family.
  All equipment returned to Rosscare (our repair service) to be clearly labelled with status e.g. checked and fit for issue, quarantined, awaiting parts.
  Cross check with written instructions
  Returns procedure for equipment loaned to patients awaiting repairs to their own issued equipment is to be reviewed
  The replacement buggy had been delivered to a neighbour as the patient and her family were on holiday. It was not possible for the loan equipment to be checked and fitted by clinical staff during a handover to the family.

  All clinical staff are to complete a visual check of equipment prior to issue
  The handover procedure is to be reviewed by the wheelchair service and Rosscare to ensure that, if the patient/family is not present for handover, the equipment is checked prior to delivery
  Clinical staff will also undertake a visual check on stock equipment when the patient will not be available for handover

- **Neuro Rehabilitation Service** – Patient is unhappy that staff did not raise their concerns about an 'awareness' issue directly with her and that they gave incorrect information regarding the need to contact the DVLA about ongoing medical problems but couldn't explain what these were.

  Lack of clarity of teams role, and assessment process in driving assessment pathway causing stress and anxiety to patient:

The service is developing a new information booklet to explain the role of the Neurosciences Team in relation to driving assessments; they will seek the support of the patients to ensure that the information is accessible and user friendly.

Friends and Family Test Results

Bridgewater has developed a Talk to Us… form to seek patient feedback. This includes the Friends and Family Test (FFT) as well as a number of questions which aim to ascertain how people feel about accessing Bridgewater services.

The FFT is based on a simple question *"How likely are you to recommend our service to friends and family if they needed similar care or treatment?" with answers on a scale of extremely likely to extremely unlikely.*

A total of 22,891 people responded to the friends and family question and 96.7% indicated that they would recommend Bridgewater services.

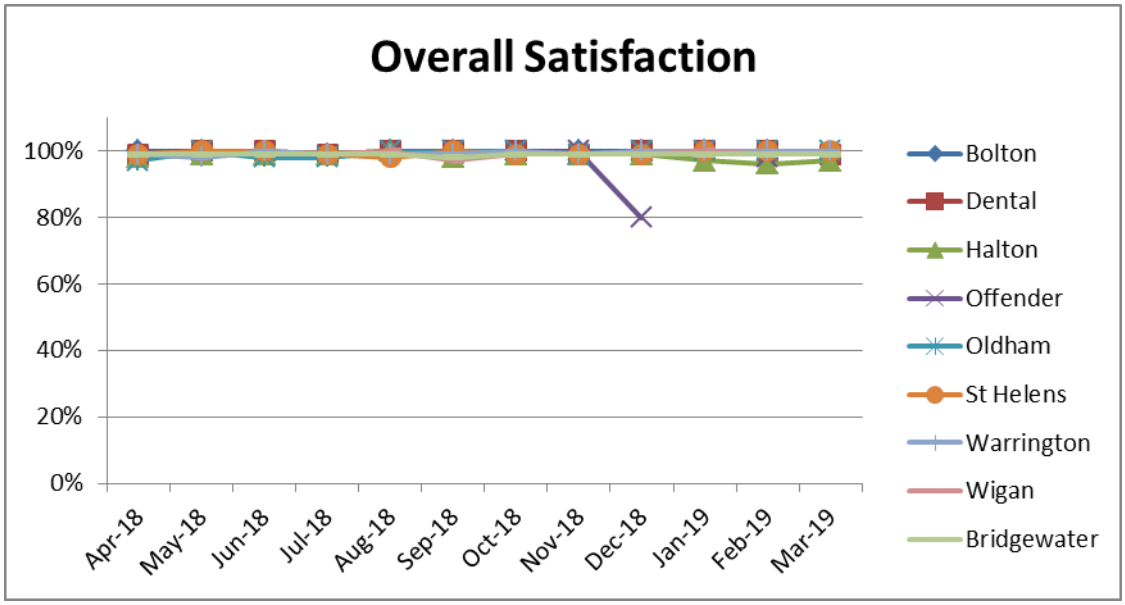
Borough/Service		Would Recommend	Would not Recommend	Number of Responses
Bolton		96.9%	0.4%	1736
Halton		95.7%	1.9%	6101
Oldham		96.0%	0.5%	804
St Helens		98.4%	1.0%	2991
Warrington		97.0%	1.0%	2654
Wigan		96.3%	0.7%	6802
Dental Services		98.7%	0.6%	1720
Health & Justice Services		90.4%	3.6%	83
Maternity Services	Antenatal	99.1%	0.4%	225
	Postnatal	99.2%	0.8%	260
Bridgewater Total		96.7%	1.1%	22,891

Patient Reported Experience Measures (PREMS)

The Bridgewater Talk to Us …form also asks further questions about patients and carers experiences of Bridgewater services. The questions are based on how patients feel about the care they receive at the key touch points with the services. A total of 24,180 responses were received during the year and 99% indicated overall satisfaction with their care and treatment.

Overall satisfaction

Patients are asked to rate their overall satisfaction with the service. The graph below shows the results of patients who said they were either satisfied or very satisfied.



The patient experience responses from the other key touch points are presented in the table below.

	Bolton	Halton	Oldham	St Helens	Warrington	Wigan	Dental	Health & Justice	Bridgewater
How do you feel about the length of time you waited to be seen?									
	99%	100%	97%	98%	95%	95%	97%	89%	95%
How do you feel about the way staff greeted you?									
	100%	99%	100%	100%	100%	100%	100%	100%	100%
How do you feel about the way staff listened to you?									
	100%	99%	100%	100%	100%	100%	100%	96%	99%
How do you feel about the information you were given (verbal or written)?									
	100%	99%	99%	99%	99%	100%	100%	96%	99%
How do you feel about the privacy, dignity and respect shown to you?									
	100%	99%	99%	100%	100%	100%	100%	100%	100%
How do you feel about the opportunity you were given to ask questions?									
	100%	99%	99%	100%	100%	100%	100%	98%	99%
How do you feel about the overall experience of your care or treatment?									
	100%	98%	99%	99%	99%	99%	100%	93%	99%
Number of responses	**1837**	**6625**	**825**	**3089**	**2707**	**7238**	**1767**	**92**	**24180**

Patient Stories

A patient story is presented to the Board each month. This is a compelling way of illustrating the patient's experience and enables the Board to gain a meaningful understanding of how people feel about using our services.

Lessons learnt from each story are identified and action plans developed which are monitored monthly to ensure that quality and service experience issues are being acted on and lessons learnt across the whole Trust.

Some examples of patient stories during the year include:

Community Specialist Rehabilitation Service, St Helens

After spending several months in hospital following several serious health emergencies, Lesley felt very frustrated and just wanted to be at home. After being discharged from hospital, she was referred to the Community Specialist Rehabilitation Service who helped her work towards her goals, which were to:

- Complete complex kitchen tasks independently
- Reduce impulsiveness when completing tasks
- Adjustment to and acceptance of her brain injury
- Reduce back pain (for which she was referred to musculoskeletal services)

Lesley reported that the team were brilliant, really supportive and that they "have done their best for me and now the kids know how to help me". Lesley defines quality of life as having her family around her through good and bad and, nearly a year post injury, rated her quality of life as 'brilliant' because she can have her family and children near.

Stoma Care Service, Warrington

David began using the Stoma Care Service after having lived with a stoma for 28 years. He says "there are no words to describe the relief and the difference it's made to my life", highlighting the information, advice and latest products they gave him to help him live well with a stoma. However, having lived in pain and discomfort for so long, he asks why this care was not given to him sooner and why he could not have been made aware of new products as they were developed. It was only a chance comment from a nurse at hospital that led him to finding out about the service and to this dramatic life change. He says "I find it totally inadequate to put in words the difference they have made to my life, and I keep asking myself why did it take twenty seven years", asking that no one else will be made to suffer the long wait that he did before receiving this life-changing care.

Community Matron Service, Halton

A mum shared her son's experience of having an MRI scan. As he has autism and other complex health needs, hospital appointments can make him extremely anxious. However, mum describes how the "carefully documented person centred planning, knowledge, care, compassion and confidence of all involved was and always is to the highest standard to assist in ensuring [her son's] anxieties were kept low." Staff from the residential home where her son lives, Community Matron Sally Adams, and staff at the Walton Centre where he had the MRI scan, worked closely together to produce a care plan that addressed the son's individual needs and resulted in him receiving excellent care that successfully supported him through the appointment.

Mum says that after several days he was "back to his usual very loud and busy self which is lovely… Thank you all sincerely from the bottom of my heart".

Family Nurse Partnership, Wigan

Jodie was supported by the Family Nurse Partnership Team. This team of family nurses offers a voluntary programme of support for vulnerable first time mothers under the age of 20, from early pregnancy until a child is two.

Jodie says, "When I was first visited by Paula, my Family Nurse, I was quite defensive but once I got to know her, I realised that she just wanted to help me. She gave me a lot of support through my pregnancy visiting me every other week. She gave me lots of information so I could make my own decisions. I was quite anxious and wary about meeting new people but she was like a friend who gave me support when I needed it.

"She helped me with an application for housing so I could move into my own home. I am a totally different person now. I have a job in a care home and she built up my confidence to become a good mum.

"I set up an online support network for other young parents. I also convinced a friend who was pregnant to join the Family Nurse Partnership programme. There is something very special about going through something and getting on the other side and being able to help others."

Tissue Viability and District Nursing, Warrington

Simon, who is affected by Duchenne Muscular Dystrophy, was helped by Bridgewater Tissue Viability & District Nurses after developing a pressure ulcer. Simon explains: "It was on my return from holiday when I first started to notice the initial symptoms of the pressure ulcer.

The skin around the area started to disintegrate, go darker red in colour and look really 'angry'; from there it developed really quickly."

Simon explains that the pressure ulcer "had a huge impact on my life, due to the amount of bed rest I required. I was unable to go to work and my social life suffered as I was unable to leave the house very often". Simon's father Rod explains that "through the excellent care, treatment and advice Simon received from the Bridgewater TVS & district nurses his pressure ulcer is now healing well and he has recently been able to return to work".

Community Neuro Rehabilitation, Warrington

A gentleman attended the Board to share his experience of being cared for by the Neurosciences Team in Warrington. The Team treats patients with a range of neurological conditions including Stroke, Parkinson's, MS and Acquired brain injury. The gentleman was supported to better understand his condition, manage fatigue and anxiety, use aids in the home, practice cognitive skills, access other organisations for support, and attend a Cognitive Skills Group for patients.

The gentleman highlighted that staff worked well together and that the one-to-one support and the group focused interventions were very useful. He suggested that more group work and more social time for participants would be one way the service could improve and that follow up support after discharge for on-going advice would be helpful.

Patient Partners

Patient Partners is an approach that aims to actively encourage patients, their families and carers to work in collaboration with staff to identify areas for improvement in quality of care and service delivery.

Services invite their patients to become Patient Partners to take part in service improvement activities such as focus groups, feedback questionnaires, discussions on proposed changes and even recruitment of staff.

Some examples of Patient Partner activity include:

The Voice of the Child

The voice of the child is a phrase used to describe the real involvement of children and young people. Bridgewater has a Voice of the Child Forum which aims to raise the profile of the child's voice across the trust at both a service and an individual level. The Forum has been running since September 2015 and its members come from both universal 0-19 services and specialist children's services. It meets on a quarterly basis.

One of the initiatives the Voice of the Child Forum has led on is looking at how children and young people can raise any concerns they have about Bridgewater services and give feedback about the care they receive. By working with young people, parents, carers and staff across the organisation, the Forum have developed a new child-friendly complaints form, feedback form, guide to making a complaint, and webpage. Work with young people, parents, carers and staff included:

- trialling an initial form with young people using a Halton service
- consulting with two groups of secondary school pupils about if and how they would like to give feedback about health services
- reviewing re-drafted forms with staff from the Voice of the Child Forum and Patient Partners Network group and parents and carers from the Wigan SEND Parent-Carer Forum
- piloting the re-drafted forms with three services from Wigan's Children's Specialist Services – Audiology, Musculoskeletal Physiotherapy and Phlebotomy

The webpage has now gone live and the forms uploaded to the intranet. The Forum are in the process of promoting the new resources among staff working in children's services.

Adult Speech and Language Therapy Service, Halton

This service regularly involves patients and carers in the recruitment of staff. After recruiting a new Speech and Language Therapist with the help of the family member of one of their patients, the family member kindly gave a video interview about her experience to explain her role in the recruitment process, why she decided to get involved and how she found the process.

Family members are often crucial in the recovery and care of patients and so gaining the views of a family member who could specifically hone in on candidates' interpersonal skills and assess how confident they would feel entrusting their loved one into their care greatly helped staff to recruit. The service explained that, with the help of this family member, they felt confident that they chose the right candidate.

Community Specialist Rehabilitation Service, St Helens

The service regularly writes up stories and case studies following discussions with patients. The information gained enables the service to look at the experience of its patients at a more in-depth level and demonstrate the work undertaken. The patient stories are also regularly shared with the Trust Board and in Open and Honest report.

Paediatric Therapy Services, Wigan

Physiotherapy, Occupational Therapy and Speech and Language Therapy developed an approach to receive feedback about the services they provide at a school in Wigan from the children, their parents and their teachers.

Teachers – Teachers have an important role in supporting therapy services to work with the children. School staff were asked 'What is working well?' and 'What could be improved?'. They commented positively about the knowledge of therapy staff, their friendly approach, and that they work well with staff and pupils; they also said they would like to receive more therapy training, would like more opportunities for children to receive support, and better information about therapy staff's availability.

Therapy services drew up an action plan based on teachers' comments. Improvements so far have included displaying their timetables on the therapy office door to improve their availability to teaching staff, introducing a message book to improve communication, and arranging training for school staff on general physiotherapy information such as postural management so that teachers can support children more confidently in the classroom.

Children – Over the summer, the therapy services collected feedback from the children. Many of the children they see struggle to understand abstract questions such as "What do you think of therapy?" and they can't tell staff verbally what they think. Instead, the therapists carried out a photo project where they took photos of children's expressions at set points within a therapy session and interpreted each child's response to the session.

Parents – The photo project and teachers' feedback was showcased at a school BBQ. At the BBQ, therapists asked parents the same question they had asked teachers and started signing parents up for a focus group that will soon take place.

Children and Young People's 5-19 Services, Bolton

Bolton 5-19 Services held a consultation with young people about what they want from their ideal health worker. When describing what skills and qualities their ideal health worker would have, comments from young people included: approachable, not patronising, body language that shows you're interested, reliable, good listener, warm and caring, don't butt in, have some personality, and someone human.

When describing what they want from their health worker, answers from young people included:

- Meet me somewhere where it is easy to get to
- Make our time count and that I matter

- Make me feel wanted
- Don't be a bossy boots
- I don't want to know if you are having a bad day
- Be on time
- Make me feel safe
- Male and female staff
- Stop making assumptions
- Shorter waiting times
- Give me good information

The information young people gave informed the 'looked after child' awareness training provided to staff in the Bolton health economy (across two NHS Trusts/CCG and GPs).

Children and Young People's Health Services, Oldham

Oldham's 0-19s Team ran an event for the public at Medlock Children's Centre over the summer to celebrate the NHS's 70th birthday party and provide a variety of health information alongside local partner agencies. Staff asked attendees to tell them what they thought of the event via feedback forms. Feedback was overwhelmingly positive. In particular, attendees praised the quality of the information they were given, especially about how to care for teeth, learning CPR and the opportunity to learn about partner agencies. They also praised the friendly and passionate staff who joined the celebration events as well as the displays, photographs and uniforms that told the history of the NHS in their area. Attendees' main suggestions around what could be improved were to have more chairs and more events in the future, as well as better promotion of events.

Family Nurse Partnership, Halton

Halton's Family Nurse Partnership team evaluated its 'You and Your Baby' transition to parenthood classes for parents between 16-20 weeks pregnant through a feedback questionnaire. 56 mums, 30 dads and 6 nans attended the classes.

When asked the question 'Do you feel that the workshops have increased your knowledge and confidence in preparation for parenthood?' 89 of the 90 respondents said yes. Attendees spoke very positively about the information they had learnt about a range of topics – from brain development in utero, bonding and communicating with baby, what is safe to eat, and separating the myths from the facts.

70 respondents said there was nothing they felt they missed or would have liked more information about, with the remaining respondents indicating that they would have liked more information on topics such as vitamins, safe medicines, ailments experienced at

different stages of pregnancy, and children's centres. All 90 respondents felt there was time to ask questions.

Bladder and Bowel Service, Halton

Following feedback from a patient who shared his story with the service, the service has been following up on potential improvements. The patient spoke highly of the service and staff, but highlighted the difficulties people face in accessing the service, particularly in terms of a potential lack of awareness that the service exists, how to be referred to the service, and feelings of fear or embarrassment that could prevent people from accessing the service even if they do know about it.

As a result of this feedback, the Bladder and Bowel Service are now working closely with the Communications Team and Patient Services to:

- Re-draft the service's webpage to make it more patient-friendly; this includes adding more information about who can be affected by bladder and bowel issues, what the service can do to help, and how to be referred to the service. This will soon go live.
- Create a video of the service's Team Lead talking about the service and giving examples of how their nurses support patients to go on the webpage.
- Promote the service among GPs by sharing information about what the service offers and how to refer a patient in the Halton GP Bulletin.
- Create posters and prepare a press release to promote the service in the local community.

The service is currently asking patients to review the new materials before they are made public to help ensure information provided is understandable and useful from a patient perspective.

Wheelchair Service and User Group, Warrington

The Wheelchair User Group in Warrington is a group of wheelchair users and carers who meet with staff from the Wheelchair Service with the aim of improving the service for others and positively influencing the service's policies and practice.

Representatives from the User Group, the Wheelchair Service, Patient Services and Warrington Disability Partnership met in October to discuss how to increase membership of the group and how best to engage with wheelchair users. The User Group decided that they would like to engage with a wider cohort of wheelchair users by organising an Open Day in the spring or summer with opportunities for users to meet service staff, learn new information, attend workshops and provide feedback. The User Group is also planning to make their next meeting an open meeting with extra promotion to encourage more people

to attend. They are also looking to diversify engagement by creating an online platform for support, and are working with Bridgewater staff to establish what would be suitable.

Patient Advice and Liaison Service

We recognise that when people have issues or concerns with our services we should aim to resolve these as soon as possible. Bridgewater provides a single free phone number for people to contact for advice and information or to help resolve their issues and concerns.

During 2018/19 we received **1779** contacts across Bridgewater. These are summarised below.

	Bolton	Halton	Oldham	St Helens	Warrington	Wigan	Corporate	Dental	Health & Justice	Total
Qtr. 1	1	70	7	40	91	155	30	19	26	439
Qtr. 2	5	111	4	38	97	141	23	25	25	469
Qtr. 3	1	60	1	38	84	138	28	19	14	383
Qtr. 4	8	92	2	43	99	171	36	20	17	488
Total	**15**	**333**	**14**	**159**	**371**	**605**	**117**	**83**	**82**	**1779**

Around 51% of the contacts were requests for advice and information, including signposting to other organisations.

Around 49% of the contacts resulted in the department liaising between the enquirer and the service to resolve issues and concerns. Examples of the issues raised include clinical treatment, appointment delay/cancellation and staff attitudes.

Only 8 of the 1779 contacts went on to become formal complaints.

Further Information Regarding Quality of Services in 2018/19

Commissioning for Quality and Innovation (CQUIN)

National CQUIN schemes

In 2018/9 a national approach was taken to CQUIN schemes with local schemes being discontinued. There were 3 national CQUIN schemes that local commissioners agreed with Bridgewater were applicable to be delivered within community services over a two year period these were:

Personal Care and Support Planning

The purpose of this CQUIN is to introduce the requirement of high quality personal care and support planning. More than half of the population live with long term conditions and 5% of these people account for more than 75% of unscheduled hospital admissions. Many of these people (35%) indicate they have low or very low levels of knowledge, skills and confidence to self-care, in order to manage their health and wellbeing and live independently. These people have a poorer quality of life, make more unwarranted use of public services and cost more to public services. There are steps that can be taken, supported by this CQUIN, to address the above by incentivising the change in behaviours and methodologies that allow patients to take a greater control over their health and wellbeing. The core components are personalised care and support plans which encourage and support people with long term conditions to:-

- shape their pathway through services and keep control over their lives
- choose how, when and what treatments or other services they receive
- personalise services organised around their lifestyles
- develop the knowledge, skills and confidence to manage their own health and wellbeing

This CQUIN is to be delivered over two years with the aim of embedding personalised care and support planning for people with long-term conditions. In the first year, activity will be focused on;

- agreeing and putting in place systems and processes to ensure that the relevant patient population can be identified
- ensuring the relevant workforce receive appropriate training so that personalised care and support planning conversations can be incorporated into consultations with patients and carers.

Preventing ill health by risky behaviours – alcohol and tobacco

This CQUIN seeks to help deliver on the objectives set out in the Five Year Forward View (5YFV), particularly around the need for a '…radical upgrade in prevention…' and to '…incentivising and supporting healthier behaviour'. The proposal also supports delivery against the 5YFV efficiency target by generating a projected national net cost-saving to the NHS over the course of the CQUIN. The CQUIN focuses on alcohol and tobacco screening, advice and onward referral were appropriate. Although primarily focused on acute inpatient settings CCG's in Warrington and Wigan requested that the CQUIN be delivered within some services within these boroughs.

Improving the assessment of wounds

Research evidence demonstrates that over 30% of chronic wounds identified in the CQUIN as wounds that have failed to heal for 4 weeks or more) do not receive a full assessment which is based on research evidence and best practice guidelines.

Failure to complete a full assessment can contribute to ineffective treatment which therefore delays the rate of wound healing for patients. This has significant consequences for patients in respect of their quality of life as failure to treat wounds correctly can lead to delays in healing or failure to heal.

For providers and commissioners the delay in wound healing relates to the resources being consumed inappropriately. Managing patients with wounds and their associated co-morbidities is estimated to cost the NHS £5.3 billion; the average cost of unhealed wounds is more than double that of healed wounds. There is also significant variation in current practice.

All of the above national CQUINs have been delivered over a 2 year period with milestones and reporting required quarterly during this period. All schemes are currently achieving against defined milestones.

Wigan

Wigan is participating in 2 of the national CQUINs with the preventing Ill health and risky behaviours CQUIN being delivered by the Musculoskeletal Service (MSK) and the Podiatry service.

Risky Behaviours

Quarter 4 results from SystmOne do show a marked increase in compliance and referral levels compared to last year (2017/18) and this may be due to Information team applying a new logic. The new query now only excludes those that have had a smoking or alcohol recorded during the lifetime of the CQUIN, regardless of if they have been seen before or not

On comparing this to a sample of the manual collection of data (done to check consistency of figures), it is clear that the manual sampling shows higher percentages of patients being offered cessation services although in most cases these are declined by the patient. It needs to be worked through that Clinical managers and Systems team look at SystmOne templates again and see if coding can be expanded to include patients declining or where a patient drinks/smokes but it is not felt appropriate to refer on.

