



**North West
Boroughs Healthcare**
NHS Foundation Trust

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**Annual Report and Accounts
1 April 2018 to 31 March 2019**

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**Presented to Parliament pursuant to Schedule 7, paragraph
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Performance Report

1. Performance overview

1.1. Purpose

The performance overview aims to provide a short summary with sufficient information to understand the organisation, our purpose, the key risks to the achievement of our objectives and how we have performed during the year.

1.2. Chief Executive's statement

This report sets out how we deliver high-quality mental health, learning disability and community services to service users and patients across the boroughs we serve.

It celebrates our key in-year successes and acknowledges where our performance has not met targets set, why and how we plan to address this.

During 2018/19, we have made significant progress against the six strategic priorities we set out in our strategy for 2018-2021. The Performance Report provides more detail about our achievements through the year.

In October 2018, we were delighted to receive confirmation from the Care Quality Commission that we had maintained our overall rating of 'Good' following an inspection of six of our core services and the well-led domain which took place between May and July 2018.

We have since been taking action to address the necessary improvements identified in some areas. Find out more in the Quality Report.

During the year, we have seen a number of changes to the make-up of our Trust Board. This saw a new Medical Director in post from 1 April 2018, a new Chief Finance Officer appointed to cover secondment in July, creation of Chief Nurse and Deputy Chief Executive and Chief Operating Officer roles in October, and two new non-executive directors join in August and September.

Our positive culture is one of the things we believe sets us apart from other organisations and is something we are very proud of. This year, our Trust behaviours have been introduced to strengthen our Trust values and represent how we want to interact with each other. Teams are now being encouraged to develop team charters outlining how they will embed and bring the behaviours to life within their own team.

We have continued to develop and grow during 2018/19, working in partnership with NHS and non-NHS organisations to win new contracts which strengthen our ability to deliver whole person care, supporting an individual's mental wellbeing as well as physical health needs to help them live their life well.

We are committed to ensuring community and mental health services are delivered in a joined up way and, throughout the year, have played an active role in place-based healthcare systems, working in partnership with clinical commissioning groups, partner trusts and local authorities to shape the future of healthcare for our communities.

During 2018/19, we had a turnover of approximately £186 million (£181 million in 2017/18). We delivered a deficit before impairments and transfers of £2,000 (£2.2 million surplus in 2017/18).

In the Annual Report and Accounts, you will see we have met our quality regulatory ratings and have fully achieved our 2018/19 quality priorities.

In addition, I'm delighted to report several of our services and staff have received national recognition for their innovation and excellent standards of care. More details are included within the Quality Report.



Simon Barber, Chief Executive

North West Boroughs Healthcare NHS Foundation Trust
23 May 2019

1.3. About us

Formed in 2002, the Trust achieved foundation trust status on 1 March 2010 to become 5 Boroughs Partnership NHS Foundation Trust.

On 1 April 2017, we became North West Boroughs Healthcare NHS Foundation Trust. The name change was a result of significant growth during the previous year, extending the geography in which we deliver services. The new name enables all our staff to identify with the organisation regardless of where they work.

We deliver a range of health services across a population of more than 3.5 million people to support our local communities to live life well. These include community-based physical health services, as well as mental health and learning disability services.

We deliver community and inpatient mental health services across Halton, Knowsley, St Helens, Warrington, Wigan and Bolton. And provide physical health services for children and adults in Halton, Knowsley, Sefton and St Helens

We also provide a range of specialist services across the North West, including specialist inpatient services, services for people with vulnerabilities within the criminal justice system across Cheshire and Greater Manchester, and an integrated anti-stalking service in Halton and Warrington.

We employ more than 3,800 staff across a range of professions and we are committed to integrating mental health and physical health services to deliver whole person care which supports our service users with all aspects of their health and wellbeing.

Our last comprehensive inspection by the Care Quality Commission took place in 2018 and we are proud to be rated as 'Good'.

Our purpose

Our Trust Board and Council of Governors have defined our overall purpose as:

'We will take a lead in improving the wellbeing of our communities in order to make a positive difference throughout people's lives.'

Our strategic priorities

Approved by our Trust Board in March 2018, our strategy for 2018-2021 set out the direction and priorities for our organisation for the next three years.

Our strategic priorities are:

- We will deliver **quality, safe and efficient services** with a highly skilled and motivated workforce.
- We will deliver **whole person care** through targeted growth.
- We will retain our **values and culture**.
- We will engage with our communities and staff to **deliver services differently**.
- We will play an active role in **place-based care systems** to maintain a whole person care focus and high clinical standards.
- We will grow and develop the Trust at scale, being seen as an **equal partner in any system-wide collaboration**.

With input from our Council of Governors and senior leaders, during 2018/19, the strategy has been reviewed and updated for 2019-2022. The strategic priorities remain fit-for-purpose, with a slight change of emphasis on priority six as outlined in the image above.

In line with the recently published NHS Long Term Plan, we will have a continued focus on partnership working, digitally enabled care, workforce, value for money and prevention to support us to deliver quality, safe and efficient services to support our communities to live their lives well.

The 2019-2022 strategy is available on our website: www.nwbh.nhs.uk/strategy

Our objectives

We set objectives at the start of each year to enable us to deliver our strategy. Our annual objectives for 2018/19 can be found at Appendix 1.

Our values

Our values reflect the things that matter to us and are evidenced in the way we do things and how we behave:

- We value people as individuals ensuring we are all treated with **dignity and respect**.
- We value **quality and** strive for **excellence** in everything we do.
- We value, encourage and recognise everyone's **contribution and feedback**.
- We value open, two-way communication, to promote a **listening and learning** culture.
- We value and **deliver on** the **commitments** we make.



Our behaviours

Our Trust behaviours represent how we want to interact with one another.

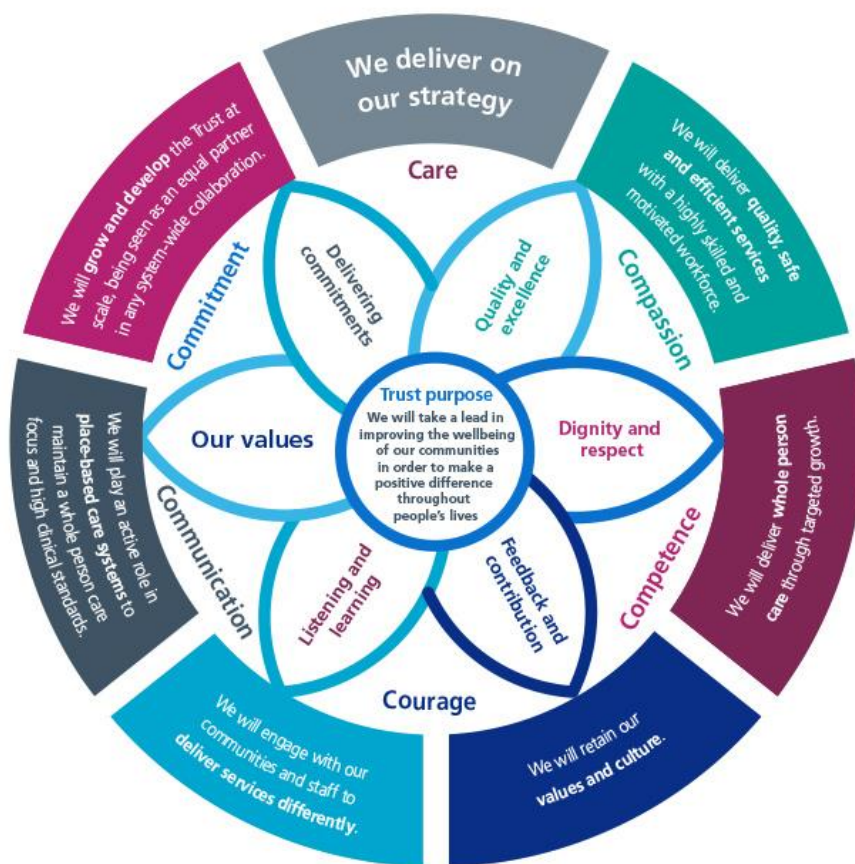
Around here...



Our Culture of Care

Our Culture of Care puts a clear focus on delivering high-quality care for our patients, service users and carers. This is how we have chosen to implement NHS England's 6Cs – care, compassion, commitment, courage, communication and competence – which we believe don't just apply to our nursing staff, but to every member of staff.

How it all fits together



Our structure and business model

Our Trust is structured around the boroughs in which we deliver services. Beneath our Trust Board, within operational services, we have borough leadership teams for each of our boroughs. During 2018/19, this comprised Halton, Knowsley, Sefton, St Helens, Warrington and Wigan, with an additional division and leadership team for specialist services.

During 2018/19, a leadership review was carried out which will see changes to the leadership roles within the borough structure from April 2019.

Corporate and support services sit separately and wrap around the borough operational structure.

The majority of the services we provide are commissioned by clinical commissioning groups and local authorities within our footprint. In addition, some of our specialist services are commissioned by NHS England, local police and crime commissioners and Health Education England.

A number of our services are delivered in partnership with other NHS, third sector and private sector organisations. This strengthens our ability to deliver whole person care, integrating physical and mental health services wherever possible.

We play an active role in the place-based care systems within our footprint, as well as the wider Integrated Care Systems across Greater Manchester and Cheshire and Merseyside – Greater Manchester Health and Social Care Partnership and Cheshire and Merseyside Health and Care Partnership.

1.4. Risks and issues

The key issues and risks which could affect the Trust in delivering our objectives are covered in detail within the Annual Governance Statement, starting on page 84.

Risks are effectively managed through a robust risk management process. All risks scored 12 and above with limited or fair controls are escalated to the Trust Board through Board Assurance Framework reports which are discussed at alternate Trust Board meetings.

At the end of March 2019, there are 103 open risks. Four of these have been mapped against the Board Assurance Framework and have been identified as having potential to impact on achievement of our objectives.

Two of these risks have good controls in place and two have limited controls. One of these is rated as 20, making this the top risk for the Trust.

1.5. Going concern disclosure

See notes to the accounts, starting on page 199.

2. Performance analysis

2.1. Performance measures

As part of the Trust's quality and performance cycle, a monthly Quality and Performance Report is produced to inform the Trust Board of things we are proud of and anything we are concerned about; in particular, whenever key performance measures have triggered pre-defined tolerances at Trust or borough level. These measures include national targets and locally-agreed priorities in addition to a number of internally-agreed targets to quality assure our services.

Detailed definitions of all the Trust's indicators and tolerances can be found on our website at: www.nwbh.nhs.uk/board-meetings

Each measure falls within one of the following six questions:

- Are we delivering our services safely?
- Do we have sufficient, highly motivated and skilled staff?
- Are we delivering to our patients and service users?
- Are we financially viable?
- Are we delivering on our strategy?
- Do our stakeholders support what we do?

The detail behind each measure is scrutinised by the Trust's various committees and during performance meetings held within the quality and performance cycle. Where a measure falls outside of tolerance, narrative will explain what tolerance has been triggered, details of any corrective action required or taken and will make reference, where relevant, to previous or future Trust Board agenda items.