For MSK - the Consultants do not record on SystmOne and the data team are unable to exclude these patients from reporting so this remains an anomaly. MSK will investigate if this can be recorded onto SystmOne from the consultants out by the clerical staff: this was felt not appropriate for clerical staff to enter clinical details. The Podiatry service will

continue to collect both sets of data for the duration of CQUIN in order that a more representative compliance figure is produced. MSK will investigated starting manual collection (in Quarter 4 but the large numbers would be difficult to collate to be accurate.

Manual data for podiatry is lower sample size due to confusion of need to continue collecting manual data with transfer of Wigan Adults to WWL and staff annual leave.

1) Results Podiatry

Tobacco	**Percentage by S1 for Quarter 4**	**Manual Podiatry Sample for Quarter 4**
Percentage of unique adult patients who are screened for smoking status AND whose results are recorded.	40% (472 out of 1170)	148
Percentage of unique patients who smoke AND are given very brief advice	54% (39 out of 72)	77% (21 out of 27)
Percentage of unique patients who are smokers AND are offered referral to stop smoking services AND offered stop smoking medication.	3% (2 out of 72)	100% (21 offered, 19 declined, 2 referred)
Alcohol	**Percentage**	
Percentage of unique adult patients who are screened for drinking risk levels AND whose results are recorded in local data systems	39% (443 out of 1170)	100% (17patients)
Percentage of unique patients who drink alcohol above lower-risk levels AND are given brief advice OR offered a specialist referral.	18% (5 out of 28)	100% (5 out of 5 patients)

2) Results for MSK

Tobacco	**Percentage (Quarter 4 via S1)**
Percentage of unique adult patients who are screened for smoking status AND	29% (2388 out of

whose results are recorded.	8249)
Percentage of unique patients who smoke AND are given very brief advice	26% (99 out of 387)
Percentage of unique patients who are smokers AND are offered referral to stop smoking services AND offered stop smoking medication.	1.8 % (7 out of 387)
Alcohol	**Percentage**
Percentage of unique adult patients who are screened for drinking risk levels AND whose results are recorded in local data systems	22% (1807 out of 8249)
Percentage of unique patients who drink alcohol above lower-risk levels AND are given brief advice OR offered a specialist referral.	100% (15 out of 15)

Preventing Ill Health Needs update from Wigan

To support implementation of the CQUIN a project a plan has been developed.

The CQUIN identified that the two GP activation questions that had been utilised by the staff, did not always translate into the development of a case management plan as the question was too ambiguous. A recommendation was made that the teams adopt the EQ 5D 5L tool in the future, to enhance the identification of patients who require a personalised care plan. This is a recognised tool used in the EU for this specific purpose and should enhance the delivery of the service.

The number of case management plans completed by the Community Response Team (CRT) lead practitioner remained low throughout the CQUIN; the CRT team concentrated on a 'see and treat' model with NWAS and GP's. However, a version of a case management plan will be commenced by the team from April 2019 which can then be shared with the GP and patients. However, the number of personalised care plans did increased in quarter four with the introduction of the specialist nursing teams.

The specialist nurses did commence contribution to the CQUIN in Q4 of year two, the team was not on SystmOne for patient records which delayed their introduction and a decision to collect the data manually was made in Q4. This did contribute in increasing the number of case management plans completed.

The majority of long term conditions patients in the community had seen by WWL community matron service, who were not covered by this CQUIN, therefore the number of patients remain low through the CQUIN. It is envisaged that the introduction of the case management plan across the service will increase the number developed and implemented.

The new management plan will focus on collaboration between community services, GP's and patients in providing personalised care and setting realistic goals.

	Total 2017 - 2019
Number of new patients seen	762
Number of new patients with a long term condition	738
Number of those patients asked the basic question	655
Number of patients who answered "no" (activation score)	129
Number of patients with a personalised care plan developed (ICS case management plan)	129

*Excluding the respiratory team

The Deal assets training only became available to complete via the council in Q4 year two and is expected to roll out across all community staff on an ongoing basis therefore the uptake of this training remained low due to the unavailability. The majority of staff within this CQUIN have booked onto the 'Deal' training as course become available.

Cohort of staff requiring asset based training	Number of staff completed training	Staff booked on training
27	6	21

St Helens

St Helens have participated in two national CQUINs

The Sepsis programme was locally negotiated and progress is being made during the reporting period of Q4. Staff that have been trained are:

- 100% of registered Walk in Centre (WIC) nurses who have undertaken SEPSIS training – the total number of registered nurses in the WIC is 22; and 22 have completed all 5 primary care sepsis modules via UK Sepsis website. The 3 outstanding staff have been allocated time to complete their training. Any new starters will complete their training as part of their induction programme.

Criteria for recording a NEWS2 within St Helens WIC/UTC:

- Criteria has been defined to use within St Helens Walk in Centre/Urgent Treatment Centre to ensure that clinicians are conducting a NEWS2 on all patients who are at risk of sepsis. All clinical staff are aware of this criteria and how to conduct and record a NEWS 2 on system one. Once the score is recorded on SystmOne this information forms part of the patients discharge letter and the details are sent electronically to their GP within 24hrs therefore the GP is aware that the patient has been assessed for sepsis/deteriorating via NEWS.
- An audit will be conducted to ensure that the criteria for performing a NEWS 2 is being adhered to. This will consist of a 'snap shot' of patients presenting with a minor illness/ailment who fit the criteria for a NEWS 2. This audit will also look at the patient outcome to ensure that the patient was treated appropriately in relation to their NEWS 2.

They have also participated in the national health and well-being programme and the results are recorded in the national CQUIN section.

They have also participated in the Flu CQUIN and the uptake for St Helens clinical staff was 56.6%.

Warrington

Warrington participated in five national CQUINs with the preventing risky behaviours CQUIN being delivered by Padgate House Bed based intermediate care service.

Results:

Tobacco	**Percentage by quarter 4**
Percentage of unique adult patients who are screened for smoking status AND whose results are recorded.	100%
Percentage of unique patients who smoke AND are given very brief advice	100%
Percentage of unique patients who are smokers AND are offered referral to stop smoking services AND offered stop smoking medication	100%
Alcohol	**Percentage by quarter 4**
Number of screened patients drinking above the low risk levels (but not dependent)	**100%**
Number of patients drinking above low risk levels (but not dependent levels) given brief advice	**100%**
Number of screened patients drinking at possible dependent levels	**NA**

Numbers of patients that are drinking at possible dependent levels that are offered a referral to a specialist alcohol services	**NA**

- Patients continue to be screened on admission.
- The majority of patients remain above 70 years of age.
- Alcohol intake by the majority is relatively low.
- Data collection remains similar to 2017/18 with patients accepting brief advice but not wishing to be referred to specialist services.

The other four national CQUINs were Personal Care Planning and Support Planning

Improving the assessment of wound CQUIN

Number of wounds that have failed to heal after 4 weeks (included in audit)	48
Number of full wound assessments for wounds which have failed to heal after 4 weeks	0

They have also participated in the Flu CQUIN and the uptake for Warrington clinical staff was 59.6%.

They have also participated in the national health and well-being programme and the results are recorded in the national CQUIN section.

In addition children's specialist 0-19 service are participating with a locally negotiated ADHD transition CQUIN. The purpose of this CQUIN is to further improve experience of transition to adult services for young people on medication for ADHD, and to provide robust information in relation to transition to commissioners. It is also to ensure that all children that require medication receive this medication throughout the transitional period until seen by the adult services. For 2018/19 this CQUIN was on track.

Halton

Halton participated in four of the national CQUIN's. Halton Participated in the Personalised Care and Support Planning which is a two year CQUIN. 2018/19 is the second year of the CQUIN.

At the end of Year 2 Q4 the CQUIN reporting for the cohort is now as follows:

- 11 patients were asked the activation questions
- 1 patient's responses were obtained from a relative or care giver on the patient's behalf
- 11 patients had a personal care & support plan instigated at the point of activation

The nature of the personal and supportive care plan for the patients who had passed away was palliative in nature and implemented as part of a multidisciplinary approach to care for both the patient and their carers. The remaining individualised personal and supportive care plans include a range of long term conditions Chronic Obstructive Pulmonary Disease, Dementia and Diabetes. Notably the Community Matrons adopt a proactive approach to Hospital Avoidance and as such, a third of these patients also have North West Ambulance Service Community Care Pathways in place to support their care.
Further work continues on:

- Defining a cohort of patients engaging with primary care and the clinical commissioning groups.
- The team are evaluating the CQUIN data collection tool and the results from the baseline assessments.
- Share the details of any patient who triggers for care planning and the outcomes with the GP.
- To develop a service admission and discharge criteria that meets the needs of the patients in each geographical area.
- To ensure that all patients known to the community matron service have had the opportunity to be screened and offered a care plan should they trigger the need for care planning.

They also participated in the Improving the assessment of wounds

Number of wounds that have failed to heal after 4 weeks (included in audit)	28
Number of full wound assessments for wounds which have failed to heal after 4 weeks	20

They have also participated in the Flu CQUIN and the uptake for Halton clinical staff was 49.3%.

They have also participated in the national health and well-being programme and the results are recorded in the national CQUIN section.

Further details regarding progress against all the agreed goals for 2018/19 is available electronically at: www.bridgewater.nhs.uk/aboutus/foi/cquin/


The Trust's corporate social media accounts are as follows:

- https://www.instagram.com/bridgewaternhs/
- https://twitter.com/Bridgewater_NHS
- https://www.facebook.com/BridgewaterNHS/
- https://www.youtube.com/user/BridgewaterNHS

The national CQUINs relate to: -

Providers were expected to achieve an improvement of up to 5% compared to the 2015 staff survey results for each of the three questions in the NHS Annual Staff survey outlined below. The Trust achieved an improved position as follows.

Question	Health & Wellbeing – NHS Staff Survey	2015	2016	2017	2018	% Difference since 2015
9a	% saying their organisation definitely takes positive action on health and well-being	21.6	27	22	25.4	3.8% improvement
9b	% saying they have experienced musculoskeletal problems (MSK) in the last 12 months as a result of work activities	30.6	22	24	26.1	4.5% improvement
9c	% saying they have felt unwell in the last 12 months as a result of work related stress	48.1	42	45	41.3	6.9% improvement

Leadership and Development

The Innovation & Improvement team offer various leadership development programmes to support staff in Bridgewater to develop their leadership capacity.

A number of staff also access NHS Academy leadership programmes such as Elizabeth Garrett Anderson, Nye Bevan, Mary Seacole and Board level programmes. The Trust has

trained 2 members of staff as facilitators for the Mary Secole programme, working in partnership with the Leadership Academy which has allowed us to deliver the programme in Trust locations, making the programme more accessible for our staff.

There are various other leadership programmes that staff access depending on their roles and professional bodies. These are funded via the Education & Professional Development budget or through bursaries. For example, the School Nurse Association funds leadership programmes for school nurses.

Internally, leadership development and improvement is currently provided as follows:

- Leadership Development programme (ILM accredited)
- Clinical Manager Development programme
- Trust wide programmes Leading at the Speed of Trust, 7 habits of Highly Effective People and Foundations of Success
- Team Journey – developing cohesive high performing teams through team leadership
- Compassion IN leadership approach

Leadership Development Programme (ILM accredited)

The OD team continue to deliver the Leadership Development programme for current or aspiring team Leaders and above. This programme covers all aspects of leadership and management through a series of master classes.

The programme is designed to raise understanding and awareness of the administrative aspects of leading e.g. completion of HR forms as well as the personal journey required to balance leadership and management competencies.

It focuses on the key skills and processes that all team leaders need to help them manage their teams and processes as efficiently, competently and safely as possible. A series of workshops was offered, including:

- Finance
- Information and Performance Management
- Preparation for Tenders
- Managing your Reputation
- HR Skills for Leaders, including:
    - Managing Equality and Diversity
    - Managing Recruitment and Selection
    - Effective Line Management
    - Managing Sickness Absence

This is followed up by an application process for part 2 of the programme, which specifically focuses on improvement leadership and self as a leader. The second phase of the programme aims to support Band 7 team leaders and above with their roles as middle leaders. It provides a blend of tools and techniques to assist with planning and delivery of continual improvement, and self-development through the development of personal insights into self as a leader. The programme is accredited by the Institute for Leadership and Management (ILM) providing learners with certification at level 5 to support revalidation as well as improving leadership skills.

Various tools and methods are used during the programme covering:

- Local Patient Journey and experiences with our Trust
- Leadership styles and theories, including new models needed for integration
- Motivation styles and theories
- Human Factors
- LEAN methodology
- Appreciative inquiry
- Strength Deployment Inventory (SDI)
- Practical application of values elicitation into teams
- Myers-Briggs Type Indicator (MBTI)
- Basic project toolkit, leading and sustaining projects, charters, driver diagrams,
- Evidence based co design
- Human Dynamics of leading change
- Measurement for improvement
- Productive tools,
- Learning set methods,
- Team coaching
- Psychometric evaluations (MBTI)
- White paper discussions

Trust wide Leadership Development programmes: - Leading at the Speed of Trust, 7 Habits of Highly Effective people, Foundations of Success & Productive Community Services.

The Leading at the Speed of Trust and 7 Habits of Highly Effective People programmes are delivered as part of a license agreement with Franklin Covey and was introduced in the Trust in September 2016. To complement the learning gained on these programme the Foundations of Success workshops were commissioned to achieve sustained, consistent improvements in business performance by managing workload and priorities more effectively and creating more time and energy for working priorities which are so often side-lined by urgent crises and daily fire-fighting.

Embedding and sustainability of the learning is supported through a range of opportunities:

- access to a digital coach app that reinforces the Speed of Trust's key principles and skills over a 52 week period
- focus groups for learners exploring key behaviours.
- Consistent messaging around attitudes and behaviours

The Productive Community Services Programme is the translation of Lean methodology into a healthcare setting and enables staff to objectively assess and improve a number of aspects of their working practices and to share their experiences of service improvements and developments. Staff have and are adjusting to new ways of working. Staff who have undergone modules have reported much improved working environments, increased face-to-face contact time with patients and less time spent on administration tasks due to system and process improvements, enabling more time to deliver patient care.

Team Journey – Developing cohesive high performing teams through team leadership

The team journey is a bespoke approach to enabling teams to improve through inclusive leadership, utilising a range of skills and tools dependant on needs in the individual teams. Twelve teams undertook the programme in 2016/17 and roll out continues, depending on the needs of the teams.

Course Title	**2017-2018**	**2018-2019**
Leading The Speed of Trust (2 days) Speed of Trust (1 day)	135	103
7 Habits of Highly Effective People	118	121
Quality Improvement Programme (ILM accredited Level 5)	16	12
Clinical Managers Development Programme	NA	51
Mary Seacole Programme		9 successfully completed and received an award. 15 successfully completed but are awaiting results.

Utilising lessons learned approaches from this work; the Innovation & Improvement Team designed a standardised Team Journey approach using the Aston University "Team Journey" package. This is offered as a training package to all team leaders to increase spread and capacity for delivery.

The programme covers the following elements as modular workshops:

- Team identity
- Team objectives
- Role clarity
- Team decision making
- Team communication
- Constructive debate
- Inter-team working

Compassion in Leadership Approach

Following national and internal research staff themselves identified some internal behaviours that did not mirror Bridgewater values, arising from and impacting upon levels of stress and distress in teams and individuals. The HR team deliver the health and wellbeing agenda, whilst the Innovation & Improvement team are identifying alternative methods of sharing leadership behaviours through the Emotional Intelligence and awareness raising approach. This will utilise ad hoc conversations, twitter, and an "every contact counts" approach to talk about self-care and care of our peers. The approach enables participants to reflect on personal and team behaviours and further enhance an atmosphere of mutual support and compassion IN leadership. The programme was actively developed with an awareness raising-module on emotional intelligence and its impact on leadership.

Talent and Succession Plan

The Talent management and Succession Planning Plan was approved by Board in March 2019 and is now part of the implementation of the Workforce Strategy which will go to our June 2019 Board meeting.

The strategy contains a framework which includes all the leadership development programmes detailed above in order to ensure that our staff have a consistent and clear education and development pathway from apprenticeship to executive level, delivered in a way that promotes inclusion and equality of opportunity.

Clinical Supervision

The Trust has an established programme of clinical supervision that is offered to all professionally qualified clinical staff as well as professional clinical development that supports specialist and advanced practice. During the first half of 2018, the organisation updated its current policy and local standing operating procedures for clinical supervision. A survey of clinical supervision uptake was undertaken in September 2018 for the period Quarter 3 and Quarter 4 (2017/18) and Quarter 1 and Quarter 2 (2018/19) which identified

that 63.4% of staff who participated in survey (874) identifying that they had Clinical Supervision.

Following feedback from staff the approach to clinical supervision is currently being further reviewed to support a more inclusive approach and local delivery.

Quality Support Visits

The Quality Support Visit schedule is managed by the Quality and Safety Leads. The visits are led by senior staff that have an experienced quality and governance background and are supported by volunteer assessors; Trust staff, Non-Executive Directors and Governors.

The programme of Quality Support Visits aims to involve staff in the assessment of quality of care and gain the benefits of that engagement process, provide a level of assurance across all areas identified as 'requiring improvement' that progress is being made against a local action plan and that the organisation is moving from good to outstanding and embed this process as one of the key annual quality improvement activities.

Thirty Three visits were undertaken in Q1 –Q4 of 2018/19 across a variety of adult and children's services. A report is prepared by the Quality Support Visit lead, the report identifies trends and themes from a review of the data, staff and patient feedback; recommendations are made on how this information be used to make improvements, compare data internally across the organisation; benchmarking and shared learning through a variety of working groups is essential in a large organisation. Identify areas of poor performance and problem 'hot spots'. The Quality Support Visit programme supports a culture of improvement and shared learning.

NHS Alliance Work

Our Strategy - Quality and Place

The Trust is supporting national requirements as detailed in our five year strategy "Quality and Place". This includes population level health improvement by focussing on community assets and working with staff, patients and residents. The work is supported by a number of enabling strategies e.g. technology, workforce and estates. The aim of the work is to redesign better health, better care and better value with a system wide model of care that enables people to live healthier lives. The work has included working closely with commissioning, acute and primary care colleagues within Halton, Knowsley, St Helens, Wigan and Warrington so that patients receive the right care in the right place.

Our strategy for delivering our vision is to focus on our key priority areas. These are our 10 'must dos' which support the delivery of our strategic aims, which in turn will support the achievement of our vision. They are:

- Achieving the highest standards for patient safety and clinical quality
- Implementing our out of hospital health and care model (Integrated Community Services) across our geographical footprint
- Improving the patient experience
- Maintaining financial viability and stability
- Further development of organisational capacity and capability to deliver excellent services as the Trust's organisational footprint continues to grow
- Developing our specialist portfolio
- Delivering excellent clinical services, striving to further improve outcomes, and delivering across all NHS targets
- Engaging stakeholders, demonstrating leadership for corporate and social responsibility and strategically positioning Bridgewater services
- Playing a prominent role in our local health economies and the emerging STP footprints and safeguarding on-going employment opportunities for our staff
- Ensuring robust data and an evidence based approach to everything we do.

As part of the work in the Healthier Wigan Partnership during 2018/19 collaboratively working with all our partners such as Wrightington, Wigan and Leigh hospital (WWL), Wigan Council and Wigan Clinical Commissioning Group have worked together to ensure that community staff based within Wigan Services will transfer to Wrightington, Wigan and Leigh NHS Foundation Trust on the 1st April 2019.

As part of a procurement exercise during 2018 our Bolton Children's community 5-19 staff will also transfer on the 1st April 2019 to Bolton Foundation NHS Trust.

Bridgewater is a key organisation in the development of an integrated workforce in the Warrington Together programme. The drive is to an offer urgent community response and recovery support to meet local needs, which will include GPs, allied health professionals (AHPs), district nurses, mental health nurses, therapists and reablement teams. The idea is that the extra recovery, reablement and rehabilitation support will wrap around core services to support people with the highest needs. This is consistent with the NHS Long Term plan.

The Integrated community teams (ICTs) aim to develop person centred care planning and support for eligible adults. A change to the workforce will be required and a redesign to roles making sure that the correct skill mix is aligned and integrated to align to neighbourhoods. Work during 2018 included working with Warrington and Halton Hospitals x-ray department piloting direct referrals into the x-ray department. This supports timely reporting of suspected fractures from nursing and residential home. This initiative aims to prevent unnecessary A&E attendances by elderly patients.

First contact Practitioner physiotherapy **is** progressing well with a pilot in Culcheth GP surgery and in Extended Hours. The next phase will be to look at how this can be a permanent feature of the Orthopaedic and Musculoskeletal pathway.

The 0-19 service healthy lifestyle course which is working with Warrington Wolves Foundation to deliver 'Life the Wolves Way' lifestyle and exercise course designed for children aged 7-11 who are above a healthy and their families.

In our Halton borough Bridgewater is leading the integrated community teams work stream in line with four GP Hubs. The vision is an integrated model of care across health and social care. One Halton is a new way of working to integrate services that deliver care and wellbeing to the people of Halton and is now gathering pace.
During 2018 the Trust together with Warrington and Halton Hospitals NHS FT are working on a bid to secure the procurement of Halton Urgent Treatment Centre.

In our Oldham borough 'Oldham Cares' A memorandum of understanding was agreed and an Alliance has been developed. We are working as a key partner within the Integrated Care Organisation (ICO) Transformation Programme and supporting the move to Multi-Disciplinary Teams working in partnership with Primary care, Secondary Care, Voluntary Sector and Social Care.

During 2018 our perinatal mental health group developed a 10 week programme for mothers with mild to moderate mental health issues. This is being delivered by the Right Start in conjunction with Healthy Minds and Pennine Acute. Parents bring their babies with them and there is a dedicated time during the session which focuses on parent and child relationships.

Local Government Association peer review of early year's provision – took place 26 to 28 March 2018 focussing on supporting speech, language and communication. The service hosted a number of focus events and observation opportunities for peer reviewers to attend different interventions.
An Integrated two-year review consultation event has taken place with private nurseries, pre-schools and child-minders to support further development of the review within the local area.
The Right Start team in Chadderton are continuing to work closely with one of the schools in their area to co deliver Speech and language therapy interventions.

To ensure a robust model of clinical supervision is available for all staff within the Oldham service. Clinical Supervision Training **is** provided by the Family Nurse Partnership national unit for the Right Start and School Nursing Service staff. The training focuses on the restorative element of supervision with a 'train the trainer' element to it.

In our Halton borough our St Helens Urgent Treatment Centre (formerly Walk-in Centre) has started to adopt the borough's shared care record, which allows services to access summary details when treating a patient. There have also been work streams around Integrated Nursing (test bed), COPD (test bed) and Halton Integrated Community Team (HICT).

In our Dental services during 2018 we have been meeting with other Community dental Providers across Greater Manchester and Cheshire and Mersey to discuss opportunities for collaborative working. Trafford and Bridgewater were successful in a joint bid to improve the Oral Health of residents of care homes in Trafford. Three bids were submitted to deliver Urgent dental Care across the whole of Greater Manchester; as we currently only deliver the triage and management of urgent dental care in Wigan.