The monthly Quality and Performance Reports are delivered in the public part of every Trust Board meeting and circulated to all board members in the two months of the year when there is not a board meeting. They can be found within Trust Board papers on our website using the link above.

Our performance during 2018/19 against the six key questions is detailed below.

Are we delivering our services safely?

- All the key measures are within tolerance.
- The average number of incidents reported has increased slightly from 964 to 1,049. This is an average increase from 10 reported each month to 14.
- There has also been an increase in patient harm incidents, from an average of 190 a month to 256 a month. Included within these, there was an increase in reported natural cause deaths, from 21 a month to 50 a month. This increase coincides with reporting of deaths in line with the national Learning from Deaths Agenda. Measures are currently being taken to find alternative methods of understanding mortality data.
- Self-harm actual has increased from an average of 99 a month to 100 and inpatient incidents have increased from 446 a month to 494.
- During the year, the number of formal complaints made to the Trust has increased from an average of 12 a month to 18.
- Further analysis illustrates that the increase in patient harm incidents is partially attributed to the reporting of all deaths in Datix and the continued promotion to report incidents across the Trust in order to create a positive reporting culture.

Do we have sufficient, highly motivated and skilled staff?

- A new Trust induction process has been designed and was implemented in April 2018, enabling the completion of all core and statutory training within the first few weeks of joining the Trust. This has resulted in a significant improvement in compliance rates during 2018/19.
- This year, compliance with core and statutory training has increased. At 31 March 2019, the figures were 96 and 92 per cent – an increase on last year's figures of 93 and 87 per cent respectively.
- Specialist training compliance was 91 per cent at 31 March 2019. This is slightly lower than 92 per cent at 31 March 2018, but remains above target.
- Performance Development Review (PDR) figures show compliance was 88% by 31 March 2019 (83 per cent at 31 March 2018). Though below the Trust target of 90 per cent, this is an improvement on the same time last year.
- Attendance has fallen from 94.03 per cent at 31 March 2018 to 93.89 per cent at 31 March 2019. Occupational Health continues to offer a range of support to help with supporting attendance at work. A stress management course for Atherleigh Park staff (in relation to focused work within Wigan) began on 1 March 2019. The mini health checks undertaken in 2018 will be held again, beginning April 2019.
- The introduction of more regular reporting of return-to-work interview analysis to support services to manage attendance more effectively has had a positive impact. The reported completion rate for the month of March 2019 was 80 per cent. Up from the baseline position of 40 per cent reported at the end of August 2018.
- Staff turnover increased slightly to 13.6 per cent at 31 March 2019. Though above the Trust target of 12 per cent, this is a significant improvement on the 14.7 per cent reported in June 2017. Work continues to reduce turnover, focusing on improving on-boarding processes, preceptorship and flexible working.
- The Trust has continued to monitor agency usage and has ended the year under the NHS Improvement agency cap by 17 per cent and, as a rolling figure, remained under the cap for the entire year.

Are we delivering to our patients and service users?

- Within the Single Oversight Framework, the Trust has achieved all targets over the course of the year, with the exception of the recording of employment status.
- Recording of employment status is at 83.2 per cent, against a target of 85 per cent for the year in total. The target was not achieved within the first half of the year and management actions were taken to improve compliance. The 85 per cent target was achieved during the last six months of the year, with the last three months' performance achieving 89.3 per cent.
- Our Improving Access to Psychological Therapies services have all achieved and exceed the waiting times, prevalence and recovery targets. The recovery rate at the end of the year was 51.4 per cent against a target of 50 per cent.

Are we financially viable?

- In 2018/19, the Trust achieved a deficit before impairment and transfers of £2,000.
- The Trust delivered a £4.8 million cost improvement plan for 2018/19.
- The Trust has spent £2.7 million of capital during the year. Schemes worth £571,000 are being carried forward to 2019/20. These relate to our information management platform, refurbishments to develop Yew Tree House in Knowsley into a community hub, and replacement locksets for our inpatient units.
- In 2018/19, the Trust ended the year with a cash balance of £7.957 million.

Are we delivering on our strategy?

- The Trust set itself 16 objectives for 2018/19. Of these, 11 have been fully achieved, four partially achieved and one has not been met. More detail is included within the Quality Report.

Do our stakeholders support what we do?

- During 2018/19, the Trust has been well supported by its Council of Governors. Governors have contributed to a review of the Trust strategy in conjunction with the Trust Board, as well as supporting the development of the Trust's new strategy for 2019-2022.
- The Trust has continued to work positively with a range of external partners, stakeholders and commissioners during the year. This includes clinical commissioning groups, local authorities, other mental health and community trusts across Cheshire and Merseyside and Greater Manchester, acute hospital trusts and a number of third sector and independent sector providers.
- In line with our planning assumptions for 2018/19, the number of formal tendering opportunities was reduced as the emerging integrated care structures in each area develop. That said, during the year, the Trust was successful with a number of new business opportunities and in developing new and exciting partnerships to deliver services, as well as retaining a number of contracts when services were retendered by commissioners. The Trust has secured more than £4 million in new income during 2018/19.
- During 2018/19, the Trust has started to develop more formalised relationships with universities across our patch to support our collective aspirations around knowledge transfer, skill sharing and opportunities to bid for commercial income.
- During 2018/19, the Trust further developed its role in the emerging place-based care systems, including playing a full and active part in the emerging governance structures in each of the six boroughs where the Trust delivers services. In addition, we remain an active part of Cheshire and Merseyside Health and Care Partnership and the Greater Manchester Health and Social Care Partnership.

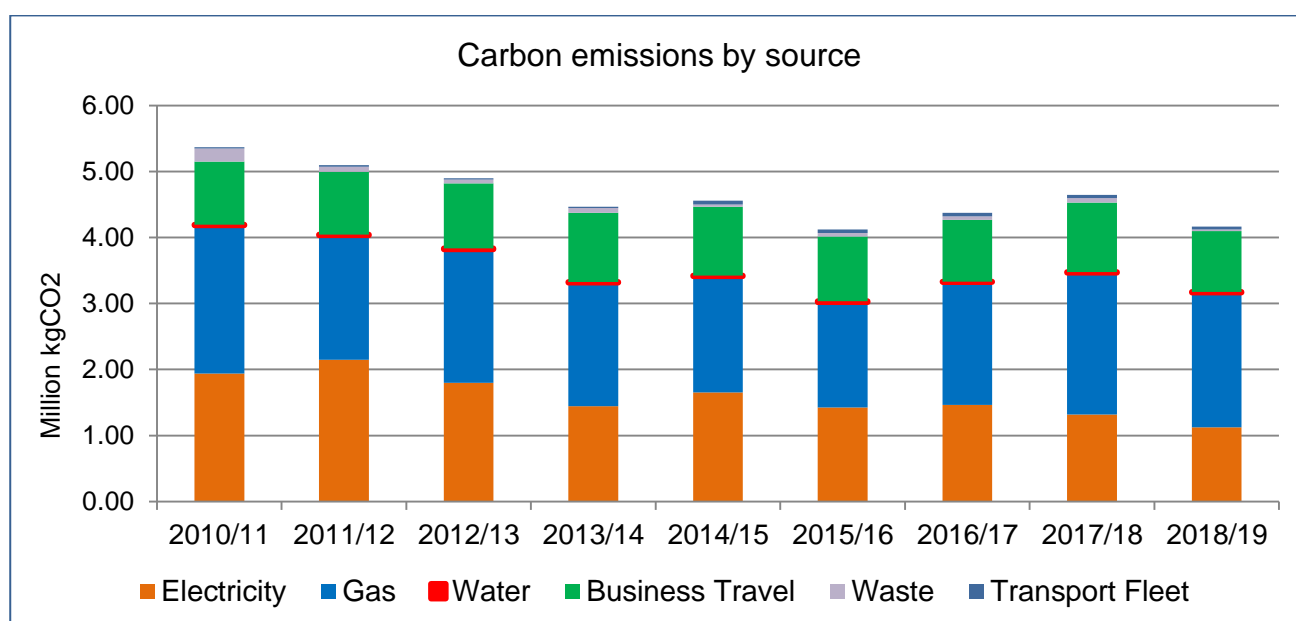
2.2. Environment and sustainability report

The Trust continues to measure and monitor its environmental impact and take actions to improve its performance. The Sustainability Working Group meets quarterly to progress actions on all areas of the Trust Sustainable Development Management Plan (SDMP), including carbon, energy, business travel, transport, waste, natural capital and social value.

The measures included in this report relate only to properties owned by the Trust and facilities, such as waste management services, directly managed by the Trust.

Carbon emissions

Carbon emissions equivalent (CO₂e) is a measure of carbon and other emissions. It is a useful proxy measure of the Trust's environmental performance. The graph below shows Trust emissions from 2010/11 (5,369,011kg) to 2018/19 (4,167,021kg).



	2016/17	2017/18	2018/19
Total emissions (kgCO ₂ e)	4,376,118	4,686,328	4,167,021
Total number of staff at 31 March	3,425	3,935	3,882
Emissions per employee (kgCO ₂ e)	1,278	1,191	1,073

The Trust aims to reduce carbon emissions by 34 per cent by 2020. Using 2010 as the baseline year, we can see there has been a reduction of 22 per cent to date.

Assuming emissions from electricity continue to decline at the same rate they have the previous three years and the plans in place deliver their estimated emissions reductions, the Trust is just on track to meet its 34 per cent target.

Electricity

Carbon emissions from electricity decreased by 14 per cent in 2018/19 compared with the previous year. This is a significant reduction. It can be partially accounted for by the installation of LED lighting in the car parks at Hollins Park Hospital and Peasley Cross Hospital. Additionally, the performance of the combined heat and power plant at Atherleigh Park was improved in January 2019. In the first month following the works there was a 16

per cent reduction in electricity purchased from the grid. The full effect of this improvement will be monitored through 2019/20.

The rollout of automatic meter readers for all electricity meters continued during 2018/19. All but one meter have been upgraded, enabling the Trust to better monitor, report and manage electricity use.

A plan has been approved for an LED lighting replacement across four sites in 2019. More than 1,500 internal lights will be replaced with energy efficient LED lights. This is expected to deliver carbon emission savings of 110,000kg.

Gas

Carbon emissions from gas decreased by four per cent in 2018/19 compared with the previous year. Gas consumption is largely influenced by weather conditions. This reduction is likely to result from having a milder winter and spring than the previous year.

A boiler replacement scheme at Peasley Cross Hospital saw three old boilers removed and two new efficient boilers installed in their place. This became operational in February 2019. The impacts will be monitored through the coming year.

The rollout of automatic meter readers on all gas meters was completed in 2018/19, enabling improved monitoring and reporting.

Travel

There has been an 11 per cent reduction of carbon emissions from travel in 2018/19 compared with the previous year.

The Trust has continued to promote active travel throughout 2018/19. A total of 37 members of staff purchased bikes through the cycle to work scheme. The Trust participated in the Big Bike Revival 2018 in partnership with Cycling UK, hosting cycle events throughout the summer, providing staff with ride leader training and bike maintenance training and developing action plans to improve active travel for four Trust sites.