Bridgewater also provides healthcare to five prisons across the Trusts geographical footprint. During 2018 there was a ministerial visit to one of the prisons HMP Wymott which was positive and a letter has been received from the minister recognising the improvements that have been made.

Midwifery (Halton)

Halton midwifery service continues to be the only midwifery service nationally that is based within a community trust. The service delivers the full remit of pregnancy care across Halton and provides a home birth facility. The birth rate in Halton remains static at approximately 1,600 women per year. In the past 12 months there were 11 successful planned home births and the service responded to and provided care for 5 un-booked home births. The service provides care 365 days per year and has an on call facility from 5pm-9am across 365 days.

Bridgewater is part of the regional Strategic Transformational Partnership across Cheshire and Merseyside and Halton midwifery service is involved in the maternity work-stream within that partnership. Ongoing work within midwifery nationally and locally include transforming the way that maternity services are delivered which involves collaboration across all the regional and local services and ensuring choice for women. The document Better Births (2016) published by NHSE outlines recommendations for service delivery in England and the partnership are working towards implementing these recommendations across the region.

The CQC inspection of the Trust in September 2018 rated the midwifery service as GOOD across all 5 domains. This was seen as a great achievement by the service and was truly a team effort. The service continues to work to ensure we maintain this rating in the future and will work towards the achievement of the outstanding rating.

As a replacement for statutory midwifery supervision the new model of A-EQUIP (Advocating for Education and Quality Improvement) was launched at the end of April 2017 and will be delivered in each provider by PMA's (Professional Midwifery Advocates).The regional strategy for the delivery of the model was developed and ratified by the Cheshire and Mersey Heads of Midwifery group in August 2018. Two midwives from Bridgewater

commenced the 6 month PMA course in January 2018 and successfully passed the modules and are responsible for delivering the model within the service. A regional network for PMA's is currently being developed.
Our annual midwifery service questionnaire was distributed to women during the month of June 2018. 500 questionnaires were distributed and 356 returned (71.2%).

Of the 356 returned 348 (97.7%) felt they had continuity of care from the team.

Of the 356 returned 343 (96.3%) felt they had continuity of care from the midwife.

351 (98.5%) knew how to contact their named midwife.

352 (98.8%) would recommend the service to friends and family.

354 (99.4%) said the midwife listened to them during their appointments.

352 (98.8%) received written information. The remaining 4 respondents did not answer this question.

Comments from the women included 'I am pleased with the midwifery service and have no concerns or issues to address'.

'Service exceeds expectation. The service I have received as a surrogate has been amazing above and beyond my expectations'.

'Longer appointments please, I love them'.

'Treated with respect and very professional'.

'Exceeds expectations. We cannot recommend the service enough. All the staff have been amazing. You should be very proud of the service you deliver and we are more than happy for our comments to be used for patient feedback and to be involved in any formal feedback process you have. Keep doing what you are doing'.

Delivering Same Sex Accommodation

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. We are committed to providing every patient with same sex accommodation as it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

Padgate House

Padgate House is a 35 bedded intermediate care unit based in Warrington. The building is owned and managed by Warrington Borough Council. The Trust is responsible for the provision of clinical services. The same standards are applied to this unit; however the home has 35 single bedded rooms which are not en-suite. This ensures that patients never share a bedded area. The building has 14 bathrooms which are shared by all residents meaning that

males and females will share the same facilities however there are clear engaged signs on doors and they are lockable from the inside to maintain patient privacy.

As Padgate House is not a hospital they are not considered to breach under the mixed sex accommodation requirements for use of communal bathroom facilities.

Community Dental

The Trust provides specific and specialised dental services that are commissioned by NHS England, and also works in partnership with our Health and Justice Service to provide dentistry in local prisons.
The core services are for patients referred from local general dental practices;

- children in pain who require dental extractions:
- adults who require minor oral surgery and
- adults with special needs whose treatment cannot be carried out in high street practices and therefore managed by the Bridgewater's community dental service

KPI's for all services focus on the maximum times patients have to wait for assessment following referral, delivery of preventive messages and collating evidence about the complexity of care provided. The targets for children's services and for adult special needs are routinely met, but those for oral surgery have proven more of a challenge.

Bridgewater has worked collaboratively in year across Greater Manchester to manage the pressures on access to theatre for treatment under a general anaesthetic to consistently within 18 week threshold. We continue to support the ongoing pressures within Greater Manchester by working with our partner Community dentals service providers. In addition following a temporary suspension of our access to our main theatre in Cheshire and Merseyside for Paediatric exodontia, we were able to manage the impact and recover the position, to ensure patients were not adversely harmed and were subsequently seen within the contractual indicator of 4weeks from assessment once the theatre was back online.

We retained contracts for Oral Surgery in Cheshire and Merseyside; and expanded our service delivery by being awarded new contracts to deliver an Adult Sedation service within Cheshire and Merseyside.

Our capital programme for 2018/2019 saw the following improvement made to the service we offered to patients:

- New inhalation sedation equipment
- A new wheelchair tipper
- New autoclave and steriliser

In addition, we made a significant financial investment to improve the resilience of our networked patient administration system, which is accessed across 18 sites by over 60 clinicians.

Following a review of our estate we rationalised our delivery footprint, moving away from 3 underutilised clinics within Greater Manchester.

We maintained our focus on quality improvement and our yearly audit plan which focussed on the following areas:

- Quality of dental radiographs: calibration
- Quality of dental radiographs: intra-oral films
- Compliance with IACSD guidelines for sedation: sedation incidents
- Compliance with IACSD guidelines: reversal rate of intravenous sedation
- Post-operative complications following oral surgery
- Compliance with HTMO-105

Consequently, we were pleased that the Care Quality Commission recognised our commitment to delivering high quality care for patients by rating our service delivery as 'Good' following their inspection of our services in September 2018.

NHS Improvement (NHSI) Compliance

NHSI expects NHS Foundation Trusts to establish and effectively implement systems and processes to ensure that they can meet national standards for access to health care services. NHSI incorporated performance against a number of these standards in their assessment of the overall governance of Bridgewater Community Healthcare NHS Foundation Trust. These can be summarised in the table below and demonstrates achievement against the threshold/target during each quarter of 2018/19.

Single Oversight Framework (SOF) Operational Performance Metrics	Threshold or Target YTD	Quarter 1 2018/19	Quarter 2 2018/19	Quarter 3 2018/19	Quarter 4 2018/19
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway	92%	99.89%	99.56%	99.76%	99.48%
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	98.66%	99.24%	99.19%	98.52%
All cancers: 62-day wait for first treatment from: urgent GP referral for suspected cancer	85%	100.00%	94.74%	100.00%	100.00%
Diagnostics six week waiters (% under six Weeks)	99%	99.88%	99.73%	100.00%	100.00%
Improving access to psychological therapies: Proportion of people completing treatment who move to recovery (from IAPT minimum	50%	55.86%	53.66%	52.94%	58.19%
Improving access to psychological therapies: % patients beginning treatment within 6 weeks of referral	75%	100.00%	100.00%	98.67%	97.99%
Improving access to psychological therapies: % patients beginning treatment within 18 weeks of referral	95%	100.00%	100.00%	100.00%	100.00%
Data Quality Maturity Index (DQMI) MHSDS quarterly score	95%	88.30%	79.53%	78.23%	76.37%

The Trust also aspires to meeting the 18 week pledge for all other services.
The Trust is required to report on the length of time between referral to a Consultant-Led service and the start of treatment being received.
The Trust achieved all its monthly monitored national targets for Consultant-led RTT waiting times during 2018/19.

Referral to Treatment time is the length of time between a patient's referral to one of our services to the start of their treatment.

Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.

This indicator is defined as the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.

Numerator: The number of patients on an incomplete pathway at the end of the reporting period who have been waiting no more than 18 weeks.

Denominator: The total number of patients on an incomplete pathway at the end of the reporting period.

Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

The indicator is defined as the percentage of patients receiving first definitive treatment for cancer within 62 days of urgent GP referral for suspected cancer.

Data definition: All cancer two-month urgent referral to treatment wait.

Numerator: Number of patients receiving first receiving first definitive treatment for cancer within 62 days of urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers.

Denominator: Total number of patients receiving first definitive treatment for cancer following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers.

Waiting Times Consultant Led (Incomplete Pathway)

Consultant-led services are those where a consultant retains overall responsibility for the clinical care of the patient.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Bridgewater	99.79%	100.00%	99.88%	99.83%	99.91%	98.93%	99.50%	100.00%	99.79%	99.50%	99.58%	99.48%

At the end of 2018/19 quarter four the Trust had a total of 1157 patients waiting for consultant led services.

During routine audit Bridgewater identified some minimal inaccuracies in the data that had been submitted to NHSE via the Strategic Data Collection Service on four occasions. These can be summarised as:

- April 18 – Human error - Excluded an 18 week breach that should have been reported. Actual performance reported to NHSE 99.89%
- June 18 – Technical error - Excluded an 18 week breach that should have been reported. Actual performance reported to NHSE 100%
- January 19 – Human error - Excluded an 18 week breach that should have been reported. Actual performance reported to NHSE 99.60%
- February 19 - Human error - Excluded an 18 week breach that should have been reported. Actual performance reported to NHSE 99.69%

Bridgewater's recent investment in the development of a new Data Warehouse will serve to reduce these errors going forward.

Waiting Times All Services

The Trust measures the time that has elapsed between receipt of referrals to the start of treatment and applies the national target of 18 weeks to all its services. Below are patient waiting times reported at the end of each month for all Bridgewater services until the end of quarter four (2018/19).

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Under 11	9259	9087	9120	9966	9896	9391	9952	9786	9106	9388	9758	10821
11-18	1205	914	992	901	1192	1328	1355	1177	1432	1611	1784	1435
Over 18	73	38	48	97	134	127	316	140	216	227	317	422

At the end of quarter four 2018/19 the Trust had a total of 12678 patients waiting for all services. Of these 10821 (85.35%) were waiting under 11 weeks.

Cancer Services

The Trust delivers community based cancer services to patients living in the Warrington area which is commissioned by Warrington CCG. The table below demonstrates the Trust's performance against the national cancer targets throughout quarters 1- 4 in 2018/19: It is important to recognise that these are often small numbers of patients and can be affected by patient choice of appointment time.

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
All cancers: 31-day wait for second or subsequent treatment	N/A	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	N/A	N/A	100.00%	100.00%	100.00%
All cancers: 62-day wait for first treatment	100.00%	100.00%	100.00%	100.00%	96.70%	78.57%	100.00%	100.00%	100.00%	100.00%	N/A	100.00%
All Cancers: 31-day wait from diagnosis to first treatment	100.00%	100.00%	94.44%	90.91%	95.70%	90.00%	88.89%	100.00%	100.00%	100.00%	100.00%	100.00%
Cancer: 2 week wait from referral to date first seen	96.64%	100.00%	96.92%	97.03%	96.67%	95.65%	99.08%	94.77%	98.41%	94.32%	97.30%	98.57%

Equality and Diversity and Inclusion

It is important to Bridgewater that the health care services we provide in our boroughs, and the work opportunities we provide as an employer, are inclusive and meet both local and individual needs. This has been reflected in the development of the Trust's new strategy for 2018 – 2023, Quality and Place.

We have continued to work hard through 2018/19 to ensure both service delivery and employment are provided within the legal frameworks of the Equality Act 2010 and the Human Rights Act 1998. Responsibility for equality and inclusion in the Trust sits with the Equality & Inclusion Manager, with Board level responsibility resting with the Director of Workforce & Organisational Development. Equality and inclusion updates are provided to the Trust's Workforce & Organisational Development Committee and the Service Experience Group, who provide assurance through the committee structures to Board. Partnership with our staff side colleagues is through the Corporate Partnership Forum, and also through smaller task and finish groups such as those looking at absence management, and bullying and harassment.

During 2018/19 we have been part of the Merseyside & Cheshire EDS2 partnership; an innovative collaboration of providers and commissioners who through engagement with local, regional and national groups have sought to understand the barriers and problems faced by different communities that lead to inequality in health and in employment. The collaborative work has included development of quality standards for interpretation and translation, and continues with new work looking at reasonable adjustments for people with disabilities in services and in the workplace. Through this collaboration we seek to not just reduce inequality and remove barriers, but to also provide consistency, and share good practice and expertise across the region.

The work of the collaborative, along with the findings from our NHS Workforce Race Equality Standard (WRES) and Gender Pay Gap reports, have led to the development of the new Equality Objectives 2019 – 2022, and will support our EDS2 assessment and grading this year and in the coming years. The new objectives can be viewed on our webpage along with all our equality reports.

Our WRES results in 2018 showed some very small changes, some positive and some negative, but overall figures remained the same. During the year learning and development opportunities for Black and Asian Minority Ethnic (BAME) staff have been promoted, and work has taken place across the Trust to address the bullying and harassment figures identified in the NHS Staff Survey 2017 for both White and BAME staff. It is from 2019/20 that we expect to really start to see changes in our WRES figures as the Trust's new Workforce Strategy is drafted and implemented.

In February 2019 we published our latest Gender Pay Gap figures and report, for data as at the snapshot date of 31 March 2018. These show some small changes in both the mean and median figures from our first report published in March 2018.

The mean figure (that is the difference in average hourly pay between men and women in the Trust) was 23.87%, meaning that women were paid on average £4.84 less than men. This was a slight increase of 0.34% or 28.56 pence from the previous year.

The median figure (that is the comparison of the middle salary for men and women in the Trust) showed a small improvement at 7.34%, down 1.13% from our previous figure. This leaves the current median gender pay gap at £1.16, an improvement of 10.67 pence per hour.

These changes can both be partly explained by the much greater numbers of women leaving the Trust during the period between the two reports, 200 women overall compared to 4 men. The Trust continues to reflect gender pay gap trends seen across the NHS, but this does not mean we should accept this inequality. Bridgewater's new Workforce Strategy has equality at its heart, and this along with national actions across the NHS should start to address the inequality in pay seen within the gender pay gap reports of all Trusts. Actions will take time to take effect, but we hope to see improvements in Bridgewater in the coming few years, and in the meantime we remain mindful and alert in all our policies, procedures and strategies of equality for women and other protected characteristic groups.

In May 2018 we were very proud to receive our Navajo Merseyside & Cheshire Charter Mark. Our assessors were very keen to stress how impressed they were with the commitment across the Trust in relation to equality and inclusion for LGBT* (lesbian, gay, bisexual, and transgender) communities and individuals, and also the honesty and recognition showed by senior leaders and others of the work we still needed to do to understand and meet the needs of these particular groups. As part of the work following on from this assessment we will in spring 2019 be publishing our gender identity policy and guidance for supporting transition both in the workplace and in services.

2019/20 promises to be a busy year, with our new Director strongly supporting the equality and inclusion agenda in the Trust and keen to see the development of an Equality & Inclusion Steering Group and Strategy. The Group will develop and oversee the action plans that will see us deliver on our Equality Objectives over the next three years, and should allow equality, diversity and inclusion to be effectively embedded across the Trust and clearly defined within the leadership role of every member of staff. Further work was also undertaken with reviewing Equality Impact Assessments (EqIA) for when new policies are written or cost improvement programmes are being considered. All public authorities have a duty to set out arrangements for assessing and consulting on the impact that their activities can have on the promotion of equality. This is particularly relevant where activities are being changed, (for example redesigned, or reduced), but equality should be considered as an ongoing process and as part of everyday decision making and EqIAs help us to do that.

More information on equality, diversity and inclusion within Bridgewater, including contact details, can be found on the website.

Stakeholder Involvement in the Development of our Quality Report

Opportunity to Shape the Content of our Quality Account

Prior to our quality report being drafted our Chief Nurse wrote to our stakeholders requesting their input into the content of the report. A number of suggestions were received regarding content and our 2018/19 quality improvement priorities, which have been taken into account during the development of the report.

Stakeholder Feedback

We sent out our draft Quality Report to our stakeholders inviting them to comment on whether or not they considered the document to be accurate in relation to the services provided. See appendix B.

APPENDIES

Quality first and foremost

Appendix A – Workforce Information

Our key workforce priorities and targets are:

- To improve on the national NHS Staff Survey results
- To improve the uptake of the NHS Staff Survey
- To increase the communication surrounding the NHS Staff Survey and our results
- To improve the national NHS Staff Survey 'Engagement' score
- To improve the national NHS Staff Survey score for Staff recommending the Trust as a place to work and receive treatment
- To improve the percentage of staff who would recommend the Trust as a place to work and receive treatment as per the national Staff Friends and Family Test
- To increase the Personal Development Review (PDR) rate against a target of 90% (staff appraisal)
- To increase the take up of staff Mandatory Training against a target of 90%
- To reduce sickness absence rates against a Trust target of 4.8%
- To achieve Trust target of a rolling 8% for staff turnover – those leaving the Trust
- To achieve 100% attendance at staff Induction – new starters to the Trust
- To promote apprenticeships and career development activities for young people within the local communities we serve

Our aims, objectives, benefits and outcome measures are captured as follows:

Workforce Priority 1: Trust Culture – Mission, Vision and Values

Aim: *to embed a value based patient centred culture with all staff being clear on the Trust's mission, vision and values.*

Key Objectives:

1. To promote, engage and embed the Trust's vision, values and behaviours in all that we do - our policies and procedures and everyday working practices
2. To listen and act on the feedback of our staff, demonstrating where feedback has been acted upon
3. To continue to maintain effective partnership working with our Trade Union colleagues/Staff-side Representatives and professional bodies
4. To have a workforce that is proud of the excellent services we provide, are motivated and inspired to continuously improve and are committed to working according to the Trust's values

Benefits and Outcome Measures:

- Staff Survey results – our performance locally and nationally against other Trusts
- Staff Survey 'staff engagement' score – to be above average and continuously improve year on year
- Employee relations cases (disciplinary, grievance, bullying cases) – low in number and managed efficiently where they arise
- High levels of personal and professional conduct (as above), including low numbers of referrals to professional bodies
- Reduced sickness absence rates against our target of 4.8%
- Turnover running at a healthy rate against our target of 8%, ensuring key staff are retained.
- All staff have the opportunity to partake in a performance development review (PDR) – attainment of 90% compliance target
- The level of Trade Union Representatives engaged in Trust business – Corporate Partnership Forum and Local Negotiation Committee meeting schedules and attendance at the same
- Regular programme of staff engagement activities such as 'Open Space', Director Drop-ins and LiA events – evidence that feedback is analysed and acted upon

Workforce Priority 2: Workforce Policies, Procedures, Protocols, Practices and Terms and Conditions of Service

Aim: *to continuously review and develop our HR policies, procedures, protocols, practices and terms and conditions service in line with national directives, legal requirements and best practice.*

Key Objectives:

1. To effectively review and manage the Trust's HR policies, procedures and processes to ensure they are fit for purpose and support the delivery of the Trust's current and future objectives
2. Increase both the efficiency and effectiveness of recruitment processes, maximising the use of technology and enabling assessment of both competency and fit with organisational values
3. To further develop the recruitment and selection skills of Managers to include behavioural and value based assessment techniques. Continuously improving recruitment processes and developing our service level agreement to ensure timely, robust systems are in place across the Trust
4. Reduce agency usage and spend

5. To establish a Temporary Staffing Office/internal Staff Bank
6. To implement e-Expenses, enabling staff to submit their travel expenses on line, reducing paper systems and time spent on processing paper claims
7. To partake in the Greater Manchester and Cheshire & Merseyside 'Streamlining Staff Movement' Project. The aim is to develop an Employee Passport which will make pre-employment checks portable across Trusts, ultimately streamlining the recruitment process
8. To ensure ongoing review of local and national terms and conditions of service (where applicable) to ensure they remain relevant in the current workforce market and are reflective of business needs
9. To ensure Managers have the confidence, skills and competence to effectively manage and support staff in line with Trust policies and procedures and also in line with the Trust's values and behaviours
10. To proactively source, monitor and review all current and future external contracts i.e. Occupational Health and Payroll Services for the benefit of patient care, staff wellbeing and public interests (seeking assurance of value for money)
11. Ensure that the provision of internal HR services offer high quality which includes value for money, measured via the HR Service Level Agreement (SLA)

Benefits and Outcome Measures:

- All HR policies, procedures, protocols and terms and conditions of service are regularly reviewed and are up-to-date
- All of the above meet legislative requirements and are reviewed proactively to ensure any changes are communicated in a timely manner
- Terms and conditions of service are in line with national guidance, where appropriate
- All local agreements are negotiated and agreed with Trade Unions and communicated to staff and recorded accordingly
- Agreed terms and conditions meet the needs of the Trust in terms of balancing the fairness to staff with the business and affordability needs of the Trust
- Management and leadership competencies are identified and appropriate training programmes developed as required i.e. HR Skills Programme
- All external contracts are regularly reviewed and provide best value for money with service standards and key performance indicators monitored for compliance
- Implementation of e-Expenses across the Trust
- Implementation of both ESR Employee and ESR Manager Self Service (the former includes Total Reward Statements)
- Accuracy of data on the Electronic Staff Record System (ESR)

Workforce Priority 3: Leadership & Management

Aim: *to develop capable and confident leaders and Managers throughout the organisation.*

Key Objectives:

1. To build organisational capacity and capability in quality improvement and change management skills and competence
2. To facilitate work within multi-professional and multi-agency Teams, responding to the shift of services from acute to community settings and integrating social care
3. To ensure a workforce that is flexible, more mobile and has greater confidence to develop new clinical practice and maximise new opportunities, partnerships and collaborative ways of working
4. To demonstrate strong clinical leadership, governance and confidence to manage
5. To establish a coaching and mentoring culture this supports autonomy, devolved accountability and a continuous learning/'no blame' environment
6. To recognise and reward our staff through ongoing opportunities and development aligned to focused talent management and succession planning

Benefits and Outcome Measures:

- Leadership Development Programme
- Managers trained in delivering organisational change, using the Trust's agreed approach to change and resilience management – there is a consistent approach to change adopted across the Trust
- Staff awareness programmes in place to support the impact of change on an individual and personal level – staff are more receptive and able to cope with change
- The establishment of a work place coach support system to build workforce capability and confidence – builds autonomy and accountability
- Evidence of regular coaching conversations occurring across all staff groups and levels
- An internal / external mentoring programme offered to all staff identified as part of the talent management and succession planning process
- As per workforce priority 2, all staff have the opportunity to partake in a performance development review (PDR) with agreed development plans
- Staff recognition schemes in place to acknowledge and reward innovation and ideas such as Star of the Month and the Trust's Annual Staff Awards

Workforce Priority 4: Staff Wellbeing

Aim: *to provide a workplace and environment where our staff feel supported, healthy, valued and committed to giving their best.*

Key Objectives:

1. Create, implement and embed a Staff Attendance, Health and Wellbeing Strategy focusing on promoting the wellbeing of employees in line with the Trust's values and behaviours, ensuring a focus on change management and its impacts (i.e. sickness absence, stress management, low morale).
2. To develop an action plan that logs all attendance, health and wellbeing activities.
3. To improve the NHS Staff Survey results that focus on attendance, health and wellbeing at work.
4. To pursue national health and wellbeing standards, initiatives and accreditations.