Last year, the Trust piloted the delivery of mandatory fire training by Skype. The primary benefits are time, money and carbon saved through staff not having to travel to attend a training centre. The first full year evaluation has shown this resulted in financial saving of £3,760 and carbon emission savings of 1,030kg. This project was limited by the number of sites with the necessary technology to facilitate training sessions. Supplementary to this, the trainer travelled to deliver training in various staff bases. This delivered savings of £18,020 and 6,690kg CO₂.

Plans are in place to roll out Skype for Business to all staff in 2019. This will support staff to access meetings remotely, communicate across bases more effectively and reduce the need to travel. This is expected to reduce carbon emissions from business travel by up to 200,000kg.

Domestic waste

	Weight (kg)	Recycled	Refuse derived fuel (RDF)	Landfill
2016/17	293,736	27.76%	60.07%	12.17%
2017/18	367,429	33.77%	66.47%	0%
2018/19	362,528	33.75%	66.25%	0%

The Trust continues to send zero domestic waste to landfill.

The Trust launched Warp-it in May 2018. The furniture and equipment reuse platform allows staff to post and claim unwanted items for reuse within the Trust. The first 10 months of operation – May 2018 to end March 2019 – have resulted in 15,733kg of carbon savings, £40,627 of financial savings and diverted 7,850kg of waste from landfill.

Healthcare waste

The Trust produced 31.15 tonnes of healthcare waste during 2018/19. Of that, approximately 10 tonnes went to incineration and alternative treatment and 21 tonnes of non-hazardous healthcare waste went to deep landfill. Alternative treatments to reduce the amount of waste going to deep landfill will be explored in 2019/20.

Water

The amount of water used in 2018/19 has slightly increased on the previous year.

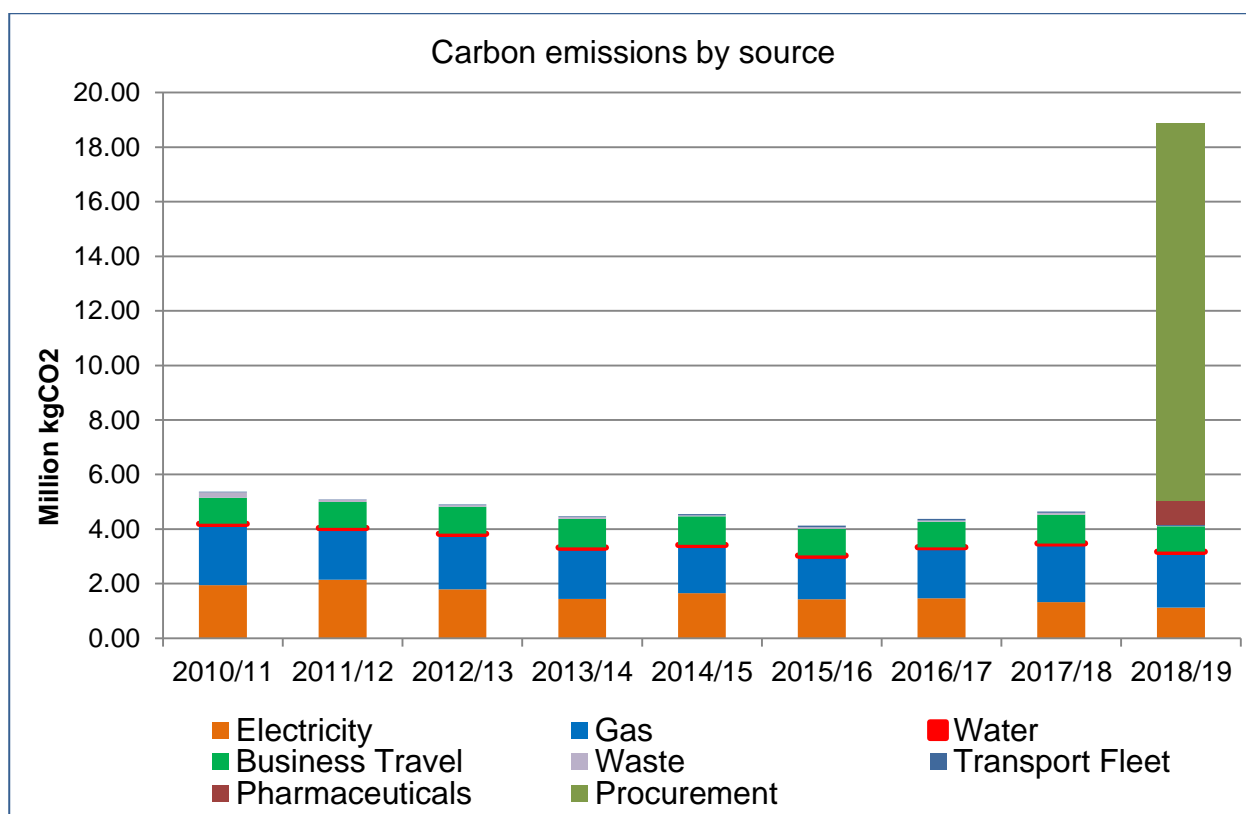
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2016/17	22,394
2017/18	24,893
2018/19	26,543

Unlike gas and electricity monitoring which is based on automatic meter reads, water use is monitored using billing information through a mix of manual reads and estimates. Plans are in place to improve the quality of water monitoring in 2019/20 which will inform future improvements in water management.

Procurement

Following on from actions agreed last year, carbon emissions of Trust procurement activity have been estimated for the first time. This includes the purchase of medical supplies and equipment, food and catering and IT equipment.