Benefits and Outcome Measures:

- A greater understanding of staff health and wellbeing
- Promotion of support, initiatives and programmes of work i.e. Staff Health & Wellbeing Week
- Achievement of national wellbeing standards
- Enhanced productivity and quality of care through improvements in staff health and wellbeing
- A safer and healthy workplace and systems of working with improved psychological and physical health and wellbeing of staff monitored via absence rates and the reasons staff are absent from work
- Reduced sickness absence rates / improved attendance against our target of 3.78%
- Increased staff engagement which in turn leads to increased morale and motivation – improvements in Staff Survey results and other staff engagement feedback mechanisms
- Ongoing review and further development of our Staff Mental Health & Wellbeing Booklet
- Ongoing review and further development of our A-Z of Staff Benefits

Workforce Priority 5: HR/Workforce Metrics and Targets

Aim: *to achieve Trust's targets and compliance with various workforce metrics and initiatives that are measured and are reported on up to Board level.*

Key Objectives:

1. To ensure compliance with agreed HR/Workforce priorities and targets:
    - ✓ To improve on the national NHS Staff Survey results
    - ✓ To improve the national NHS Staff Survey 'Engagement' score

- ✓ To improve the national NHS Staff Survey score and Staff Friends and Family Test scores for Staff recommending the Trust as a place to work and receive treatment
- ✓ To increase the Personal Development Review rate (Staff appraisal) against a target of 90%
- ✓ To increase the take up of Mandatory Training against a target of 90%
- ✓ To reduce sickness absence rates against a Trust target of 4.8%
- ✓ To achieve Trust target of a rolling 8% for staff turnover
- ✓ To achieve 100% attendance at staff Induction

Benefits and Outcome Measures:

- HR/Workforce Information Reports – monthly Integrated Performance Reports (IPR), including data reported to Trust Board, bi monthly
- Evidence of compliance reviews and compliance action taken within Services/Departments – Directorate Team Meetings and Operational Performance Meetings
- Achievement of targets
- Robust performance management of key performance indicators (KPIs)
- Staff Survey results
- Staff Friends and Family Test results

Employee Engagement

The Staff Engagement Strategy 2017-2020 was launched in March 2017 and is monitored by the Staff Engagement Strategy Steering Group; who meet monthly. Since its launch, all of the objectives set have been achieved and Staff Engagement Champions throughout the Trust also support this agenda. There are 73 champions in total who all receive gold lanyards and personal development opportunities.

The strategy will be reviewed in 2019 and will be re-launched during the summer. Staff survey results have shown an improvement in the staff engagement score since the launch of the strategy and the Trust has just commissioned Questback Staff Community, a web based tool to allow us to engage with all our staff in a more meaningful and focused way.

Listening into Action (LiA) continues to be used as one of the methods to engage with staff to allow them to:

- Improve patient care
- Improve the patient experience

- Enable staff to do their jobs more effectively

Big Conversation events are held across the Trust and allow staff to suggest improvements in their area of work and/or location. The staff suggestions are disseminated to all staff engagement champions and local staff engagement groups. In 2018 the LiA local groups merged with the staff engagement groups and all borough groups report to the Staff Engagement Strategy steering group.

Our 'Pulse Check' 15 item questionnaire is also disseminated to staff in all boroughs. The results are published on the Trust's intranet for all staff to view.

In addition to the direct engagement work with staff, bespoke development programs are delivered internally to strengthen staff relationships and allow time for employees to explore their values and behaviours to drive the cultural change that is necessary to equip the Trust to face the challenges of the future.

These programmes include:

- Our bespoke ILM accredited Leadership Development Programme.
- Delivery of the Franklin Covey 'Leading at the Speed of Trust' Programme which supports managers to build trust within teams.
- Our values and behaviour based PDR framework that focuses on: individual wellbeing, your role, behaviours, the individual fit and impact within the organisation; to identify development and training needs.
- The development and implementation of a Talent Management Strategy which is linked to succession planning.
- The delivery of a 7 Habits of Highly Effective People programme which commenced in 2017. The aim of the programme is for staff to explore their own personal effectiveness and build effective relationships
- To continue to offer staff a suite of appropriate change management tools
- Rolling out our System Leadership Program, developed following a successful bid for funding from the North West Leadership Academy

Internal Communications

Within Bridgewater there are a range of communications channels designed to keep staff informed and to support two-way dialogue and engagement. These include a monthly Team Brief presentation from the Chief Executive to senior managers which starts the cascade of messages from the Executive and Board throughout the organisation by managers and team leaders. This contains key messages to keep staff informed on new developments, policy, performance (including HR performance measures, financial and quality performance) and staff matters. Staff have the opportunity to ask questions during and after the briefing session. Any questions and answers are shared through the following month's team brief. In addition there is a facility for staff to ask questions through the Intranet (The Hub) via a feature titled 'Ask the Boss'.

Staff also receive a weekly Bridgewater Bulletin e-newsletter and are encouraged to access to the Trust intranet "The Hub" as the primary source of information on Trust policies, corporate services and key initiatives within the Trust. Directors also share updates on key achievements and priorities through regular blogs and the Bridgewater 'Friday message'. The Chief Executive has also used video updates for staff to communicate key messages.

The Trust supports a staff mobile application (Staff App), which has been downloaded by around half of our workforce and enables those working out in the community to access key contacts, information and news via a mobile device.

Director staff engagement visits occur monthly and in all boroughs. They enable staff to meet members of the Executive Team to showcase the services they deliver and discuss what it is like to work for the Trust. During these visits, the directors also observe treatments delivered to patients by staff in the community.

Throughout the year a number of successful internal communications campaigns were run to support the annual staff flu campaign and also a 'Now We're Talking' campaign to encourage staff to showcase their successes through newsletters, case studies and videos used both internally and externally.

Celebrating our staff

At Bridgewater it is important for us to recognise when our staff go above and beyond the call of duty, demonstrate a willingness to innovate and make significant strides to delivering improvements in services.

Our "Stars of the Month" scheme allows staff to recognise the work of colleagues by nominating them for an award each month. This scheme continued to be popular amongst staff and 300 nomination forms were received for 2018/19.
The highlight of the Trust's staff reward and recognition programme is the annual Staff Awards ceremony which is held in September each year. This is held as a daytime event and combined with our Annual General Meeting to encourage greater participation in the latter by our staff. At the 2018 event more than 130 staff, governors and partners attended the event at Haydock Park Racecourse.

NHS Staff Survey 2018 - Working with staff to understand key messages from the staff survey

The NHS Staff Survey is conducted annually. From 2018 onwards, the results from questions are grouped to give scores in 10 indicators. The indicator scores are based on a score out of 10 for certain questions with the indicator score being the average of those.

The response rate to the 2018 survey among Trust staff was 43% (2017:44%). Scores for each indicator together with that of the survey benchmarking group (16 Community Trusts) are presented below:

	2018/19		2017/18		2016/17	
	Trust	Benchmarking Group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, diversity and inclusion	9.4	9.3	9.3	9.3	9.4	9.4
Health and Wellbeing	6.0	5.9	5.7	6.0	5.8	6.1
Immediate Managers	7.1	7.0	7.0	7.0	6.9	6.9
Morale	6.1	6.2	-	-	-	-
Quality of appraisals	5.1	5.6	4.7	5.4	4.7	5.6
Quality of care	7.4	7.3	7.3	7.3	7.5	7.5
Safe environment – bullying & harassment	8.4	8.4	8.3	8.4	8.1	8.4
Safe environment – violence	9.8	9.7	9.8	9.7	9.8	9.7

Safety culture	6.7	7.0	6.5	6.9	6.6	6.8
Staff engagement	7.1	7.1	6.7	6.9	6.8	6.9

The response rate to the 2018 staff survey was 1% lower than the previous year. Bridgewater distributed a paper staff survey to all staff within the Trust, therefore 43% is a significant sample of the views of staff within the Trust. The national response rate overall was 46%.

The 10 themes assist the Trust to continually measure the quality of staff experience. Data relating to workforce indicators are reported to the Trust Board, as are the national NHS Staff Survey results.

The Staff Survey Action Plan is monitored for progression via the Trust's Workforce and Organisational Development Committee.

To ensure that we continue to listen to our staff and acknowledge the important feedback we get from our survey, we develop action plans to inform us of our key priorities and areas for further development and continuous improvements. The action plan is, and will continue to be, managed through formal management meetings where performance review takes place. Action plans and progress against them is shared with the Trust's Staff-side colleagues at our partnership working groups. We enjoy effective partnership working with our Trade Unions and staff-side colleagues and believe this is critical to our success.

As part of our response to the staff survey, to enable staff to see how we are responding to their feedback, we have used our Staff Engagement Group and Champions to explore staff values, attitudes and behaviours to enhance care delivery and the patient's experience. The feedback has informed the Trust's Staff Engagement Strategy and is monitored at its Workforce and Organisational Development Committee through to Trust Board.

The 2018 Staff Survey results show either an improvement or maintenance in each of the themes that were tested in 2017. This is detailed in the table below:

Theme	**2018/19**	**2017/18**	**Variance**
Equality, Diversity & Inclusion	9.4	9.3	0.1 ↑
Health & Wellbeing	6.0	5.7	0.3 ↑
Immediate Managers	7.1	7.0	0.1 ↑
Morale	6.1	NA	NA
Quality of appraisals	5.1	4.7	0.4 ↑

Quality of care	7.4	7.3	0.1 ↑
Safe environment – Bullying & Harassment	8.4	8.3	0.1 ↑
Safe environment – Violence	9.8	9.8	0.0 →
Safety Culture	6.7	6.5	0.2 ↑
Staff Engagement	7.1	6.7	0.4 ↑

This is to be celebrated across the Trust whilst we continue with our strives to improve year on year through our action plans, focus groups, partnership forums and the Workforce and Organisational Development Committee.

The Trust was the most improved in the North West for staff recommending it as a place to work or receive treatment. Although this was an improved position, there is more work to do with our staff.

The Trust's results when compared with the benchmark for community services are also a generally positive picture. Of the 10 themes the Trust is above the benchmark score for 5 of them, below for 3 and equal to for 2. The table below reflects this:

Theme	**2018/19**	**Benchmark**	**Variance**
Equality, Diversity & Inclusion	9.4	9.3	0.1 ↑
Health & Wellbeing	6.0	5.9	0.1 ↑
Immediate Managers	7.1	7.0	0.1 ↑
Morale	6.1	6.2	0.1 ↓
Quality of appraisals	5.1	5.6	0.5 ↓
Quality of care	7.4	7.3	0.1 ↑
Safe environment – Bullying & Harassment	8.4	8.4	0.0 →
Safe environment – Violence	9.8	9.7	0.1 ↑
Safety Culture	6.7	7.0	0.3 ↓
Staff Engagement	7.1	7.1	0.0 →

Future Priorities and Targets

Having reviewed the NHS staff survey results the key priorities for the Trust to focus on during 2019 are as per the 5 areas the 10 themes are grouped into:

6. Your Job
7. Your Manager
8. Your Health, Wellbeing and Safety at Work
9. Your Personal Development
10. Your Organisation

We will focus on communication, raising and report concerns, retention, discrimination and the meaningfulness of the appraisal process.

This will be reviewed by the Trust on a regular basis, including:

- Bi monthly Workforce and Organisational Development Committee meetings
- Bi monthly Partnership Forums, comprising of Executives, Senior Management and Staff-side colleagues

Staff Health & Wellbeing

We continue in our commitment to reduce sickness absence through effective management and support from occupational health and the Trust's human resources team. A healthy motivated workforce is integral to achieving better care for our patients. We have an occupational health service which provides staff with:

- Telephone and face to face counselling services
- Physiotherapy services
- Occupational health referral and assessment services, including speedy referrals for mental health and muscular-skeletal disorders

Our occupational health service provides us with information that helps us identify areas of staff health and wellbeing that may require more attention, such as issues of personal and workplace stress. The introduction of on-line occupational health referrals has enabled more timely referrals and feedback on medical assessments/opinions.

The Trust recognises that any adverse impact on staff that affects their ability to function at their best in the workplace needs active steps to provide support and take a preventative stance where possible. The Trust now has a Staff Health and Wellbeing Team. This Team has created a monthly newsletter, developed and facilitated a 'Health and Wellbeing' month for staff, worked on initiatives to support staff with lifestyle choices, focussing on MSK and Mental health, engaging with staff to improve their health and wellbeing. Campaigns include the Mental Health week and Tea & Talk, with shared lunches, health walks and activities taking place for mental health awareness. Men's Health checks took place as part of Men's health week and staff took part in the #millionsteps challenge

and the Bridgewater Challenge 50. #BWwellbeing month focused on the importance of mental health and where staff can get support. Bridgewater also won a prize for On Your Feet Britain, with staff taking part in the BW60:60 challenge.

The Trust's sickness absence target is 3.78%%. The absence rate at the end of March 2019 was 5.09% in comparison to 5.39% at the end of March 2018. Whilst this is above the Trust target proactive work is being undertaken to manage sickness absence within the Trust. The Absence Management and Health and Wellbeing group and Stress Focus group comprise of staff from all areas of the Trust and aim to support our staff's mental health and wellbeing.

Management are provided with monthly absence reports which enable them to monitor absence in line with the Trust's policies and procedures. Absence rates are monitored by the Trust Board.

Personal and Performance Development Reviews (PPDRs)

We continue to provide opportunities for our staff to develop via a 'values' driven personal and performance development review to ensure they can continue to meet the needs of our aims and objectives and patients.

The Trust's focus on PDRs has been captured within the 2018 national NHS Staff Survey in which 89.5% of respondents surveyed within the Trust confirmed that they had been appraised in the last 12 months (44% response rate to the survey). The national average for Community Trusts was 91.4%.

The percentage of staff compliance at the Trust as a whole is as follows:

Borough	Percentage of Staff Compliance
Cheshire & Merseyside	65.56%
Greater Manchester	67.36%
Corporate Service	66.90%
Bridgewater	68.43%

A full review of our PDR process has been undertaken with a new system launched in September 2017. Managers now complete and return monthly compliance reports which enable senior managers to review PDR take up, compliance and non-compliance by way of individual staff members within their Teams.

Staff Turnover

The rolling staff turnover for the Trust as at 31 March 2019 was 12.05%. This is above the Trust target of 8%. Our turnover % rate is based on staff that have left voluntarily from the organisation. However, this is not necessarily a concern as turnover is an enabler for role re-designs, skills mix changes and revised service models to be implemented. However it may be a concern for services where turnover is more frequent and linked to reasons we would need to support as an organisation i.e. reasons of stress, poor behaviours, risk to patients / services. We are undertaking further work on the provisions of our Leaver Policy with a focus on process of exit interviews and the outcomes of those interviews.

Workforce Planning – Staff in the right place at the right time with the right skills

The Trust is committed to deliver a robust, integrated workforce plan. As a community based organisation our workforce is primary to community care which is reflected in the plan.

The skill mix and age profiles of the Workforce have remained relatively stable over recent years but it will need to change to reflect and respond to local demand and productivity. Populations continue to grow and activity increases changes to the workforce will need to change to meet this future demand. Implementing new roles, new ways of working and skill mix changes will be essential to meet costs and increase outputs. New ways of working are being developed as part of redesign and in conjunction with Education changes, new technologies and IT strategies i.e. patient systems and mobile working.

As a workforce planning approach and to meet the demands of Borough priorities we will focus on the borough based plans that set out the intentions for the delivery and development of Services over the next five years. They include what we do, why and how to ensure that our Services are in the strongest position to deliver high quality care and promote health and wellbeing in our communities. Externally, national and local policy guidance and commissioning intentions along with professional and expert group guidance also informed the plans and triangulated into workforce numbers.

We will work collaboratively with the STP plans as a key driver in the wider health economy, one of the Trust's key strategic priorities is retaining existing business and development of new business. This will be regularly reviewed in respect of capacity and skill mix.

We will be committed in line with our Human Resources Strategy and Operational Plans to deliver a robust, integrated workforce plan built on the following principles:-

- Planning at directorate, Clinical reference group and borough facing priorities
- Population Centric Workforce Modelling
- Service Transformation
- Greater clarity on roles and accountability in the delivery of patient care

- Estates and IM&T Strategies to support flexible and motivated workforce
- To support service transformation and accountability on roles and delivery of care not about 'how we have always done things'. The right balance of skills to deliver efficient and effective care.
- Recruitment and Retention plans – Workforce Shortages
- Within Financial Plans
- Succession plans and Talent management – Grow our own

As part of its commitment to improving quality and efficiency and in line with our HR Strategy we will continue to undertake capacity and demand modelling with key services. A clinically led approach, informed by patients' needs and supported by the service improvement team, staff have redesigned the workforce profile. This has resulted in a greater congruence between skill mix and case mix.

Workforce and development plans will continue to be developed and concentrate on significantly reducing reliance on temporary workforce through permanent recruitment to longstanding and newly established vacancies, reduce staff sickness further through support for staff health and wellbeing and effective absence management, incrementally implement revised staffing profiles through turnover where possible and restructure where necessary.

Plans will be based on local analysis and intelligence from teams within the organisation and the below points highlight plans for workforce transformation programmes for the future to meet demand and change:-

- Integrated working teams to align to new models of care
- National and regional policies
- Services delivered in the community e.g. community nursing in the future will be designed and commissioned jointly. If current services are agreed to be extended e.g. from services operating during the week to include weekends; then this will be incorporated in the final design model that the system agrees to.
- Multi-disciplinary models of delivery
- Reduction of reliance of temporary workforce
- Plans are fully aligned to the Trusts Strategic objectives and long term financial projections

Recruitment

When recruiting, we consider the post requirements, along with the skills mix required. This may involve role redesign or the development of new roles.

We recruit in line with the national 'NHS Safer Recruitment' process.

The recruitment process has recently been reviewed to further streamline systems and process and where possible, speed up the recruitment, selection and appointment process.

Regionally, we are engaged in a 'streamlining' project that will give those who work within the NHS greater flexibility to move around the NHS system from one employer to another. The regions engaged in the process are Greater Manchester, Cheshire & Merseyside and Cumbria & Lancashire.

Responsible Officer (RO) Compliance

Medical revalidation is a legal requirement which strengthens the way that doctors are regulated, with the aim of improving the quality and safety of patient care and increasing public trust and confidence in the medical system.

Bridgewater is a designated body in accordance with the Medical Profession (Responsible Officer) Regulations 2013 and, through the RO function, has a statutory duty to ensure that the doctors working at Bridgewater are up to date and fit to practice. This includes:

- monitoring the frequency and quality of medical appraisals in their organisation
- checking there are effective systems in place for monitoring the conduct and performance of their doctors
- confirming that feedback from patients and colleagues is sought periodically so that their views can inform the appraisal and revalidation process for their doctors
- ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.

Through utilising the PREM IT electronic appraisal system, Bridgewater maintains an accurate record of all licensed medical practitioners with a prescribed connection to the organisation as their designated body for revalidation. 92% at the end of Q4 (national target - greater than 90%) of our doctors have received an appraisal in the last 12 months. The remaining 3 incomplete appraisals are approved postponements by the RO, in accordance to our Medical Appraisal Policy.

The Annual RO report for 2017/18 was accepted by the Board in September 2018 and our Statement of Compliance submitted to NHS England within the agreed timescales.

Education & Professional Development

The primary aim of the Education and Professional Development (EPD) Service is to support all staff within Bridgewater to have up to date, evidence based knowledge, skills and abilities in order to ensure that they can support the delivery of and/or provide safe, effective and compassionate care.

Mandatory Training

The Trust recognises that statutory and mandatory training is of vital importance to adequately protect patients, staff, and members of the public and to support the quality of services and clinical effectiveness.

Mandatory training compliance is reported to the Board on a monthly basis, this includes the identification of any issues and the plans that are put in place by services to address them.

Compliance for all mandatory training is the responsibility of individual staff and is supported and prioritised by their Line Managers
The Education & Professional Development Service assist staff and managers across the Trust to target non-compliance including the organisation and delivery of bespoke, borough-based delivery of face-to face training sessions to assist in the improvement of compliance.

During 2018 implemented the change to the National Learning Management System which is part of the electronic staff record. This change will ensure that the ESR is updated immediately on completion of any eLearning modules and will, once the system is fully established, improve the quality and accuracy of the compliance data. It will also mean that staff and managers will be able to see compliance for all mandatory training on a dashboard and to book directly onto any face-to-face sessions.

Compliance with mandatory training across the Trust remains a challenge and a plan has been put into place to improve this which has taken into consideration our wide geographical footprint and the issues for staff and services. This has included allocating staff dedicated time away from their workplace to complete the required eLearning and arranging delivery of bespoke sessions for Services.

Continuing Professional Development

Continuing professional development (CPD) is fundamental to the advancement of all staff and is the mechanism through which high quality care is identified and maintained (DH 2014, DH 2015). The EPD service has continued to support all staff to further develop their knowledge, skills, practical experience and competencies. This is achieved by completion of an annual Training Needs Analysis (TNA) which is based on both individual learning and development needs, identified through Performance & Personal Development Review, and the commissioned service delivery. The TNA encompasses all aspects of education and professional development with clear alignment to the quality agenda priorities of patient safety, patient experience and clinical effectiveness. Essential training for service delivery and forecast planning is the key focus. Any application for funding is considered in relation to that services TNA and care delivery including priority areas. This will continue to ensure that staff have the right skills to deliver a high quality service to meet the identified needs of the population they serve.

During 2018/19 training has been provided on a variety of topics including:

- Clinical skills for all Services
- Mentorship
- Leadership and management
- Active communication/mediation
- IT
- Clinical supervision

The reduction in funding from Health Education England has impacted on the resources available but we continue to support and fund staff to attend external learning and development opportunities and to access academic modules on a wide range of subjects that are deemed essential or required for service delivery and improvement in quality of care; these have included for example:

- Advanced Clinical Skills
- Apprenticeship frameworks, vocational qualifications and cadet programmes
- Clinical assessment and diagnostics
- Non-medical Prescribing (NMP)
- Prevention and early intervention

In 2018/19 we have continued to deliver in-house NMP and educator courses to make the best use of available resources. As we move forwards we will continue to network with other providers and Higher Education Institutes to deliver training in partnership to meet identified needs.

Talent for Care and Work Based Development Opportunities

During 2018/19 we have continued to provide a range of work experience opportunities and have been able to expand our offer by engaging with local schools, colleges and universities across the geographical footprint. We have recruited Health Ambassadors and are actively engaged with Greater Manchester and Cheshire Career Hubs and apprenticeship groups.

We have undertaking joint working with a Local Authority, other NHS Trusts and colleges to support traineeships with a focus on integration and plan to develop this further across our footprint. All staff at Bands 1- 4 within the Trust have the eligibility and are actively encouraged to access vocational and occupational development. These can be full Apprenticeship Standards or a range of shorter programmes that can be accessed for specialised areas of learning.

We are continuing to promote apprenticeships for all services and have to date commenced Trainee Assistant Practitioners, Data Analysts, Business Administration Level 2&3, Nursing, Trainee Nursing Associates, Healthcare, Customer Service, Project Management, IT, Finance and Warehousing.

Since April 2015 we have been issuing the Care Certificate Workbook to new staff at Bands 1- 4, commencing in clinical support roles for example: Healthcare Assistants, Assistant Practitioners and Health Support Workers. We also offer this as a development opportunity for any other eligible staff.

Pre-Registration and Student Placements

The EPD Service has a dedicated team of practice education facilitators who work in partnership with our clinical staff, services and local universities to ensure the maintenance of high quality educational placements and positive learning experiences for all pre-registration students. During 2018/19 we have continued to support placements for undergraduate medical students from the University of Central Lancashire and 5th year students from Lancaster also attend the Trust for placements with our medical staff.

The team also supports practice education through the ongoing development and maintenance of our qualified mentors and educators. The Trust is able to offer students the opportunity to undertake placements in a diverse range of clinical services and in integrated health and social care settings. This prepares our future practitioners to respond to the needs of our current and future population as health and social care continues to transform and develop.

Forward Planning

In 2019/20 we plan to:

- Consolidate our mandatory training offer around the Core Skills Training Framework and introduce a robust system of governance to ensure the mandatory training offer is fit for purpose and minimises the impact on staff.
- Continue supporting managers across the Trust with mandatory training compliance and reporting any identified issues to Board
- Review the TNA on a four monthly basis to ensure that the EPD service is responsive to any identified training needs on an on-going basis
- Continue to work in partnership with other providers and HEI's to deliver internal training programmes.
- Continue to support delivery of the national apprenticeship agenda
- Continue to deliver our education strategy and action plan

In addition we will further affirm our commitment to the development of our future workforce through the talent for care widening participation agenda. This will include providing opportunities for local people to access:

- Work experience
- Traineeships and Pre-employment programmes
- Apprenticeships

Education and Professional Development Governance

We will re-establish the EPD Governance Steering Group which will co-ordinate the provision of education and professional development within the Trust involving internal stakeholders specifically to:

- influence decisions about education and training in relevant subject areas
- share good practice and promote continuous improvement via education & training within the Trust
- support infrastructure development/engagement
- support professional revalidation/re-registration and continuing professional development
- provide a strategic role in the effective sharing of learning.

The aligned education strategy will ensure that the Trust is focused on strengthening our workforce to meet the challenges of the next five years and beyond, able to adapt to change and transfer skills into new and different roles, as required to meet our strategic aims.

Appendix B – Stakeholder Feedback

The Trust is required to include verbatim any stakeholder written statements about their views on our Quality Report.

NHS
Warrington
Clinical Commissioning Group

NHS
Halton Clinical Commissioning Group

Mr C Scales
Chief Executive
Bridgewater Community Healthcare
NHS Trust
Bevan House
Smithy Brook Road
Pemberton
Wigan
WN3 6PR

Second Floor
Arpley House
110 Birchwood Boulevard
Birchwood
Warrington
WA3 7QH

01925 843636

24th May 2019

Dear Colin,

Re: Quality Accounts 2018 - 2019

I am writing to express my thanks for the submission of Bridgewater Community Healthcare NHS Foundation Trust Quality Report for 2018-2019 and for the presentation given by Lynne Carter, Chief Nurse to local stakeholders on 10th May 2019. This letter provides the response from both NHS Halton and NHS Warrington Clinical Commissioning Groups to the Quality Account Report 2018-2019.

NHS Halton and NHS Warrington CCGs understand the pressures and challenges for the Trust and the local health economy in the last year and would like to congratulate and thank the Trust for the level of partnership working and support in this year.

NHS Halton & NHS Warrington CCGs noted the Priorities and progress made in 2018 – 2019:

Patient Safety

- Infection Control
  - 0 cases of Clostridium Difficile.
  - 0 cases of MRSA
- Significant increase in incident reporting including patient safety incidents and serious incidents which is really positive and demonstrates a learning culture.
- Improving the assessment of wounds in District Nursing
- Weekly Patient Safety and Harm Free Care meetings in each Borough.
- Trust Risk Council Introduced

Clinical Effectiveness

- Preventing Risky Behaviours in Padgate House saw 100% of patients receiving brief advice in regards to smoking and alcohol intake.
- Multi-Disciplinary Pressure Ulcer Learning Events.
- Recruitment of Medicines Safety Officer has resulted in a reduction in Medication errors and Medicines training to staff.
- Quality & Safety Leads and Quality Matrons produce a monthly 'Lessons Learned' newsletter to provide feedback to staff.

Patient Experience

- 99% of patients indicated they had a good overall experience.
- 96.7% of patients indicated that they would recommend Bridgewater Community Healthcare NHS FT services (Friends & Family Test results).
- 99% of patients indicated overall satisfaction with their care and treatment.
- 1779 Patient Advice & Liaison contacts. Only 8 of these contacts went on to become formal complaints.
- 104 complaints in year.

Workforce

- There was a 3.8% Trust improvement of staff reporting that the organisation took positive action on health & well-being.
- Flu vaccination for Clinical Staff in Halton was 49.3% and Warrington 59.6% further work during 2019/20 to improve uptake is planned.

Stakeholders acknowledged the Trust receiving a Requires Improvement rating awarded by the Care Quality Commission (CQC) and were made aware that the resulting actions have formed the Trusts Service Improvement Plans moving forward and that the Trust will be working in partnership with commissioners and service users to implement the improvements which were welcomed.

NHS Halton & NHS Warrington CCGs noted the Trusts Improvement Priorities for 2019 – 2020:

Priority 1 Learning from Deaths
Including learning from national reports such as the Gosport Enquiry and the Trusts promotion of a no blame culture.

Priority 2 – Driving up quality using quality improvement methodology
To enable greater learning and engagement to underpin the Trust work on Sepsis and NEWS 2 roll out. This will also impact on the work around Gram Negative infections where most cases occur in the community amongst older people who form the largest users of adult services.

Priority 3 – Developing a Patient Engagement Strategy
Active engagement and participation further supports the Trusts place based services and patient satisfaction as well as increasing participation in service redesign.

Stakeholders also noted the progress on the work the Trust is undertaking in regards to Freedom to Speak up and supporting staff to raise concerns which was positive.

NHS Halton & Warrington CCGs recognise the challenges for providers in the coming year and we look forward to working with the Trust during 2019-2020 to deliver continued improvement in service quality, safety and patient experience and also on strengthening integrated partnership working to deliver the greatest and fastest possible improvement in people's health and wellbeing by creating a strong, safe and sustainable health and care system that is fit for the future.

We would like to congratulate the trust on the hard work of its staff and their

NHS
Warrington
Clinical Commissioning Group

NHS
Halton Clinical Commissioning Group

commitment to the care of the people of Halton and Warrington, thanking local staff and managers for their on-going commitment locally and for the opportunity to comment on the draft Quality Account for 2018/2019.

Yours sincerely,

Michelle Creed.

Michelle Creed
Chief Nurse

Cc
Lynne Carter
Dr Andrew Davies

NHS
Knowsley
Clinical Commissioning Group

NHS
St Helens Clinical Commissioning Group

Gamble Building
Victoria Square
St Helens
WA10 1DY

Colin Scales
Chief Executive
Bridgewater Community Healthcare NHS Foundation Trust
Europa Point
Europa Boulevard
Warrington
WA5 7TY

24th May 2019

Dear Colin

NHS St Helens Clinical Commissioning Group and NHS Knowsley Clinical Commissioning Group thank you for the opportunity to comment on the Bridgewater Community Healthcare NHS Foundation Trust Quality Account for 2018/19.

The CCGs commend the Trust on its achievements in 2018/19 including:

a) Increased Pressure Ulcer reporting
b) Introduction of the medicines incident review panel
c) Improved processes for reporting harm to promote an open and honest culture in which the organisation can learn and innovate

This account highlights the priorities identified in 2018/19 and provides a review of outcomes demonstrating how well the Trust did in achieving those priorities to deliver high quality care to patients. Commissioners felt the Trust could further strengthen the Account by referencing positive improvements made as a result of the CQC Quality Surveillance process and positive work undertaken in relation to Safeguarding in partnership with the CQC.

The Quality Priorities for 2019/20 are in line with some of the areas for improvement recognised and represent appropriate priorities;

Priority 1:	Learning from Deaths
Priority 2:	Driving up quality using quality improvement methodology to enable greater learning and engagement to underpin previous work on Sepsis and NEWS2 roll out.
Priority 3:	Developing a patient engagement strategy

The CCGs recognise the latest CQC Inspection rating and acknowledge the progress against key actions, however would consider it beneficial for the progress against the action plan from previous CQC rating of "Requires Improvement" to be captured within the accounts.

As noted last year the importance of leadership is captured within the Quality Account specifically in relation of the appointment of Assistant Directors, however, the CCGs would like to reiterate the importance of leadership with a specific focus on the quality of leadership of the Trust Board. The work of the Trust Board could, therefore, be strengthened within the Quality Account. In addition the improvement in leadership structure across the boroughs is not referenced.

The CCGs acknowledge the provision of details of ways in which staff can speak up and would recommend the Account includes how feedback is given to those who speak up and how the Trust ensure staff who do speak up do not suffer detriment.

NHS St Helens Clinical Commissioning Group and NHS Knowsley Clinical Commissioning Group will continue to monitor the quality of services provided by Bridgewater Community Healthcare NHS Foundation Trust through the bi-monthly Contract Review Meetings, to gain assurance that the quality and safety of services delivered to patients continues to improve and that effective governance processes are in place and embedded throughout the organisation.

Yours sincerely

Lisa Ellis Chief Nurse NHS St Helens CCG	DIANNE JOHNSON Chief EXECUTIVE NHS Knowsley CCG

NHS
Wigan Borough
Clinical Commissioning Group

Wigan Borough Clinical Commissioning Group Response to Bridgewater Community Healthcare NHS Foundation Trust Quality Account 2018/19

Wigan Borough Clinical Commissioning Group (the CCG) welcomes the opportunity to comment on the 2018/19 Quality Account for Bridgewater Community Healthcare NHS Foundation Trust.

The CCG understands the pressures and challenges the Trust and local health economy has faced over the last 12 months and acknowledges the level of partnership working that has been undertaken by the Trust to support the integration agenda and the development of place and asset based working.

In respect of the 2018/19 quality priorities, the CCG notes the positive steps taken to support the pressure ulcer prevention programme, including the establishment of a number of Borough facing 'Harm Free Care Groups' and the progress made with the development of integrated community health and social care. The work to improve the process for reporting harm and promoting an open and honest culture, so that the organisation can continue to learn and support innovation, is also acknowledged.

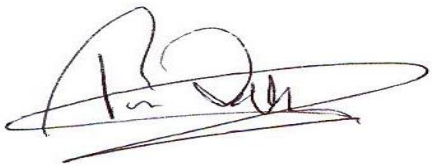
The CCG notes that in year the Care Quality Commission (CQC) rated the Trust overall as 'Requires Improvement', however we were pleased to see the positive comments made about the Wigan Community Response Team that was cited as an area of outstanding practice.

We acknowledge the significant amount of work that has been undertaken around staff satisfaction and engagement as highlighted in the positive results from the 2018 NHS Staff Survey.

Challenges in year have included issues with staffing capacity and demand, improving the serious incident process, the transition of Community Services and a period of enhanced surveillance by NHS England.

The CCG notes the quality priorities identified for 2019/20, particularly around the management of sepsis and the roll out of NEWS2, they remain important priorities for the Wigan Borough.

The CCG would like to thank the Trust for the work it has undertaken to improve the quality, experience and safety of community health care in borough and wishes it well for the future.



Dr Tim Dalton, Chairman, Wigan Borough Clinical Commissioning Group
30 April 2019**.**

Bridgewater Community Healthcare Trust – Quality Accounts

2018-2019

Comments and feedback

In general, there are some grammar and punctuation errors throughout the document that have been overlooked.

Page 6, 2nd Quality priority

Will everyone reading know what NEWS 2 is and what Gram Negative infections are, without any further explanation?

It is reassuring to see that the culture of reporting pressure ulcers has been encouraged and efforts are clearly being made to reduce incidents.

The introduction of a Medication Safety Officer can only be a positive thing, as well as the increase in policies, procedures and training.

The Accounts are quite open and honest about any failings that have been identified within the Trust. It would have been nice to see some more specifics about the Trust is doing well.

The presentation given on Friday 10th was very clear and again, very open and honest.

From: Kellock, Adam [mailto:akellock@warrington.gov.uk]
Sent: 14 May 2019 15:59
To: Debra Harrop
Subject: RE: BRIDGEWATER DRAFT QUALITY REPORT 2018/19

Hi Debra,

No comments from Warrington.

Kind Regards

Adam Kellock

Senior Democratic Services Officer

Warrington Borough Council

Tel: 01925 442144

Email: akellock@warrington.gov.uk

Feedback on the Quality Report 2018/19 - Bridgewater Community Healthcare NHS Foundation Trust

Healthwatch Warrington – 15th May 2019

The Quality Report explains how the Trust has been working intensely to support its staff as required by the CQC report. Programmes such as the Leadership Programme, will hopefully help the staff to feel happier at work; training; supervision has been provided to members of staff although not all of them took the offer (253 out of 319 needing safeguarding supervision).

Throughout the report 'lessons learned' has been mentioned quite a few times. This brings about changes (e.g. weekly patient safety meetings and reporting serious incidents) to ensure that the quality of the service and the safety of the patients are met. The importance of sharing information with other health services about incidents, the lessons learned and the practices put in place is also mentioned in the report.

about incidents and the to enable the "lessons learned" being put into practice and shared across

However, the report does not include all the data as, it seems, that when the draft report was written there were still figures to be collated. That does not give the reader a complete view of the Trust's achievement as Quarter 4 data seem to be mostly absent.

The report mentions that CQC has given the Trust a 'required improvement' due to different weighing methodology. Detail of this would have been very helpful.

One of the points of concern are pressure ulcers. Although mechanisms have been developed and implemented to deal with these incidents, cases of pressure ulcers have increased.

The report points out a two-fold increase in Patient Safety incidents in 2018/2019 from the previous year. It suggests that this could have been due to an improved reporting culture which is a very good outcome. However the report of incidents resulting in "severe harm or death" compared to the previous year has had a four-fold increase.

Medication incidents seem to have increased too – however the report indicates a need of better communication between the Trust's medicine management team and other healthcare providers.

Are there Policies and Procedures in place regarding taking patient's records out of the clinic/hospital while doing home visits (this is regarding the serious incident when staff car was broken into and records taken)? If not, shouldn't there be one?

There has been an increase in falls at Padgate House, Warrington (8 falls).

Warrington has had a decrease in the number of patients being cared for in their preferred place of care. Other areas where the Trust provides a service have had this number increased. Why not Warrington too?

Positive: information sharing between the Trust and other providers (e.g. in the case of Child Protection through computer programmes – IT - or meetings such as MASH; regarding infection, prevention and control).

Although Warrington and Wigan have a team of specialist nurses for children in care, which seems to be doing very well, there is only ONE named safeguarding adult nurse across the whole of Bridgewater. Perhaps the Trust needs to review this?

Complaints – there have been more complaints this year. Warrington only had 1 more in Quarter 3 (no data for Quarter 4). The report shows that most of the complaints were on clinical treatment. The report does not mention complaints about Eating Disorder Clinic and Blood Testing service – complaints brought to ICAS, Warrington.

Comments from Bridgewater Community Healthcare NHSFT Lead Governor

Governors support the overall report but would like to particularly stress the need for the following:

Patient Engagement Strategy - this is referenced as a priority for 2019/20 but we would like to see specific timescales and who is responsible for the delivery. As a governing body, we have raised this particular issue in a variety of arenas without any discernible progress so we would like to see this being given a high priority in the report rather than just an item for action. As a Community Trust engagement should be one of our strengths and we could lead on it alongside partner organisations.

Hope this is helpful.

Regards

Rita Chapman Lead Governor

Appendix C – School Aged Immunisation Programmes End of Academic Year

End of Academic Year 2017/18 (reported to NHSE in September 2018)

In the academic year 2017/18 Bridgewater was commissioned to deliver immunisations in:-

- Halton
- Warrington
- Wigan
- Bolton
- Oldham

Percentage Uptake Per Borough

Borough	HPV Dose 1 Year 8	HPV Dose 2 Year 8	Td/IPV (Year 9/10)	MenACWY (Year 9/10)
UK Uptake	86.9	Not Published	Year 9 = not published Year 10 = not published	Year 9 – 85.8 Year 10 – 84.3
Bolton	90	85.6	84.15 (year 10)	82.1 (year 10)
Oldham *	86.6	74.4	84.22 (year 9)	84.0 (year 9)
Warrington	91.3	81.1	88.87 (year 9)	89.1 (year 9)
Halton	88.7	84.6	84.44 (year 9)	84.6 (year 9)
Wigan	87.5	82.5	76.72 (year 10)	76.3 (year 10)

HPV Year 9 Percentage Uptake (reportable on immform each year)

Borough	HPV Dose 1 Year 9	HPV Dose 2 Year 9
England Uptake	89.2	83.9
Bolton	90.2	87.4
Oldham *	89.7	86.4
Warrington	90.8	87.4
Halton	90.3	84.8
Wigan	89.1	85.7

School aged Childhood Flu Vaccination Programme – 2018/19

Bridgewater was also commissioned to deliver the school aged childhood flu vaccination programme in the boroughs of Halton and Warrington in 2018/19.

Delivery of this programme was completed Oct 2018 – Jan 2019. Both boroughs were commissioned to deliver to a target of 65% of the population.

Halton

Year group	Denominator – Cohort size	Number vaccinated by imms team	Number vaccinated by GP	Borough uptake	2017/18 uptake
Reception	1435	956	1	66.7%	57.36%
Year 1	1586	981	1	61.9%	58.34%
Year 2	1581	979	3	62.1%	53.6%
Year 3	1546	883	5	57.4%	54.19%
Year 4	1656	931	3	56.4%	50.27%
Year 5	1517	840	5	55.7%	N/A

Warrington

Year group	Denominator (number of pupils)	Number received vaccination by Warrington imms team	Number received vaccination by GP	Borough uptake	2017/18 uptake
Reception	2403	1803	24	76%	70.29%
Year 1	2568	1867	13	73.2%	67.78%
Year 2	2665	1841	23	69.9%	66.24%
Year 3	2694	1853	20	69.5%	63.25%
Year 4	2705	1760	23	65.9%	62.43%
Year 5	2614	1680	36	65.6%	N/A

Appendix D- Statement of directors' responsibilities in respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:

    - Board minutes for the financial year, April 2018 and up to the date of this report ("the period");
    - Papers relating to quality reported to the Board over the period;
    - Feedback from Commissioners dated 30 April – 14 May 2019;
    - Feedback from Governors dated 14 May 2019;
    - Feedback from local Healthwatch organisations dated 15 May 2019;
    - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated March 2019;
    - The 2018 national staff survey dated March 2019;
    - Care Quality Commission inspection report, dated 17December 2018; and
    - The Head of Internal Audit's annual opinion over the Trust's control environment to 31 March 2019 dated March 2019 and received May 2019.

- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

NB: sign and date in any colour ink except black

Date: 29 May 2019 Chair

Date: 29 May 2019 Chief Executive

Appendix E Independent Auditors Report

Independent Auditors' Limited Assurance Report to the Council of Governors of Bridgewater Community Healthcare NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Bridgewater Community Healthcare NHS Foundation Trust to perform an independent assurance engagement in respect of Bridgewater Community Healthcare NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance (the "specified indicators") consist of the following national priority indicators as mandated by Monitor (operating as NHS Improvement) ("NHSI"):

Specified Indicators	***Specified indicators criteria*** (exact page number where criteria can be found)
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period	Page 198
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.	Page 199

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the 'Detailed requirements for quality reports 2018/19' issued by NHSI. The Directors are also responsible for the conformity of the specified indicators criteria with the assessment criteria set out in the FT ARM and the 'Detailed requirements for external assurance for quality reports 2018/19' issued by NHSI and for reporting the specified indicators in accordance with those criteria, as referred to on the pages of the Quality Report listed above.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the 'Detailed requirements for quality reports 2018/19';
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the criteria set out in the FT ARM and the 'Detailed requirements for external assurance for quality reports 2018/19'.

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the 'Detailed requirements for quality reports 2018/19'; and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially consistent with the following documents:

- Board minutes for the financial year, April 2018 and up to the date of this report ("the period");
- Papers relating to quality reported to the Board over the period;
- Feedback from Commissioners dated 30 April – 14 May 2019;

- Feedback from Governors dated 14 May 2019;
- Feedback from local Healthwatch organisations dated 15 May 2019;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 dated March 2019;
- The 2018 national staff survey dated March 2019;
- Care Quality Commission inspection report, dated 17December 2018; and
- The Head of Internal Audit's annual opinion over the Trust's control environment to 31 March 2019 dated March 2019 and received May 2019.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

Our Independence and Quality Control

We complied with the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics, which includes independence and other requirements founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.
We apply International Standard on Quality Control (UK) 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Use and distribution of the report

This report, including the conclusion, has been prepared solely for the Council of Governors of Bridgewater Community Healthcare NHS Foundation Trust as a body, to assist the Council of Governors in reporting Bridgewater Community Healthcare NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Bridgewater Community Healthcare NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000 (Revised)'). Our limited assurance procedures included:

- reviewing the content of the Quality Report against the requirements of the FT ARM and the 'Detailed requirements for quality reports 2018/19';
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis, of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading the documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable, measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the FT ARM and 'Detailed requirements for quality reports 2018/19'.

The nature, form and content required of Quality Reports are determined by NHSI. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Bridgewater Community Healthcare NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that for the year ended 31 March 2019:

- The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the 'Detailed requirements for quality reports 2018/19';
- The Quality Report is not consistent in all material respects with the documents specified above; and
- The specified indicators have not been prepared in all material respects in accordance with the criteria set out in the FT ARM and the 'Detailed requirements for external assurance for quality reports 2018/19'.