Pharmaceuticals account for approximately 21 per cent of all carbon emissions across the NHS. The graph below shows how the Trust emissions profile is significantly altered when emissions from pharmaceuticals and procurement are included. The carbon footprint for the Trust jumps from just over four million kilograms of carbon to over 18 million kilograms of carbon.



Procurement is the area of Trust activity with the highest carbon emissions, but it is also the area where the Trust can have the greatest positive impact in terms of environmental, social and economic factors. This will be an area of future focus for the Sustainability Working Group.

2.3. Social, community and human rights

The Trust operates a suite of policies which recognise the human rights issues of employees, patients, carers and the public. These cover topics including parental leave, work-life balance, safeguarding, equality and diversity, capacity, learning from deaths and policies relating to patient care.

Enshrined within the Equality Act 2010 are nine protected characteristic groups the Trust must ensure do not experience discrimination, by any act or omission of the Trust.

Since the development of the Public Sector Equality Duty in 2011, public bodies are required to have due regard to reduce discrimination, advance equality of opportunity and foster good relations between different people when carrying out activities.

Equality analysis is how the Trust can evidence it is considering the Public Sector Equality Duty. Equality and diversity impact assessments are developed for each policy and procedure and are carried out to inform cost improvement and service redesign processes.

Equality Delivery System (EDS) 2

Equality Delivery System 2 is a way for the Trust to review activity regarding equality and diversity. An event to discuss and inform this held in May 2018 saw almost 100 people from 67 voluntary and community organisations attend and comment on the Trust's evidence regarding how we meet the needs of our communities concerning equality and diversity. Attendance included representatives from Healthwatch groups, clinical

commissioning groups, local learning disability groups, and a number of Trust governors. Feedback gathered from the event was pulled together into a report and action plan.

The latest EDS 2 report with Trust compliance for 2017/18 is available on our website:

www.nwbh.nhs.uk/key-documents

More information about the Trust as a diverse and inclusive employer is included within the Staff Report starting on page 46.

2.4. Important events since the end of the financial year

There have been no events since the end of the financial year with a material effect on the Trust.

2.5. Overseas operations

The Trust is not engaged in any overseas operations.

Accountability Report

The Chief Executive, as the accounting officer, has approved the contents of the following accountability report, which includes:

- Directors' Report
- Remuneration Report
- Staff Report
- NHS Foundation Trust Code of Governance Disclosures
- Single Oversight Framework
- Statement of Accounting Officer's Responsibilities
- Annual Governance Statement

A handwritten signature in purple ink, appearing to read 'S Barber'.

Simon Barber, Chief Executive

North West Boroughs Healthcare NHS Foundation Trust
23 May 2019

Directors' Report

1. Our Trust Board

Our Trust Board has responsibility for strategic development, approving policy and monitoring performance. This includes ensuring the delivery of effective financial stewardship, high standards of clinical and corporate governance and promoting effective relations with the local community we serve.

The Board collectively considers that it is appropriately composed with a balanced spread of expertise to fulfil its function and the terms of licence. The Chairman and non-executive directors meet the independence criteria laid down in the NHS Foundation Trust Code of Governance.

Our Executive Leadership Team provides organisational leadership and takes appropriate action to ensure we deliver our strategic and operational objectives. It maintains arrangements for effective governance throughout the organisation; monitors performance in the delivery of planned results; and ensures corrective action is taken when necessary.

There were 10 Trust Board meetings held during 2018/19 (there was no meeting in August or December).

Names and roles of those who made up our Trust Board during 2018/19 are below.

Name	Title
Simon Barber	Chief Executive
Gail Briers	Chief Nurse and Deputy Chief Executive (from 29 October 2018 – previously, Chief Nurse and Executive Director of Operational Clinical Services)
John Heritage	Chief Operating Officer (seconded from 29 October 2018 – previously seconded as Director of Transformation and Partnership from 4 June 2018)
Tracy Hill	Director of Strategy and Organisational Effectiveness
John McLuckie	Chief Finance Officer (seconded from 17 July 2018)
Sam Proffitt	Chief Finance Officer (until 16 July 2018 – seconded to an external role)
Professor Sandeep Ranote	Medical Director
Helen Bellairs	Chairman
Jonathan Berry	Non-Executive Director
Tricia Kalloo	Non-Executive Director
Brian Marshall	Non-Executive Director (until 30 June 2018)
Stephen McAndrew	Non-Executive Director (from 1 July 2018)
Mike Tate	Non-Executive Director (from 1 September 2018)
Philippa Tubb	Non-Executive Director (until 31 August 2018)
Alison Tumilty	Non-Executive Director

2. Declarations of interest

A register of interests for Trust Board members is available on our website at:

www.nwbh.nhs.uk/trust-board

3. HM Treasury cost allocation and charging guidance

The Trust has complied with the HM cost allocation and charging policy in setting its prices.

4. Political donations

The Trust has not made any political donations during 2018/19 (also none in 2017/18).

5. Better Payment Practice Code

Under the Better Payment Practice Code, the Trust aims to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust is also an approved signatory to the Prompt Payment Code.

The table below shows our level of compliance.

	2018/19		2017/18	
	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	20,671	24,660	25,123	23,619
Total non-NHS trade invoices paid within target	19,679	23,508	24,223	22,687
Percentage of non-NHS trade invoices paid within target	95%	95%	96%	96%
Total NHS trade invoices paid in the year	935	14,029	882	15,307
Total NHS trade invoices paid within target	897	13,767	858	14,933
Percentage of NHS trade invoices paid within target	96%	98%	97%	98%
Total invoices paid in the year	21,606	38,689	26,005	38,926
Total invoices paid within target	20,576	37,275	25,081	37,620
Percentage of invoices paid within target	95%	96%	96%	97%

6. Interest payments

During the reporting year, there were no claims for interest made against the Trust under the Late Payment of Commercial Debts (Interest) Act 1998. There were also no claims during 2017/18.

7. Well-led framework

The Trust Board recognises that robust governance processes should give leaders of organisations, those who work in them and those who regulate them confidence about their capability to maintain and continuously improve services.

Performance and effectiveness of the Trust Board has been evaluated throughout 2018/19.

The Board commissioned KPMG to undertake an externally facilitated developmental well-led review against the eight key lines of enquiry and the characteristics of 'Good'.

The Board dedicated time to a development programme throughout the year which demonstrates the commitment of the Board to well-led. This has included commissioning externally facilitated sessions, undertaking an effectiveness review of its committees and governance arrangements, and a cultural workshop leading to the creation of the Board team charter. Actions identified have been collated and progress monitored throughout the year.

Full details of the Trust's systems of internal control are included within the Annual Governance Statement starting on page 84.

Our Quality Report, which is published each year alongside our Annual Report, is a public statement of our commitment to improving quality and safety in the Trust. The Annual Governance Statement provides details of the arrangements in place for quality governance.

8. Patient care

The Trust has had foundation trust status since March 2010, and working in partnership has always been a key part of our strategy.

Over the last 12 months, we have continued to work in partnership with the clinical commissioning groups and local authorities covering the areas where we provide services.

We work in partnership with NHS providers across Cheshire, Merseyside and Greater Manchester to develop and deliver a range of mental health and community services. In addition, we work with a range of other partners within the criminal justice system, including the police and a range of third sector partners.

During the year, we have started to develop formal relationships with higher education providers across the North West. In 2019/20, we will further develop these partnerships to support knowledge transfer, an extension of clinical placements and opportunities to bid for commercial income opportunities.

We are part of two planning footprints – Greater Manchester (for our services in Wigan, Bolton and across Greater Manchester) and Cheshire and Merseyside (for our services in Halton, Knowsley, Sefton, St Helens and Warrington).

Our services in Wigan, Bolton and across Greater Manchester form part of the devolved Greater Manchester Health and Social Care Partnership. To support our active engagement in Greater Manchester, our Chief Executive is a member of the Greater Manchester Provider Federation Board and the Greater Manchester Health and Social Care Partnership Board. In addition, our Medical Director is Chair of the Children and Young People's Mental Health Programme Board and, going forward, our Chief Operating Officer will be leading a group across Greater Manchester to develop a standardised approach to the delivery of a personality disorder pathway.

Our services in Cheshire and Merseyside form part of the Cheshire and Merseyside Health and Care Partnership. Our Chief Executive is a member of the System Management

Board for Cheshire and Merseyside, representing the community and mental health providers. A key focus within Cheshire and Merseyside is mental health. To support this, a programme board has been established which has representation from our Chief Executive and Chief Operating Officer. Clinicians and managers from within our Trust play key roles in the work streams which have been established to take forward mental health priorities identified in Cheshire and Merseyside to deliver the priorities within the Five Year Forward View for Mental Health.

During 2018/19, we have made significant progress in establishing the Trust as one of the key players in each of the developing placed-based systems. This includes being a member of the executive/chief officer groups in each of the six boroughs where we deliver services, as well as playing a lead role in the provider groups established in each area. During 2019/20 our Chief Executive will chair the provider boards in Warrington and Halton.

8.1. Quality

The Trust is committed to continuous improvement across all our services. Through our Quality Strategy for 2018-2021 (in the process of being updated for 2019-2022), we have identified areas where further development is needed to achieve this.

Between May and July 2018, the Care Quality Commission carried out a well-led inspection and unannounced targeted inspections of six of our core services. The reports were published in October 2018, when we were rated 'Good' overall. While this evidences the impact of our continued focus on quality, some specific areas of service delivery require enhanced support. These include our assessment teams and later life and memory services.

Our Quality Strategy continues to place quality and safety at the heart of what we do. High-quality, compassionate care is central to our Trust's strategic priorities and we are committed to ensuring delivery of community and mental health services is joined up.

As a Trust, we have a strong focus on delivering quality, safe and effective person-centred care. Our values continue to underpin all we do. We value people as individuals, promoting dignity and respect; value quality and strive for excellence; encourage and recognise feedback; promote an open, listening and learning culture; and deliver on our commitments to the communities and people we serve.

We are open and inclusive, and our quality priorities have been developed through consultation and engagement with commissioners and across the organisation, including with patients and service users, our Council of Governors, Trust Board and staff.

During 2018/19, our Quality Strategy has raised the profile of the quality agenda across the Trust, resulting in implementation of a number of quality improvement initiatives and encouraged reflection and dedicated focus on the areas we still wish to improve.

The Quality Strategy provides a foundation for the development of detailed annual quality plans outlining the actions we will take each year to achieve our objectives.

It continues to focus particularly on reducing some of the unwarranted variations in care which exist across the Trust, as well as working with Cheshire and Merseyside Health and Care Partnership and Greater Manchester Health and Social Care Partnership to bring about system stability and ensure quality is everybody's business.

8.2. Performance against key health targets

The Trust continues the approach of CQUINs being led by assistant clinical directors. Commissioners have appreciated the presence of the lead clinicians, including assistant clinical directors, at contract quality meetings and have valued the first-hand experience of the impact the initiatives have had within services. This has continued to provide a much more valuable experience for all involved and has led to rich discussions which have informed negotiations for the coming year. The Quality Report contains details of the CQUIN schemes for 2018/9.