PricewaterhouseCoopers LLP
May 2019

The maintenance and integrity of the Bridgewater Community Healthcare NHS Foundation Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Appendix F - **Glossary**

A-EQUIP	Advocating for Education and Quality Improvement - A model of clinical midwifery supervision
AHP	Allied Health Professional
ANTT	Aseptic Non-Touch Technique - used globally as the foundation for effective infection prevention
AQuA	Advancing Quality Alliance – NHS health and care quality improvement organisation
BABAH	Bridgewater Community Healthcare Foundation Trust anti-bullying and harassment campaign
BME	Black and Minority Ethnic
CCG	Clinical Commissioning Group – play a major role in achieving good health outcomes for the communities they serve
CDOP	Child Death Overview Panel
CIC/LAC Teams	Children in Care and Looked After Children Teams - Teams provided by Bridgewater Community Healthcare Foundation Trust Safeguarding Team
CP-IS	Child Protection - Information Sharing - within the Safeguarding teams
CRT	Community Response Team
CQC	Care Quality Commission – An independent regulator of all health and social care services in England

CQUIN	Commissioning for Quality & Innovation - The key aim of the CQUIN framework is to secure improvements in the quality of services and better outcomes for patients
CSE	Child Sexual Exploitation
CYP IAPT	Children & Young People Increasing Access to Psychological Therapies Programme – primary function to improve the psychological wellbeing of children and young people
CRES	Cash Releasing Efficiency Saving Scheme.
DH	Department of Health
DSPT	Data Protection and Security
DVLA	Driver & Vehicle Licensing Agency
EOL	End of Life Services - service provided by Bridgewater Community Healthcare Foundation Trust
FFT	Friends and Family Test – introduced to help service providers and commissioners understand whether their patients are happy with the service provided.
GDPR	General Data Protection Regulation - Data protection
Giardia Lamblia	Is an infection of the small intestine that is caused by a parasite
GP	General Practitioner
HCAI	Health Care Acquired Infections
HEE	Health Education England - supports the delivery of excellent healthcare and health improvement to the patients and public of England

HMP	Her Majesty's Prison
HSCIC	NHS Digital – the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care
ICO	Information Commissioners Office - The UK's independent authority set up to uphold information rights in the public interest
IHAs	Initial Health Assessments - provided for children by the Safeguarding Team
IHI	Institute for Healthcare Improvement (IHI) – IHI works with health systems to improve quality, safety and value in healthcare
IPC	Infection Prevention & Control
JTAI	Joint Targeted Area Inspection - Multi-agency team consisting of Ofsted, Care Quality Commission (CQC, Her Majesty's Inspectorate of Constabulary (HMIC and Her Majesty's Inspectorate of Probation (HMIP), who inspect particular themes within safeguarding children's services
KPMG	Management Consultants – a team of expert practitioners supporting Lancashire Care NHS Foundation Trust in the development of this year's Quality Account
LADO	Local Authority Designated Officer - Investigates allegations against staff towards children
LeDeR	Learning Disability Mortality Review - aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.

LiA	Listening in Action - Service for the staff of Bridgewater Community Healthcare Foundation Trust
LSCB	Local Children Safeguarding Board
MARAC	Multi Agency Risk Assessment Conference - associated with the Safeguarding team
MASH	Multi-Agency Safeguarding Hub - multi-agency team consisting of health, local authority and the police within Safeguarding Services
MDT	Multi-Disciplinary Team - is a group of health care workers and social care professionals who are experts in different areas with different professional backgrounds, united as a team for the purpose of planning and implementing treatment programs for complex medical conditions.
MRI	Magnetic resonance imaging
MSK	Musculoskeletal Service
NCISH	National Confidential Inquiry into Suicide and Homicide – the Inquiry produces a wide range of national reports, projects and papers providing health professionals evidence and practical suggestions to effectively implement change
NHS England	NHS England authorises the new clinical commissioning groups, which are the drivers of the new, clinically-led commissioning system introduced by the Health and Social Care Act
NHSBSA	National Health Services Business Services Authority
NHSI	NHS Improvement - Helps the NHS to meet short-term challenges

NICE	National Institute for Health and Care Excellence (NICE) – provides national guidance and advice to improve health and social care
NMP	Non-Medical Prescriber - prescribing of medicines, dressings and appliances by health professionals who are not doctors
NRLS	National Reporting and Learning Services - A central database of patient safety incident reports
OCATs	Orthopaedic Clinical Assessment & Treatment Services
Ofsted	Office for Standards in Education, Children's Services and skills - inspects and regulates services that care for young children
PALS	Patient Advisory Liaison Service - offers confidential advice, support and information on health-related matters.
PDSA	Plan-Do-Study-Act methodology – is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a process
PHE	Public Health England - executive agency of the Department of Health
PREMS	Patient Reported Experience Measures - capturing the experiences of people using healthcare services
QI	Quality Improvement - systematic and continuous actions that lead to measurable improvements
QIA	Quality Impact Assessment – a tool used to identify a potential impact of our policies, services and functions on our patients and staff

QIF	Quality Improvement Framework – a framework for delivery of initiatives that will ultimately result in quality improvements for our patients and staff
R & D	Research and Development
BRAG	**Blue,** Red Amber Green rating – a simple colour coding of the status of an action or step in a process.
RHAs	Risk Health Assessments - provided for children by the Safeguarding Team
RTT	Referral to Treatment – your waiting time starts from the point the hospital or service receives your referral letter
SAB	Safeguarding Adult Board
SOP	Standard Operating Procedure – is a documented process in place to ensure services are delivered consistently every time
SPOA	Single Point of Access
STEIS	Strategic Executive Information System - for the reporting and monitoring of serious incidents
SUS	Secondary Uses Service – supplies accurate and consistent data to enable the NHS to plan, analyse and enhance performance
SystmOne	Electronic patient record database
Ulysses	Bridgewater Community Healthcare Foundation Trust's IT risk management and patient safety system
VTE	Venous Thromboembolism – a blood clot that forms within a vein
WWL	Wrightington, Wigan & Leigh
YOI	Youth Offenders Institute

5. Annual Accounts for year ended 31 March 2019

FOREWORD TO THE ACCOUNTS

These accounts, for the period ended 31 March 2019, have been prepared by Bridgewater Community Healthcare NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed 

Name: Colin Scales
Job title: Chief Executive
Date: 29 May 2019

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTING OFFICER OF BRIDGEWATER COMMUNITY HEALTHCARE 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 Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Bridgewater Community Healthcare 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 Bridgewater Community Healthcare NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the *Department of Health Group Accounting Manual* and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, 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 Group Accounting Manual*) have been followed, and disclose and explain any material departures in the annual accounts
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance, and
- Prepare the annual accounts on a going concern basis.

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 him 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.

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

Signed  Chief Executive

Date: 28 May 2019

Statement of Comprehensive Income for year ended 31 March 2019

	Note	2019 £000	2018 £000
Operating income from patient care activities	3	**143,652**	146,682
Other operating income	4	**3,679**	5,122
Total operating income from continuing activities		**147,331**	151,804
Operating expenses	6,7	**(154,756)**	(154,940)
Operating deficit from continuing operations		**(7,425)**	(3,136)
Finance income	10	**44**	20
Finance expenses	11	**(278)**	(20)
PDC dividends payable		**(305)**	(414)
Net finance costs		**(539)**	(414)
Deficit for the year from continuing operations		**(7,964)**	(3,550)
Deficit for the year		**(7,964)**	(3,550)
Other Comprehensive Income			
Will not be reclassified to income and expenditure:			
Revaluations	13	**95**	1,157
Total comprehensive expense for the year		**(7,869)**	(2,393)

Statement of Financial Position as at 31 March 2019

	NOTE	**30 March 2019** **£000**	30 March 2018 £000
Non-current assets:			
Intangible assets	12	**2,168**	1,779
Property, plant and equipment	13	**22,664**	23,127
Trade and other receivables	16	**606**	604
Total non-current assets		**25,438**	25,510
Current assets:			
Inventories	15	**28**	40
Trade and other receivables	16	**17,456**	14,032
Cash and cash equivalents	17	**1,654**	2,945
Total current assets		**19,138**	17,017
Current liabilities			
Trade and other payables	18	**(13,810)**	(13,326)
Borrowings	19	**(122)**	(392)
Provisions	21	**(58)**	(39)
Total current liabilities		**(13,990)**	(13,757)
Net current assets		**5,148**	3,260
Total assets less current liabilities		**30,586**	28,770
Non-current liabilities			
Borrowings	19	**(18,014)**	(8,221)
Total non-current liabilities		**(18,014)**	(8,221)
Total assets employed		**12,572**	20,549
Financed by:			
Public dividend capital		**5,683**	5,671
Revaluation reserve		**7,256**	7,161
Income and expenditure reserve		**(367)**	7,717
Total taxpayers' equity		**12,572**	20,549

The notes on pages 254 to 283 form part of this account.

The annual accounts on pages 247 to 283 were approved by the Board on 28 May 2019 and signed on its behalf by:

Chief Executive:

Date: 28 May 2019

Statement of Changes in Equity for the year ended 31 March 2019

	Public Dividend Capital	Revaluation Reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2018 – brought forward	**5,671**	**7,161**	**7,717**	**20,549**
Impact of implementing IFRS 9 on 1 April 2018	-	-	(120)	**(120)**
Deficit for the year	-	-	(7,964)	**(7,964)**
Revaluations	-	95	-	**95**
Public dividend capital received	12	-	-	**12**
Taxpayers' and others' equity at 31 March 2019	**5,683**	**7,256**	**(367)**	**12,572**
Taxpayers' equity at 1 April 2017 – brought forward	4,961	6,004	11,267	**22,232**
Deficit for the year	-	-	(3,550)	**(3,550)**
Revaluations	-	1,157	-	**1,157**
Public dividend capital received	710	-	-	**710**
Taxpayers' and others' equity at 31 March 2018	**5,671**	**7,161**	**7,717**	**20,549**

Information on reserves

Public dividend capital

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

Revaluation reserve

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

Income and expenditure reserve

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

Statement of Cash Flows for the year ended 31 March 2019

	NOTE	2019 £000	2018 £000
Cash flows from operating activities			
Operating deficit		**(7,425)**	(3,136)
Non-cash income and expense:			
Depreciation and amortisation	6	**3,748**	2,975
(Increase)/decrease in receivables and other assets		**(3,623)**	640
Decrease in Inventories		**12**	4
Increase/(decrease) in payables and other liabilities		**731**	(7,692)
Increase/(decrease) in provisions		**19**	(26)
Net cash used in operating activities		**(6,538)**	(7,235)
Cash flows from investing activities			
Interest received		**44**	20
Purchase of intangible assets		**(795)**	(175)
Purchase of property, plant, equipment and investment property		**(3,011)**	(2,845)
Net cash used in investing activities		**(3,762)**	(3,000)
Cash flows from financing activities			
Public dividend capital received		**12**	710
Movement on loans from Department of Health and Social Care		**9,401**	8,613
Interest on loans		**(176)**	-
PDC dividend paid		**(228)**	(500)
Net cash generated from financing activities		**9,009**	8,823
Decrease in cash and cash equivalents		**(1,291)**	(1,412)
Cash and cash equivalents at 1 April – brought forward		**2,945**	4,357
Cash and cash equivalents at 31 March	17	**1,654**	2,945

Notes to the Accounts

Note 1 - Accounting policies and other information

Note 1.1 - Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 - Going concern

These accounts have been prepared on a going concern basis.

The accounting rules (IAS 1) require management to assess, as part of the accounts preparation process, the NHS Foundation Trust's ability to continue as a going concern. In accordance with the NHS Foundation Trusts' Annual Reporting Manual the financial statements have been prepared on a going concern basis as the Trust does not either intend to apply to the Secretary of State for the dissolution of the Trust without the transfer of the services to another entity, or consider that this course of action will be necessary. The Trust is also required to disclose material uncertainties in respect of events or conditions that cast doubt upon the going concern ability of the Trust and these are disclosed below.

The Trust has delivered a financial outturn for 2018/19 of £7.96m deficit against a planned deficit of £7.59m, showing an adverse variance £0.37m, which is within the tolerances agreed with NHS Improvement. The performance in the year required interim revenue support to be provided of £7.1m.

The Board of Directors has approved a deficit financial plan of £0.3m for 2019/20. The delivery of the annual plan is dependent on the achievement of the Cost Improvement Programme (CIP) of £3.4m. There are some contracts for 2019/20 that are still being negotiated. Any shortfall on the CIP target or from contract negotiations will directly impact the projected deficit. As the Trust has accepted its control total from NHS Improvement; it will receive £4.6m of Financial Recovery and Provider Sustainability Funding. Therefore the Trust does not anticipate requiring any further financial support to be provided to enable the Trust to meet its debts as they fall due over the foreseeable future, which is defined as the period of 12 months from the date the accounts are signed and will be able to provide ongoing healthcare services.

The Trust has significant external borrowing with the Department of Health and Social Care of £18m as at 31 March 2019, with a further £0.9m borrowed in May 2019. The Trust does not have any defined plans to repay the Department of Health loans which fall due starting from February 2021. It is the Directors view that in line with ongoing practice, the loan repayments will roll forward at the repayment date. Recent DHSC guidance supports this view.

As with any financial plan, there are potential risks and opportunities to its delivery. The Board is confident that any risks can be successfully mitigated through focused scrutiny on the output of the service line reporting programme implemented by the Trust in 2017/18 and in conjunction with our commissioners.

In the current climate the Trust does not see itself as an outlier in the NHS financial framework and has aspirations to get back to a break-even position on its income and expenditure account within the timetable set out in the NHS Long-Term Plan published in January 2019. Having considered the material uncertainties and the Trust's financial plans, together with the likelihood of securing additional financial funding to support the financial operations, the directors have determined that it remains appropriate to prepare these accounts on a going concern basis.

The accounts do not include any adjustments that would result if the Trust was unable to continue as a going concern.

Note 1.3 - Revenue

Note 1.3.1 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

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 it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.3.2 Revenue grants and other contributions to expenditure

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.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.4 - Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs - NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

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

Note 1.5 - Expenditure on other goods and services

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

Note 1.6 - Property, plant and equipment

Note 1.6.1 Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000,
- items to be issued in the community, with specific reference to Wheelchair and Home Loan Community services, where the individual item cost is at least £500,
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control, 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, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Note 1.6.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

For equipment within Wheelchairs and Home Loans on issue the Trust has adopted a depreciated historical cost basis as a proxy for current value in respect of these low/short life assets.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

IT equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

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.

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.6.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
    - management are committed to a plan to sell the asset
    - an active programme has begun to find a buyer and complete the sale
    - the asset is being actively marketed at a reasonable price
    - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
    - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

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

Note 1.6.4 Donated, government grant and other 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.

Note 1.6.5 Useful economic lives of property, plant and equipment

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

	Min life Years	**Max life Years**
Land	-	-
Buildings, excluding dwellings	5	88

Plant and machinery	1	10
Information technology	1	7
Furniture and fittings	1	7
Wheelchairs/home loan equipment	1	5

Note 1.7 - Intangible assets

Note 1.7.1 Recognition

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

Note 1.7.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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

Amortisation

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

Note 1.7.3 Useful economic life of intangible assets

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

	Min life Years	**Max life Years**
Intangible assets – internally generated		
Information technology	1	12

Note 1.8 - Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method. This is considered to be a reasonably approximation to fair value due to the high turnover of stocks.

Note 1.9 - Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.10 - Financial instruments and financial liabilities

Note 1.10.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

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

Note 1.10.2 Classification and measurement

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

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

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

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

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

Impairment of financial assets

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

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

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

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

Note 1.10.3 De-recognition

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

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

Note 1.11 - Leases

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.

Note 1.11.1 The trust as lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS foundation trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1.12 - Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS resolution on behalf of the trust is disclosed at note 22 but is not recognised in the trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.13 – Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.14 - Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

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.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for:

- donated assets (including lottery funded assets),
- average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) 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.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set

out in the “pre-audit” version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.15 - Value added tax

Most of the activities of the NHS foundation trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.16 - Corporation tax

The Trust has determined that it is has no corporation tax liability as it does not operate any commercial activities that are not part of core health care delivery.

Note 1.17 - Foreign exchange

The functional and presentational currencies of the trust are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at “fair value through income and expenditure”) are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.18 - Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury’s FReM.

Note 1.19 - Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS foundation trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 - Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.21 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

- assessment of the classification for estates rental charges, between operating and finance leases;
- non-consolidation of the Trust's element of the registered charity North West Boroughs Partnership NHS Foundation Trust Charitable Fund (charity number 1061651). In making this judgement the Trust has made reference to the DH GAM 2018/19. The Trust's element of this fund is managed under a Service-level agreement with North West Boroughs Partnership NHS Foundation Trust. Whilst the Trust is able to requisition expenditure from this fund within the constraints of the fund objective, corporate trusteeship of the fund remains with North West Boroughs Partnership NHS Foundation Trust. Where a body acts as a corporate trustee, there is a presumption that the body possesses 'control' of the fund. Therefore there is no need for the Trust to consolidate.
- Full valuation of the Trust's estate was undertaken on 31 March 2019 by the District Valuer who is a qualified surveyor registered with Royal Institute of Chartered Surveyors. The impact of this valuation is reflected in these accounts as at 31 March 2019.
- The Trust adopted a revised Property, plant and equipment accounting policy in the year ended 31 March 2015 to recognise Community Home Loan Equipment as Property, plant and equipment. For the year ended 31 March 2016 the Trust revised the capitalisation threshold from £250 to £500. The Trust is currently depreciating these assets over 5 years on a straight line basis.

Note 1.21.1 Sources of estimation uncertainty

There are no major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Note 1.22 – Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 1.23 - Accounting standards that have been issued but have not yet been adopted

The DH GAM does not require the following Standards and Interpretations to be applied in 2018/19. These standards have not yet been adopted within the FReM and are therefore not applicable to DH group accounts in 2018/19.

- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

Note 2 Operating Segments

The Trust operates in a single segment, the provision of healthcare community services. There are therefore no reportable segments.

Income from transactions with the following organisations is in excess of 10% of total income:

	2018/19	2017/18
	£'000	£'000
CCGs and NHS England	**103,550**	107,532
Local authorities	**31,272**	30,960

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3.1.

Note 3.1 Income from patient care activities (by nature)

	2018/19	2017/18
	£000	£000
Acute services		
A&E income	**6,600**	6,600
Community services		
Community services income from CCGs and NHS England	**96,493**	100,932
Income from other sources (e.g. local authorities)	**36,797**	37,895
All services		
Agenda for Change pay award central funding	**1,546**	-
Other clinical income	**2,216**	1,255
Total income from activities	**143,652**	146,682

Note 3.2 Income from patient care activities (by source)

	2018/19	2017/18
	£000	£000
NHS England	**15,866**	16,725
Clinical commissioning groups	**87,227**	90,807
Department of Health and Social care	**1,546**	-
Other NHS providers	**5,525**	6,080
NHS other	**-**	855

Local authorities	**31,272**	30,960
NHS injury scheme	**486**	525
Non-NHS: other	**1,730**	730
	143,652	146,682
Of which:		
Related to continuing operations	**143,652**	146,682
Related to discontinued operations	**-**	-

Revenue from patient care services includes income accrued for activity where data is not available at 31 March 2019. Wherever possible reference is made back to final data but estimates and assumptions are applied in order to ensure the completeness of income reported.

Injury cost recovery scheme is subject to a provision for impairment of receivables of 21.89% (2017/18: 22.84%) to reflect expected rates of collection.

Note 4 Other operating income

	2018/19	2017/18
	£000	£000
Other operating income from contracts with customers:		
Education and training (excluding notional apprenticeship levy income)	**2,676**	1,779
Non-patient care services to other bodies	**640**	-
Provider sustainability/sustainability and transformation fund income (PSF/STF)	**-**	1,277
Other contract income	**363**	2,057
Other non-contract operating income		
Education and training – notional income from apprenticeship fund	**-**	9
	3,679	5,122
Of which:		
Related to continuing operations	**3,679**	5,122
Related to discontinued operations	**-**	-

Note 4.1 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. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2018/19	2017/18
	£000	£000
Income from services not designated as commissioner requested services	**143,652**	146,682
	143,652	146,682

Note 5 Fees and charges

HM Treasury requires disclosure of fees and charges income. The following disclosure is of income from charges to service users where income from that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2018/19	2017/18
	£000	£000
Income	**-**	-

Full cost	**-**	-
Surplus/(deficit)	**-**	-

Note 6 Operating expenses

	2018/19 £000	2017/18 £000
Purchase of healthcare from NHS and DHSC bodies	**9,194**	7,407
Purchase of healthcare from non-NHS and non-DHSC bodies	**2,106**	3,409
Staff and executive directors costs	**105,887**	104,081
Remuneration of non-executive directors	**119**	143
Supplies and services – clinical (excluding drugs costs)	**7,638**	7,813
Supplies and services - general	**875**	641
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	**2,637**	2,777
Consultancy	**1,275**	1,893
Establishment	**4,589**	6,919
Premises	**3,845**	4,096
Transport (including patient travel)	**166**	223
Depreciation on property, plant and equipment	**3,342**	2,655
Amortisation on intangible assets	**406**	320
Movement in credit loss allowance: contract receivables/contract assets	**37**	-
Movement in credit loss allowance: all other receivables and investments	**(8)**	67
(Decrease)/increase in other provisions	**19**	(26)
Audit fees payable to the external auditors		
- audit services - statutory audit	**75**	64
- other auditors' remuneration (external auditors only)	**11**	3
Internal audit costs	**135**	152
Clinical negligence	**360**	313
Legal fees	**242**	265
Education and training	**324**	317
Rentals under operating leases	**10,965**	10,913
Redundancy	**87**	-
Hospitality	**-**	5
Other	**430**	490
	154,756	154,940
Of which:		
Related to continuing operations	**154,756**	154,940
Related to discontinued operations	**-**	-

Operating expenses includes expenditure accrued for which no invoice has been received by 31st March 2019. In some cases it is necessary to use estimates based on knowledge of goods and services received. Wherever possible reference is made back to the value of orders but estimates and assumptions are applied in order to ensure the completeness of expenditure reported. Due to the volume of transactions adjustments are not made to prior periods unless the difference between the estimate and the actual value is material.

For expenditure accruals, any variation in outcome compared to the estimates used are accounted for in the next period. These estimates and assumptions are consistent with the previous year.

Directors' remuneration is set out above and includes employer contributions to the NHS Pension Scheme.

Note 6.1 Other auditors' remuneration

	2018/19 £000	2017/18 £000
Other auditors' remuneration paid to the external auditors:		
- Other assurance services	11	3
Total	**11**	3

Note 6.2 Limitation on auditors' liability

The limitation on auditors' liability for external audit work carried out is £1 million (2017/18: £1 million).

Note 7 Employee benefits

	2018/19 £000	2017/18 £000
Salaries and wages	**81,799**	81,147
Social security costs	**7,202**	7,145
Apprenticeship levy	**391**	385
Employer's contributions to NHS pensions	**10,346**	10,357
Pension cost - other	**20**	-
Temporary staff (including agency)	**6,577**	5,595
Total staff costs	**106,335**	104,629
Of which:		
Costs capitalised as part of assets	**448**	548

Note 7.1 Retirements due to ill health

During 2018/19 there were 5 early retirements from the trust agreed on the grounds of ill-health (5 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £279k (£344k in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 8 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State 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 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 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. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 9 Operating leases

This note discloses costs and commitments incurred in operating lease arrangements where Bridgewater Community Healthcare NHS Foundation Trust is the lessee.

Bridgewater Community Healthcare NHS Foundation Trust has included within lease costs occupancy charges in relation to occupancy of premises owned and controlled by NHS Property Services Ltd and Community Health Partnerships. Whilst the Trust occupies properties from NHS Property Services Ltd and Community Health Partnerships under arrangements which the Trust considers to be operating leases, the Trust does not have agreed formal lease arrangements in place.

The minimum lease payments disclosed below therefore only include our expected costs for these properties.

	2018/19	2017/18
	£000	£000
Operating lease expense		
Minimum lease payments	**10,965**	10,913
Total	**10,965**	10,913

	2018/19	2017/18
	£'000	£'000
Future minimum lease payments due:		
- not later than one year;	**6,323**	10,758
- later than one year and not later than five years;	**18,717**	1,637
- later than five years.	**4,758**	2,914
Total	**29,798**	15,309

Note 10 Finance Income

	2018/19 £000	2017/18 £000
Interest on bank accounts	**44**	20
Total	**44**	20

Finance income represents interest received on assets and investments in the period.

Note 11 Finance Expenditure

	2018/19 £000	2017/18 £000
Interest expense:		
Loans from the Department of Health and Social Care	**278**	20
Total	**278**	20

Finance expenditure represents interest and other charges involved in the borrowing of money.

Note 12 Intangible assets

Note 12.1 Intangible assets – 2018/19

	Internally generated information technology £000
Valuation/gross cost at 1 April 2018	**3,317**
Additions	795
Valuation/gross cost at 31 March 2019	**4,112**
Amortisation at 1 April 2018	**1,538**
Provided during the year	406
Amortisation at 31 March 2019	**1,944**
Net book value at 31 March 2019	**2,168**
Net book value at 31 March 2018	1,779

Note 12.2 Intangible assets – 2017/18

	Internally generated information technology £000
Valuation/gross cost at 1 April 2017	**3,142**
Additions	175
Valuation/gross cost at 31 March 2018	**3,317**
Amortisation at 1 April 2017	**1,218**
Provided during the year	320
Amortisation at 31 March 2018	**1,538**
Net book value at 31 March 2018	**1,779**
Net book value at 31 March 2017	1,924

13 Property, plant and equipment

Note 13.1 Property, plant and equipment – 2018/19

	Land	Buildings excluding dwellings	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2018 – brought forward	**2,424**	**10,714**	**10,556**	**8,597**	**658**	**32,949**
Additions	-	25	1,874	885	-	**2,784**
Revaluations	(45)	(220)	-	-	-	**(265)**
Valuation/gross cost at 31 March 2019	**2,379**	**10,519**	**12,430**	**9,482**	**658**	**35,468**
Accumulated depreciation at 1 April 2018 – brought forward	**-**	**161**	**4,754**	**4,563**	**344**	**9,822**
Provided during the year	-	402	1,925	973	42	**3,342**
Revaluations	-	(360)	-	-	-	**(360)**
Accumulated depreciation at 31 March 2019	**-**	**203**	**6,679**	**5,536**	**386**	**12,804**
Net book value at 31 March 2019	**2,379**	**10,316**	**5,751**	**3,946**	**272**	**22,664**
Net book value at 31 March 2018	2,424	10,553	5,802	4,034	314	23,127

Note 13.2 Property, plant and equipment – 2017/18

	Land	Buildings excluding dwellings	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2017 – brought forward	**2,424**	**9,790**	**8,618**	**7,226**	**658**	**28,716**
Additions	-	65	1,938	1,371	-	**3,374**
Revaluations	**-**	859	-	-	-	**859**
Valuation/gross cost at 31 March 2018	**2,424**	**10,714**	**10,556**	**8,597**	**658**	**32,949**
Accumulated depreciation at 1 April 2017 – brought forward	**-**	**53**	**3,197**	**3,913**	**302**	**7,465**

Provided during the year	-	406	1,557	650	42	**2,655**
Revaluations	-	(298)	-	-	-	**(298)**
Accumulated depreciation at 31 March 2018	**-**	**161**	**4,754**	**4,563**	**344**	**9,822**
Net book value at 31 March 2018	**2,424**	**10,553**	**5,802**	**4,034**	**314**	**23,127**
Net book value at 31 March 2017	2,424	9,737	5,421	3,313	356	21,251

Note 13.3 Property, plant and equipment financing – as at 31 March 2019

	Land	**Buildings excluding dwellings**	**Plant & machinery**	**Information technology**	**Furniture & fittings**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
Owned	2,379	10,316	5,751	3,946	272	22,664
Net book value at 31 March 2019	**2,379**	**10,316**	**5,751**	**3,946**	**272**	**22,664**

Note 13.4 Property, plant and equipment financing – as at 31 March 2018

	Land	**Buildings excluding dwellings**	**Plant & machinery**	**Information technology**	**Furniture & fittings**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
Owned	2,424	10,553	5,802	4,034	314	23,127
Net book value at 31 March 2018	**2,424**	**10,553**	**5,802**	**4,034**	**314**	**23,127**

Note 14 Revaluations of property, plant and equipment

All of the Trusts owned Land & Buildings have been revalued at 31 March 2019. The revaluation was carried out independently by DVS - Property Services arm of the VOA (DipSurv MRICS RICS Registered Valuer), Crewe Valuation Office, 2nd Floor Wellington House, Delamere Street, Crewe, CW1 2LQ.

The revaluation was undertaken in accordance with International Financial Reporting Standards (IFRS) as interpreted and applied by the Annual Reporting Manual. The assumption has been made that the properties valued will continue to be held for the foreseeable future having regard to the prospect and viability of the continuance of occupation. The basis of valuation is Current Value which has been interpreted as market value for existing use.

For those properties where there is market-based evidence to support the use of 'Existing Use Value' (EUV) to arrive at Current Value the comparative method of valuation has been adopted.

For those properties where there is no market based evidence to support the use of EUV to arrive at Current Value, the Depreciated Replacement Cost (DRC) approach has been used.

Note 15 Inventories

	31 March 2019	31 March 2018
	£000	£000
Drugs	**28**	40
Total inventories	**28**	40
Of which:		
Held at fair value less costs to sell	**-**	-

Inventories recognised in expenses for the year were £2,637k (2017/18: £2,777k). Write-down of inventories recognised as expenses for the year were £nil (2017/18: £nil).

Note 16 Trade and other receivables

Note 16.1 Current and non-current trade receivables and other receivables

	31 March 2019	31 March 2018
	£000	£000
Current		
Contract receivables*	**16,190**	-
Trade receivables*	**-**	9,226
Accrued income*	**-**	2,999
Allowance for impaired contract receivables/assets*	**(529)**	-
Allowance for other impaired receivables	**-**	(372)
Prepayments (non-PFI)	**889**	1,534
PDC dividend receivable	**9**	86
VAT receivable	**569**	559
Other receivables	**328**	**-**
Total current trade and other receivables	**17,456**	14,032
Non-current		
Provision for impaired receivables	**(163)**	(171)
Other receivables	**769**	775

Total non-current trade and other receivables	**606**	604
Of which receivables from NHS and DHSC group bodies:		
Current	**10,232**	8,207
Non-current	**-**	**-**

*Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 16.2 Allowances for credit losses – 2018/19

	Contract receivable and contract assets	**All other receivables**
	£000	**£000**
Allowances as at 1 April 2018 – brought forward	**-**	**543**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	**492**	**(372)**
Net allowances arising	**37**	**-**
Changes in existing allowances	**-**	**(8)**
Allowances at 31 March 2019	**529**	**163**

Note 16.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables
	£000
Allowances as at 1 April 2017	**498**
Increase in provision	67
Amounts utilised	(22)
Allowances as at 31 March 2018	**543**

Note 17 Cash and cash equivalent movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2018/19	2017/18
	£000	£000
At 1 April	**2,945**	4,357
Net change in year	**(1,291)**	(1,412)
At 31 March	**1,654**	2,945
Broken down into:		
Cash at commercial banks and in hand	**24**	23
Cash with the Government Banking Service	**1,630**	2,922
Total cash and cash equivalents as in SoFP and SoCF	**1,654**	2,945

Note 18 Trade and other payables

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables	**6,729**	4,566
Capital payables	**403**	630
Accruals	**3,218**	4,856
Social security costs	**2,045**	1,853
Accrued interest on loans*	**-**	20
Other payables	**1,415**	1,401
Total current trade and other payables	**13,810**	13,326
Of which: payables to NHS and DHSC group bodies:		
Current	4,805	3,602
Non-current	-	-

*Following adoption of IFRS 9 on 1 April 2018, loans are measured at amortised cost. Any accrued interest is now included in the carrying value of the loan within note . IFRS 9 is applied without restatement therefore comparatives have not been restated.

Note 19 Borrowings

	31 March 2019 £000	31 March 2018 £000
Current		
Loans from the Department of Health and Social Care	**122**	392
Total current borrowings	**122**	392
Non-current		
Loans from the Department of Health and Social Care	**18,014**	8,221
Total current borrowings	**18,014**	8,221

Note 20 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Total £000
Carrying value at 1 April 2018	8,613	**8,613**
Cash movements:		
Financing cash flows – payments and receipts of principal	9,401	**9,401**
Financing cash flows – payments of interest	(176)	**(176)**
Non-cash movements:		
Impact of implementing IFRS 9 on 1 April 2018	20	**20**
Application of effective interest rate	278	**278**
Carrying value at 31 March 2019	18,136	**18,136**

Note 21 Provisions for liabilities and charges analysis

	Pensions : injury benefits* £'000	Total £'000
At 1 April 2018	39	**39**
Arising during the year	42	**42**
Reversed unused	(23)	**(23)**
At 31 March 2019	58	**58**
Expected timing of cash flows:		
- not later than one year	58	**58**
Total	58	**58**

* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within other provisions.

Note 22 Clinical negligence liabilities

At 31 March 2019, £1,048k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Bridgewater Community Healthcare NHS Foundation Trust (31 March 2018: £2,106k).

Note 23 Contractual capital commitments

	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	**58**	99
Intangible assets	**23**	-
Total	**81**	99

Note 24 Financial Instruments

Note 24.1 Financial risk management

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 NHS England, Clinical Commissioning Groups and Local Authorities and the way NHS England, Clinical Commissioning Groups and Local Authorities 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.

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.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by the department of health. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31st March 2019 are in receivables from customers, as disclosed in the trade and other receivables note."

Liquidity risk

The Trust's operating costs are incurred under contracts with other NHS bodies, which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from internally generated resources. The Trust is not, therefore, exposed to significant liquidity risks.

Note 24.2 Carrying values of Financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000
Carrying values of financial assets as at 31 March 2019 under IFRS 9	
Trade and other receivables excluding non-financial assets	**15,909**
Cash and cash equivalents at bank and in hand	**1,654**
Total at 31 March 2019	**17,563**

	Loans and receivables £000
Carrying values of financial assets as at 31 March 2019 under IAS 39	
Trade and other receivables excluding non-financial assets	**11,985**
Cash and cash equivalents at bank and in hand	**2,945**
Total at 31 March 2018	**14,930**

Note 24.3 Carrying values of Financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost £000

Carrying values of financial liabilities as at 31 March 2019 under IFRS 9	
Loans from the Department of Health and Social Care	**18,136**
Trade and other payables excluding non-financial liabilities	**11,685**
Total at 31 March 2019	**29,821**

Carrying values of financial liabilities as at 31 March 2019 under IAS 39	
Loans from the Department of Health and Social Care	**8,613**
Trade and other payables excluding non-financial liabilities	**11,580**
Total at 31 March 2018	**20,193**

Note 24.4 Fair values of financial assets and liabilities

The book value (carrying value) of financial assets and liabilities is considered to be a reasonable approximation of fair value.

Note 24.5 Maturity of financial liabilities

	31 March 2019	31 March 2018
	£000	£000
In one year or less	**11,685**	11,972
In more than one year but not more than two years	**-**	-
In more than two years but not more than five years	**18,136**	8,221
In more than five years	**-**	-
Total	**29,821**	20,193

Note 25 Losses and special payments

	2019		**2018**	
	Total number of cases	**Total value of cases**	**Total number of cases**	**Total value of cases**
	£000	**£000**	**£000**	**£000**
Losses				
Bad debts and claims abandoned	27	4	14	1
Total losses	**27**	**4**	14	1
Total losses and special payments	**27**	**4**	14	1

Note 26 New Standards

Note 26.1 Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £20k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £120k decrease in the carrying value of receivables.

The GAM expands the definition of a contract in the context of financial instruments to include legislation and regulations, except where this gives rise to a tax. Implementation of this adaptation on 1 April 2018 has led to the classifiction of receivables relating to Injury Cost Recovery as a financial asset measured at amortised cost. The carrying value of these receivables at 1 April 2018 was £525k.

Note 26.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

Note 27 Related parties

The Trust considers the Department of Health and Social Care as its parent department and the following provides a list of the main entities within the public sector with which the body has had dealings:

- Department of Health ministers
- Board members of the NHS foundation trust
- The Department of Health and Social Care
- Other NHS foundation trusts
- Other NHS trusts
- CCGs and NHS England
- Other health bodies
- Other Government departments
- Local authorities
- NHS charitable funds (where not consolidated)

During the reporting period none of the Department of Health Ministers has undertaken any material transactions with Bridgewater Community Healthcare NHS Foundation Trust.

During the reporting period, the following Trust board members or members of the key management staff, or parties related to any of them, have undertaken material transactions with Bridgewater Community Healthcare NHS Foundation Trust.

The Trust's chairman, Andrew Gibson, is also the managing partner of Gibson Freake Edge Management Consultancy. During 2018/19 Gibson Freake Edge Management Consultancy invoiced the Trust £37k in recognition of the services provided by Andrew Gibson in his capacity as Chairman for the Trust between his appointment on 1 October 2018 and 28 February 2019, at which point he joined the Trust's payroll. As at 31 March 2019, there were no amounts owed to Gibson Freake Edge Management Consultancy.

The Trust's Director of Workforce & Organisational Development, Michelle Cloney, is a joint appointment with Warrington and Halton Hospitals NHS Foundation Trust. During 2018/19, the Trust

has invoiced Warrington and Halton Hospitals NHS Foundation Trust £259k for the provision of Health Care Services in accordance with the Service Level Agreements in place, and has incurred expenditure of £1,036k with Warrington and Halton Hospitals NHS Foundation Trust for Diagnostics and Pharmacy services. As at 31 March 2019, the Trust recognises a contract receivable of £286k and a trade payable of £330k with Warrington and Halton Hospitals NHS Foundation Trust.

During the reporting period Bridgewater has had a significant number of material transactions (greater than £1 million) with these parties, the details of which are:

CCGs
NHS Halton CCG
NHS St Helens CCG
NHS Warrington CCG
NHS Wigan Borough CCG

NHS England
NHS Core
Cheshire and Merseyside
Greater Manchester Local Office
Lancashire and South Cumbria Local Office

NHS Trusts
St Helens and Knowsley Hospital Services NHS Trust

NHS Foundation Trusts
Greater Manchester Mental Health NHS Foundation Trust
Warrington and Halton Hospitals NHS Foundation Trust
Wrightington, Wigan and Leigh NHS Foundation Trust

Other NHS Bodies
Department of Health and Social Care
NHS Pension Scheme
Health Education England
NHS Property Services
Community Health Partnerships

In addition, the Trust has had a number of material transactions (greater than £1 million) with other government departments and other central and local government bodies. Most of these transactions have been with the following entities:

	Receivables		**Payables**	
	31 March 2019	31 March 2018	**31 March 2019**	31 March 2018
	£000	£000	**£000**	£000
Local Authorities				
Halton Borough Council	**1,451**	1,163	**-**	122
Warrington Borough Council	**1,182**	157	**8**	-
Wigan Borough Council	**138**	77	**11**	110
Bolton Metropolitan Borough Council	**638**	395	**-**	29
Oldham Metropolitan Borough Council	**512**	387	**92**	70
	3,921	2,179	**111**	331

	Income		Expenditure	
	2018/19	2017/18	**2018/19**	2017/18
	£000	£000	**£000**	£000
Local Authorities				
Halton Borough Council	**4,970**	4,334	**5**	10
Warrington Borough Council	**7,748**	7,399	**82**	3
Wigan Borough Council	**7,394**	7,121	**11**	100
Bolton Metropolitan Borough Council	**3,352**	3,358	**1**	30
Oldham Metropolitan Borough Council	**7,314**	7,897	**3**	-
	30,778	30,109	**102**	143

Note 28 Events after the reporting date

On 1st April 2019, the Trust's services in Wigan transferred to a new provider, Wrightington, Wigan and Leigh NHS Foundation Trust, as part of a planned move towards the establishment of a Local Care Organisation. This accounts for 30% of total contract income in 2018/19.

6. Independent auditors' report to the Council of Governors of Bridgewater Community NHS Foundation Trust

Independent auditors' report to the Council of Governors of Bridgewater Community Healthcare NHS Foundation Trust

Report on the audit of the financial statements

Opinion

In our opinion, Bridgewater Community Healthcare NHS Foundation Trust's financial statements (the "financial statements"):

- give a true and fair view of the state of the Trust's affairs as at 31 March 2019 and of the Trust's income and expenditure and cash flows for the year then ended; and
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2018/19.

We have audited the financial statements, included within the Annual Report and Accounts 2018/19 (the "Annual Report"), which comprise: the Statement of Financial Position as at 31 March 2019; the Statement of Comprehensive Income for the year then ended; the Statement of Cash Flows for the year then ended; the Statement of Changes in Equity for the year then ended; and the notes to the financial statements, which include a description of the significant accounting policies.

Basis for opinion

We conducted our audit in accordance with the National Health Service Act 2006, the Code of Audit Practice and relevant guidance issued by the National Audit Office on behalf of the Comptroller and Auditor General (the "Code of Audit Practice"), International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Material uncertainty relating to going concern

In forming our opinion on the financial statements, which is not modified, we have considered the adequacy of the disclosure made in note 1.2 to the financial statements concerning the Trust's ability to continue as a going concern.

The Trust has produced an annual plan for 2019/20 which indicates a deficit of £0.3m. The Trust anticipates that it will not require additional short term funding to meet its liabilities as they fall due and will be able to provide ongoing healthcare services. The delivery of the annual plan is dependent on the achievement of the Cost Improvement Programme (CIP) of £3.4m. There are some contracts for 2019/20 that are still being negotiated. Any shortfall on the CIP target or from contract negotiations will directly impact the projected deficit.

The Trust has significant external borrowing with the Department of Health and Social Care of £18m as at 31 March 2019, with a further £0.9m borrowed in May 2019. The Trust does not have any defined plans to repay the Department of Health loans which fall due starting from February 2021.

These conditions, along with the other matters explained in note 1.2 to the financial statements, indicate the existence of a material uncertainty which may cast significant doubt about the Trust's ability to continue as a going concern. The financial statements do not include the adjustments that would result if the Trust were unable to continue as a going concern.

Explanation of material uncertainty

The Department of Health and Social Care Group Accounting Manual 2018/19 requires that the financial statements of the Trust should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS foundation trust without the transfer of the services to another entity, or has no realistic alternative but to do so.

The Trust recorded a deficit in 2018/19 of £8m.

The annual plan for 2019/20 is a planned deficit of £0.3m. We examined the Trust's cash flow forecast for 2019/20. The Trust expects to maintain positive cash balances throughout. This was contingent on receiving an additional loan of £0.9m and having no adverse impact from unsigned income contracts. The additional loan was received in May 2019; however, some significant income contracts are still being negotiated. The Trust also has no defined plans to repay the significant loan balances with the Department of Health which start to fall due from February 2021.

What audit work we performed

In considering the financial position of the Trust, we:

- Understood the Trust's 2019/20 Annual Plan and cash flow forecasts, including their key assumptions, for example working capital requirements. The defined savings programmes included in the CIP target of £3.4m are yet to be identified;
- Confirmed the agreement of 2019/20 contracts with the Trust's significant commissioners. We noted that some of the most significant contracts are unsigned and the Trust has been billing on agreed terms. The Trust considers the risk of losing income from unsigned contracts to be minimal; and
- Challenged the assumptions behind the Trust's financial forecasts and cash flows.

Our audit approach

Context

In 2018/19, the Trust had additional drawdown of £10m from the Department of Health and Social Care to help manage its financial pressures. The total loan outstanding at the year end was £18m (2017/18: £8.6m). This funding was critical in achieving its deficit of £7.964m, against a planned deficit of £7.6m. The Trust did not agree a control total with NHSI for 2018/19 resulting in a much higher interest charge on the loans compared to the prior year. The Trust transferred the services it provided in the Wigan area to another NHS Foundation Trust on 1 April 2019

Within the prior year the Trust was subject to an inspection from the Care Quality Commission ("CQC") which, although acknowledging the Trust's progress and improvements made, gave a rating of 'requires improvement'. These matters have been considered within our audit approach.

Our audit for the year ended 31 March 2019 was planned and executed having regard to the fact that the Trust's operations and financial stability were largely unchanged in nature from the previous year. In light of this, our approach to the audit in terms of scoping and areas of focus was largely unchanged.

Overview

- Overall materiality: £2,946,657 (2018: £3,036,080) which represents 2% of total revenue.
- We performed most of our audit of the financial information for the Trust at the Trust's finance function in Bevan House, and later Spencer House.
- In establishing our overall approach we assessed the risks of material misstatement, taking into account the nature likelihood and potential magnitude of any misstatement. Following this assessment, we applied professional judgement to determine the extent of testing required over each balance in the financial statements.
- Management override of control and the risks of fraud in revenue and expenditure recognition;
- Changes in the Financial Reporting Manual(IFRS 15);
- Financial sustainability and going concern;
- Valuation of Property, Plant and Equipment; and
- Treatment of home loan equipment.

The scope of our audit

As part of designing our audit, we determined materiality and assessed the risks of material misstatement in the financial statements. In particular, we looked at where the directors made subjective judgements, for example in respect of significant accounting estimates that involved making assumptions and considering future events that are inherently uncertain.

As in all of our audits we also addressed the risk of management override of internal controls, including evaluating whether there was evidence of bias by the directors that represented a risk of material misstatement due to fraud.

Key audit matters

Key audit matters are those matters that, in the auditors' professional judgement, were of most significance in the audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by the auditors, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters, and any comments we make on the results of our procedures thereon, were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. This is not a complete list of all risks identified by our audit.

Key audit matter	***How our audit addressed the key audit matter***
Fraud in revenue and expenditure recognition *See note 1 to the financial statements for the directors' disclosures of the related accounting policies, judgements and estimates relating to the recognition of income and expenditure and notes 3-5 for further information.* We focussed on this area because there is a risk that the Trust's results will be materially misstated due to: • the risks surrounding the future financial position and sustainability and position of the Trust; and • the pressure the Trust is under to achieve the current Cost Improvement Programme ('CIP') plan. As all Trusts are under pressure to achieve their planned outturns, there is a risk that the Trust could adopt accounting policies, make accounting judgements or estimates or treat income and expenditure transactions in such a way as to lead to material misstatement in the deficit position. Given these incentives, we considered the risk of management manipulation in each of the key areas of focus, which are: • Recognition of revenue and expenditure; • The inherent complexities in a number of contractual arrangements entered into by the Trust, for example intra-NHS transactions; • Manipulation through non-standard journal transactions; • Items of income or expenditure whose value is dependent upon estimates, including the provision for bad debts; and • Unrecorded liabilities.	*Income and expenditure transactions:* For income and expenditure transactions close to the year-end, we tested on a sample basis that the transaction and the associated income and expenditure had been posted to the correct financial year end by tracing them to invoices or other documentary evidence. For a sample of income contracts from NHS England and Clinical Commissioning Groups ("CCG"), we obtained and agreed the income received during the year to a signed contract. *Intra-NHS balances* We obtained the Trust's intra-NHS confirmations for debtor, creditor, income and expenditure balances, checked that management had investigated disputed amounts, and then discussed with them the results of their investigation and the resolution, which we agreed to correspondence with the counterparty. We then considered the impact, if any, these disputes would have on the value of income and expenditure recognised in 2018/19 and determined that there was no material impact. *Journals* We tested a sample of journal transactions that had resulted in an adjustment to income, focusing in particular on those recognised near the end of the year which had a net impact on the Statement of Comprehensive Income, by tracing the journal entry to supporting documentation. Our testing confirmed that they were supported by appropriate documentation and that the related income was recognised in the correct period. We also applied analytical review procedures to establish whether the volume and value of journals posted in each month showed any unusual trends. *Estimates* We evaluated the provision for bad debts and the basis of its calculation by assessing the reasonableness of the probabilities used in the calculation of the expected credit loss balance, agreeing to cash receipt (where possible) or evidence to support their recoverability. *Unrecorded liabilities* We performed testing over the risk of unrecorded liabilities by agreeing a sample of payments made and invoices received after the year end to supporting documentation and checking that, where they related to 2018/19 expenditure, an accrual was recognised appropriately. From the testing we performed we did not identify any unrecorded liabilities as at the year-end date.

Valuation of Property, Plant and Equipment *See note 13 to the financial statements for the disclosures in relation to PPE.* We focussed on this area because Property, plant and equipment ("PPE") represents the largest balance in the Trust's statement of financial position and the consequential impact on the financial statements were it to be materially misstated. The carrying value of PPE is £22.7m (2018: £23.1m). All PPE assets are measured initially at cost, with land and buildings being subsequently measured at fair value based on periodic valuations. A full valuation was performed on land and buildings at the year end by the District Valuers, who are professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual, and are required to be performed with sufficient regularity to ensure that the carrying value is not materially different from fair value at the reporting date. Based on management's decision, the Trust's external valuers have applied the Building Cost Information Service ("BCIS") indexation for the purpose of the valuation of land and buildings as at 31 March 2019. The PPE balance also includes £4.3m (2018: £4.5m) of assets which are intended to be loaned to patients, for example specialist wheelchairs, beds and other equipment items which patients require on an ongoing basis. These are held either in Trust community stores or in people's homes.	We used our valuations expertise to confirm that management's decision to apply the BCIS indexation and the indexation applied to the carrying value of Land and Buildings (including dwellings) was appropriate. We evaluated and challenged the assumptions and methodology in the valuation report produced by the Trust's external valuation experts and used our own valuations expertise in the health sector to: • check the valuer's qualifications and objectivity; • consider the suitability of the methodology adopted in valuing the assets; and • agree the movement in the BCIS indexation that has been adopted in the valuation to the average BCIS movements in the area. We checked and found that the valuation of land and buildings per the valuation report had been accurately reflected in the financial statements and that the gains and impairments had been accurately reflected within the Statement of Comprehensive Income and reserves. We gained an understanding of management's processes and systems for recording and administering community equipment assets, and examined third party maintenance records to check the existence of assets held in the community.
Changes in the Financial Reporting Manual – IFRS 15 *See note 1 to the financial statements for the directors' disclosures on the transition to IFRS 15 in the year. Further information is included on how management has interpreted the new accounting policy and any judgements and estimates relating to the recognition of income under the new standard.* We focused on this area because the new standard replaces a significant amount of existing guidance and could have a substantial impact on how income is recognised in the Trust due to the various material contracts. The new standard requires management to identify contractual performance obligations, allocate the transaction price to those obligations, and recognise revenue only when those obligations are satisfied. There is an element of judgement in the interpretation of some contract terms.	We reviewed management's paper detailing their interpretation of the five step approach to income recognition to be applied to all contracts. We reviewed the terms for all material contracts to gain reasonable assurance over management's interpretation of the key terms and any changes required to income recognition by IFRS 15. We assessed the adequacy of the IFRS 15 disclosures in the annual report in line with the DHSC Group Accounting Manual.

Other than the matters noted in the 'Material Uncertainty relating to going concern' and 'Arrangements for securing economy, efficiency, and effectiveness in the use of resources' paragraphs, we determined that there were no further key audit matters relating to the financial statements of the Trust and the Trust's arrangements for securing economy, efficiency, and effectiveness in the use of resources to communicate in our report.

How we tailored the audit scope

We tailored the scope of our audit to ensure that we performed enough work to be able to give an opinion on the financial statements as a whole, taking into account the structure of the Trust, the accounting processes and controls, and the environment in which the Trust operates.

In establishing our overall approach we assessed the risks of material misstatement, taking into account the nature, likelihood and potential magnitude of any misstatement. Following this assessment, we applied professional judgement to determine the extent of testing required over each balance in the financial statements. We performed most of our audit work at Bevan House (and later Spencer House), which is where the finance function is based.

Materiality

The scope of our audit was influenced by our application of materiality. We set certain quantitative thresholds for materiality. These, together with qualitative considerations, helped us to determine the scope of our audit and the nature, timing and extent of our audit procedures and to evaluate the effect of misstatements, both individually and on the financial statements as a whole.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

Overall materiality	£2,946,657 (2018: £3,036,080)
How we determined it	2% of revenue (2018: 2% of revenue)
Rationale for benchmark applied	Consistent with last year, we have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate.

We agreed with the Audit Committee that we would report to them misstatements identified during our audit above £147,000 (2018: £151,000) as well as misstatements below that amount that, in our view, warranted reporting for qualitative reasons.

Reporting on other information

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

In connection with our audit of the financial statements, 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 an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information. 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 based on these responsibilities.

With respect to the Performance Report and the Accountability Report, we also considered whether the disclosures required by the NHS Foundation Trust Annual Reporting Manual 2018/19 have been included.

Based on the responsibilities described above and our work undertaken in the course of the audit, ISAs (UK) and the Code of Audit Practice require us also to report certain opinions and matters as described below.

Performance Report and Accountability Report

In our opinion, based on the work undertaken in the course of the audit, the information given in the Performance Report and Accountability Report for the year ended 31 March 2019 is consistent with the financial statements and has been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

In light of the knowledge and understanding of the Trust and its environment obtained in the course of the audit, we did not identify any material misstatements in the Performance Report or Accountability Report.

In addition, the parts of the Remuneration and Staff reports to be audited have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

Responsibilities for the financial statements and the audit

Responsibilities of the directors for the financial statements

As explained more fully in the Accountability Report set out on page 30, the directors are responsible for the preparation of the financial statements in accordance with the Department of Health and Social Care Group Accounting Manual 2018/19, and for being satisfied that they give a true and fair view. The directors are also responsible for such internal control as they determine 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 directors are 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 directors either intend to liquidate the Trust or to cease operations, or have no realistic alternative but to do so.

The Trust is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Auditors' 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 auditors' 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.

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

We are required under Schedule 10 (1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report to you where we have not been able to satisfy ourselves that it has done so. 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 work in accordance with the Code of Audit Practice, having regard to the criterion determined by the Comptroller and Auditor General as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice. Based our on risk assessment, we undertook such work as we considered necessary.

Our audit did not consider any impact that the United Kingdom's withdrawal from the European Union may have on the Trust as the terms of withdrawal are not clear, and it is difficult to evaluate all of the potential implications on the Trust's activities, patients, suppliers and the wider economy.

Use of this report

This report, including the opinions, has been prepared for and only for the Council of Governors of Bridgewater Community NHS Foundation Trust as a body in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Other required reporting

Arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report, by exception, if we conclude we are not satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

We draw your attention to the Trust's Annual Governance Statement and Accounting policies within the Annual report which include further details on the matters noted below and the Trust's actions to address the issues.

Adverse opinion

As a result of the matters set out in the Basis for adverse opinion and key audit matter section immediately below, we have concluded that the Trust has not put in place proper arrangements for securing economy, efficiency and effectiveness in the use of its resources for the year ended 31 March 2019.

Basis for adverse opinion and Key Audit Matter

Financial performance

In the year the Trust delivered a deficit of £8m. The Trust did not agree a control total for 2018/19 with NHS Improvement. Cash outflow from operations in 2018/19 was £6.5m and external borrowing with Department of Health was £18m (2018: £8.6m) at 31 March 2019. The Trust does not have any defined plans for the repayment of these loans which start to fall due from February 2021.

The above issue is evidence of weakness in proper arrangements for planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.

CQC inspection results

The Trust was inspected by the Care Quality Commission ("CQC") from 4 to 27 September 2018, and the CQC issued their report on 17 December 2018. This report gave the Trust an overall rating of 'requires improvement'. Of the five sub-categories in the CQC report, the Trust was rated as 'good' in relation to whether services are caring, effective and responsive, and 'requires improvement' in relation to safety and well-led aspects of the inspection framework.

Whilst the Trust has prepared an action plan in response, and has made progress in implementing the agreed actions, the Trust still remains subject to the original rating of 'requires improvement'.

These conclusions in the CQC report provide evidence that the Trust has not made informed decisions or deployed resources sustainably as defined by Auditor Guidance Note 3 ("AGN" 03).

What audit work we performed

In considering the Trust's arrangements we:

- Understood the Trust's 2018/19 and 2019/20 financial plan, including its cash flows and assumptions underpinning borrowing needs; and
- Reviewed the outcomes of the latest regulatory findings including NHSI's single oversight framework, and CQC inspections.

Our procedures in respect of going concern are explained in the "Material uncertainty related to going concern" section above.

Other matters on which we report by exception

We are required to report to you if:

- the statement given by the directors on page 30, in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance, that they consider the Annual Report taken as a whole to be fair, balanced and understandable, and provides the information necessary for patients, regulators, and other stakeholders to assess the Trust's performance, business model, and strategy is materially inconsistent with our knowledge of the Trust acquired in the course of performing our audit.
- the section of the Annual report on page 38, as required by provision C.3.9 of the NHS Foundation Trust Code of Governance, describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.
- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2018/19 or is misleading or inconsistent with our knowledge acquired in the course of performing our audit. We have not considered whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.
- we have referred a matter to Monitor under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.
- we have issued a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006.
- we have not received all the information and explanations we require for our audit.

We have no exceptions to report arising from this responsibility.

Certificate

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Code of Audit Practice.

Lynn Pamment

Lynn Pamment (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Manchester
29 May 2019

7. Key Contacts

Your views

We welcome your comments and feedback on our Annual Report and Accounts and Quality Account. Please contact 01942 482655 or email communications@bridgewater.nhs.uk if you:

- have any further questions or need help understanding any aspect of this document
- would like to view this document in another language or format such as Braille or audio
- would like us to send you a printed copy of this document or parts of this document

Giving feedback on our services

If you wish to tell us about your experience of our services please contact Patient Services:

Email: Patient.Services@bridgewater.nhs.uk
Telephone: 0800 587 0562

Membership

If you would like to have a say and help us to develop our services to meet local needs, then please consider becoming a member. Membership is open to anyone aged 14 years or over who lives in England. Please contact us to find out more:

Email: membership@bridgewater.nhs.uk

Telephone: 01942 482672

Want to know more about us? You can:

- find out more about us on our website: www.bridgewater.nhs.uk
- follow us on Twitter: www.twitter.com/Bridgewater_NHS
- "like" us on Facebook www.facebook.com/BridgewaterNHS
- contact our Headquarters:

Europa Point, Europa Boulevard, Warrington, Cheshire, WA5 7TY

Telephone: 0844 264 3614 or
Email: enquiries@bridgewater.nhs.uk

Acknowledgements

Thank you to all the staff and teams who contributed to this document.

8. Appendices

Appendix 1 Board and Committee Attendance Register

Appendix 1

Board and Committee Attendance Register – April 2018 to March 2019

KEY AP – apologies A-absent (no apologies) *closed/extraordinary session **/*** two or three Board sessions in a month, some closed		April	May	June	July	August	September	October	November	December	January	February	March	TOTAL
Board meetings (including both public and closed meetings)														
Harry Holden	**Chair**		X											1/1
Andrew Gibson	**Chair**								X			X		2/2
Karen Bliss	**Interim Chair – June to end September 2018** **Vice-Chair**		AP			X/X	X		X			X		5/6
Steve Cash	**Non – Executive Director**		X			X/X	X		X			X		6/6
Marian Carroll	**Non – Executive Director**		AP			X/X	AP		X			X		4/6
Maggie Pearson	**Non – Executive Director**		X			X/AP	X							3/4
Sally Yeoman	**Non – Executive Director/Senior Independent Director**		X			X/X	X		X			X		6/6
Dorothy Whitaker	**Non – Executive Director**		X			X/X	X		X			X		6/6
Linda Chivers	**Non – Executive Director**					X/X	X		X			X		5/5
Michelle Cloney	**Director of Workforce and Organisational Development**											X		1/1
Colin Scales	**Chief Executive**		X			X/X	X		X			X		6/6
Lynne Carter	**Chief Nurse and Chief Operating Officer**		X			X/X	X		X			X		6/6
Mike Barker	**Director of Strategic Development**		AP			X/AP								1/3
David Valentine	**Medical Director**					X/X	X		X			X		5/5

David Lewis	**Interim Medical Director**													
Jacqui Bate	**Interim Director of Workforce**						AP		AP					0/0
Sue Hill	**Director of Finance**		X			X/AP	X		X					4/5
Nick Gallagher	**Director of Finance**											X		1/1

KEY AP – apologies		April	May	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	**Total**
Nominations and Remuneration Committee (held on ad – hoc basis)														
Harry Holden	**Chair**	AP	X	AP/X										2/4
Andrew Gibson	**Chair**											X		1/1
Karen Bliss	**Interim Chair – June to end September 2018** **Vice-Chair**	X	AP	X/X	X	X	X					X		7/8
Steve Cash	**Non – Executive Director**	X	X	AP/X	AP	X	X					X		6/8
Marian Carroll	**Non – Executive Director**	X	AP	AP/X	X	X	AP					X		5/8
Maggie Pearson	**Non – Executive Director**	X	X	X/X	X	AP	X							6/7
Linda Chivers	**Non – Executive Director**			X/X	AP	X	X					X		5/6
Sally Yeoman	**Non – Executive Director**	X	AP	X/X	X	X	X					X		7/8
Dorothy Whitaker	**Non – Executive Director**	X	X	X/X	X	X	X					X		8/8

KEY AP – apologies *Extraordinary Audit Committee		April	May	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	**Total**
Audit Committee														
Linda Chivers	**Non – Executive Director (Chair from June 2018)**				X			X			X		X	4/4
Karen Bliss	**Interim Chair – June to end September 2018 Vice-Chair (member to Jan 2019)**	X	AP		X			X						3/4
Steve Cash	**Non – Executive Director**	X	X		AP			X			X		X	5/6
Marian Carroll	**Non – Executive Director**	X	AP		AP			X			AP		X	3/6
Maggie Pearson	**Non – Executive Director**	X	X		X									3/3
Dorothy Whitaker	**Non – Executive Director**	X	X		X			AP			X		X	5/6
KEY AP – apologies *Extraordinary Audit Committee		April	May	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	**Total**
Quality and Safety Committee														
Marian Carroll	**Non – Executive Director (Chair)**	X	X	X	X	X	X	X	X	AP		X		9/10
Sally Yeoman	**Non – Executive Director (member to Jan 2019)**	X	X	X	AP	X	X	X	X	X				8/9
Dorothy Whitaker	**Non – Executive Director**	X	X	X	X	X	X	X	X	X		X		10/10
Karen Bliss	**Interim Chair – June to end September 2018**											X		1/1

	Vice-Chair (member from Jan 2019)													
Linda Chivers	**Non-Executive Director (member from June 2018 to Dec 2018)**			X	X	X	AP	X	X					5/6
Lynne Carter	**Chief Nurse and Chief Operating Officer**	X	X	X	X	X	X	AP	X	X		X		9/10
David Valentine	**Medical Director**	X	X	X	AP	X	X	X	X	X		X		9/10
David Lewis	**Interim Medical Director**													0

KEY AP – apologies		April	May	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	**Total**
Finance and Performance Committee														
Steve Cash	**Non – Executive Director (Chair)**	X	AP	X	X	X	X	X	X	X	X	AP	X	10/12
Karen Bliss	**Interim Chair – June to end September 2018** **Vice-Chair**	X	X	X	X			AP	X	X	X	X	X	9/10
Maggie Pearson	**Non – Executive Director**	X	X	X	X	X	X							6/6
Sally Yeoman	**Non – Executive Director**	X	X	X	X	X	X	X	X	AP	X	X	X	11/12
Linda Chivers (member from June 2018	**Non-Executive Director**			X	X	X	X	X						5/5
Nick Gallagher	**Director of Finance**										X	X	X	3/3
Mike Barker	**Director of Strategic Development**	X	X	X	AP	AP								3/5

Lynne Carter	**Chief Nurse and Chief Operating Officer**		X	X	X	X	X	X	AP	X	AP	AP	X	8/11
Sue Hill	**Director of Finance**	X	X	X	X	AP	X	X	X	X				8/9

KEY AP – apologies		April	May	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	**Total**
Workforce and Organisational Committee														
Dorothy Whitaker	**Non-Executive Director (Chair from Nov 2018)**		X		X		X		X		X		X	6/6
Marian Carroll	**Non-Executive Director (member to Jan 2019)**		X		X		X		X		X			5/5
Karen Bliss	**Interim Chair – June to end September 2018** **Vice-Chair (member to Nov 2018)**		X		X		X		AP					3/4
Maggie Pearson	**Non – Executive Director (Chair until Sept 2018)**		X		X		X							3/3
Sally Yeoman	**Non – Executive Director (member from Jan 2019)**										AP		X	1/2
Linda Chivers	**Non – Executive Director (member from Jan 2019)**										A		X	1/2
Michelle Cloney	**Director of Workforce and Organisational Development**										X		X	2/2
Jacqui Bate	**Interim Director of Workforce & Corporate Affairs**								X					1/1

Lynne Carter	**Chief Nurse and Chief Operating Officer**		X		X		X		X		AP		AP	4/6
Mike Barker	**Director of Strategic Development**		X		X		AP							2/3
David Valentine	**Medical Director (member from September 2018)**						X		X		X		X	4/4

KEY AP – apologies A – absent without apologies		April	May	June	July	August	Sept	October	Nov	Dec	Jan	Feb	March	**Total**
Council of Governors														
Harry Holden	**Chair**	X		X										2/2
Andrew Gibson	**Chair**							X		X		X		3/3
Dorothy Whitaker	**Non – Executive Director**	X		X		X		AP		X		X		5/6
Karen Bliss	**Interim Chair – June to end September 2018** **Vice-Chair**	X		X		X		X		X		X		
Steve Cash	**Non – Executive Director**	X		X		AP		X		AP		A		3/6
Marian Carroll	**Non – Executive Director**	AP		X		X		X		AP		X		4/6
Maggie Pearson	**Non – Executive Director**	X		AP		X								2/3
Linda Chivers	**Non – Executive Director**			AP		X		AP		X		AP		2/5
Sally Yeoman	**Non – Executive Director/Senior Independent Director**	X		X		X		AP		X		AP		4/6
Michelle Cloney	**Director of Workforce and Organisational Development**											A		0/1

Colin Scales	**Chief Executive**	AP		AP		X		AP		AP		AP		1/6
Lynne Carter	**Chief Nurse and chief Operating Officer**	A		A		X		AP		X		A		2/6
Nick Gallagher	**Director of Finance**											A		0/1
Mike Barker	**Director of Strategic Development**	X		A		A								1/3
David Valentine	**Medical Director**	A		A		X		A		A		A		1/6
David Lewis	**Interim Medical Director**	A												0/1
Sue Hill	**Director of Finance**	X		A		X		A		A				2/5

Executive Directors attendance is NOT required, as directed by Governors, only if presenting a specific requested item

KEY AP – apologies A – absent without apologies		April	May	June	July	August	Sept	Octobe r	Nov	Dec	Jan	Feb	March	**Total**
Council of Governors														
Rita Chapman (LEAD GOVERNOR)	**Public Governor – St Helens**	X		X		X		X		X		X		6/6
Gary Young	**Public Governor – Wigan**	A		A		A		AP		A		A		0/6
William (Ken) Griffiths	**Public Governor – Wigan**	A		X		X		X		X		X		5/6
Susan Francis	**Public Governor – Wigan**	A		A		A		X		AP		A		1/6
Rebecca Reece	**Public Governor – Wigan**	X		AP		A		A		A		A		1/6

Paul Mendeika	**Public Governor – Warrington**	X		X		X		A		X		X		5/6
Alan Guthrie	**Public Governor – Warrington**	A		A		A		A		A		A		0/6
Derek Maylor	**Public Governor – St Helens**	X		A		X		AP		AP		X		3/6
Canon Geoff Almond	**Public Governor – St Helens**	A		A		A		AP		A		A		0/6
Marlene Quinn	**Partner Governor – St Helens**	A		A		A		A		A		A		0/6
Bill Harrison	**Public Governor – St Helens**	X		A		X		AP		X		X		4/6
Diane McCormick	**Public Governor - Halton**	X		X		X		X		X		X		6/6

KEY AP – apologies A – absent without apologies		April	May	June	July	August	Sept	Octobe r	Nov	Dec	Jan	Feb	March	**Total**
Council of Governors														
Steven Lowe	**Staff Governor – AHP**	X		X		X		X		X		A		5/6
Corina Casey Hardman	**Staff Governor – Nursing and Midwifery**	X		X		X		X		X		X		6/6
Fiona Bremner	**Staff Governor – Nursing and Midwifery**	A		A		A		A		A		A		0/6
Janet Rawlings	**Staff Governor – Nursing and Midwifery**	X		X		X		X		X		X		6/6
Dr Deb Mandal	**Staff Governor – Doctors/Medical**	X		A		A		AP		A		X		2/6

Dave Smith	**Staff Governor – Non-Clinical Support**	X		X		X		AP		AP		AP		3/6
Janette Grey	**Partner Governor – Higher Education**	X		X		X		X		AP		AP		4/6
Cllr Judith Guthrie	**Partner Governor - Warrington**	A		A		AP		AP		A		A		0/6
Cllr Geoff Zygadlo	**Partner Governor - Halton**	X		A		X		X		A		X		4/6
Marlene Quinn	**Partner Governor – St Helens**	A		A		A		A		A		A		5/5

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