8.3. National and local commissioning priorities

Throughout 2018/19, the Trust has attended quality, safety and safeguarding meetings with commissioners to provide assurance about standards of care and service delivery in all boroughs where we are directly commissioned to provide services. This has included Halton, Knowsley, Sefton, St Helens, Warrington and Wigan.

For our children's 0-19 services, we have delivered assurance to public health commissioners and the relevant local authorities.

In addition, the Trust has delivered a number of services under sub-contract arrangements, including those with St Helens and Knowsley Teaching Hospitals NHS Trust and Mersey Care NHS Foundation Trust.

The quality, safety and safeguarding meetings provide the opportunity for the Trust to provide assurance and enter into constructive dialogue with commissioners and stakeholders about core issues relating to the quality and safety of service delivery.

At the meetings, we also ensure the contracts are aligned to the achievement of national and local quality standards and targets; that robust systems for contract monitoring of clinical quality performance indicators are in place; identify new developments, opportunities and threats relating to quality for consideration within the contracting process; and agree clinical quality performance indicators, CQUINs and service development and improvement plans for future contract years.

The Trust has robust quality governance arrangements in place which support our quality initiatives. The executive lead for quality is the Chief Nurse and Deputy Chief Executive. The Trust has a Quality Committee chaired by a non-executive director which has delegated powers from the Trust Board to provide leadership and assurance about the effectiveness of the Trust's arrangements for quality, ensuring there is a consistent approach, specifically in the areas of safety (patient health and safety), effectiveness, and patient experience.

8.4. Quality Strategy 2018-2021

The Trust launched a refreshed three-year Quality Strategy in 2018 with six priorities:

- A focus on quality assurance
- A focus on happy teams
- A focus on a positive patient experience
- A focus on preventing harm
- A focus on value-added care
- A focus on new models of care

8.5. Quality priorities

To demonstrate the Trust's continual commitment to quality improvement, each year we engage with our six local Healthwatch groups, six local authorities, and six clinical commissioning groups, as well as our service users and carers and the Council of Governors to establish the Trust's quality priorities. These quality priorities demonstrate improvements in the domains of safety, experience and effectiveness, and will be monitored throughout the year.

The Trust achieved the 2018/19 quality priorities as outlined within the Annual Governance Statement. Full details and achievements of all four quality priorities are also included in part two of the Quality Report.

8.6. Responding to external reports

External reports are monitored and reviewed by the Quality Committee which has delegated authority from the Trust Board. Where recommendations are made following external reports, the Trust benchmarks against the reports and develops action plans for any areas where deficits are identified. These action plans are reported to the Quality Committee until assurance has been received that all actions have been completed. External reports specific to the Trust are managed and monitored through the same process.

8.7. Progress towards locally-agreed targets and key quality improvements

The borough leadership teams have engaged in leadership development activity and have been key participants in drafting the Trust's strategic priorities. These priorities, alongside our clinical strategies, will make sure services are designed around and developed to meet the needs of the population.

The Trust's six strategic priorities are supported by an annual operating plan for each financial year. Each borough leadership team develops a borough operating plan to detail how the strategic priorities will be achieved locally.

8.8. Clinical transformation programme

During 2018/19, we have concluded a series of projects aimed at transforming and improving the clinical services we provide to better meet the needs of our patients and service users.

The transformation agenda was separated into two parts; part one exploring Trust-wide crosscutting themes, and the second part exploring local borough delivery schemes. The aim of the transformation schemes was to further improve on the quality and safety of services and to ensure they were as efficient as possible.

The Trust-wide crosscutting themes included:

- A review of older people's community care
- A review of how service users initially access our health services
- A review of how patients flow through our adult mental health services
- Introducing new models of care within our child and adolescent mental health services

We have taken the chance to make a real difference to people's lives by stepping back and thinking differently about what we do, why we do things the way we do and how we can improve.

8.9. New and revised services

In line with our planning for 2018/19, the number of new business opportunities has been fewer than in previous years. New business during the year includes:

- Bolton Child and Adolescent Mental Health Service, in partnership with Greater Manchester Mental Health NHS Foundation Trust, went live on 1 April 2018
- Occupational health services to Knowsley Council staff from June 2018
- No Wrong Door transformation scheme delivered in three residential homes in Wigan
- Wigan School Link Service
- Extension of the Cheshire and Merseyside Specialist Perinatal Mental Health Service, in partnership with trusts across the Cheshire and Merseyside footprint
- Youth justice programme across Greater Manchester, in partnership with the Strategic Clinical Network for Greater Manchester and Eastern Cheshire and the Greater Manchester Health and Social Care Partnership
- Rapid Response Team across Bolton and Wigan for young people in crisis, in partnership with Greater Manchester Mental Health NHS Foundation Trust
- Greater Manchester triage service, in partnership with Greater Manchester Police, Pennine Care NHS Foundation Trust and Greater Manchester Mental Health NHS Foundation Trust
- St Helens musculoskeletal service Work Wise project

More information about these is included within the Quality Report.

In addition, we have also retained existing contracts for services we already operate and worked with our commissioners to redesign existing services.

8.10. Service improvements

During 2018/19, our individual borough teams continued to work with other organisations in making plans to deliver place-based care across our footprint.

Borough leadership teams played an active role in designing new services which would enhance patient care across the organisation. They also began working collaboratively to ensure continuity of patient care was improved for patients, irrespective of who was delivering the care.

In addition, the leadership teams started reviewing how patients accessed our inpatient services and began to develop plans to reduce the number of patients who were placed in out-of-area beds. During the latter part of the year, the Trust significantly reduced the number of patients transferred, achieving zero out-of-area admissions during March 2019.

8.11. Care Quality Commission

The Trust is expected to maintain its registration with the Care Quality Commission to undertake the regulated activities it provides. The Trust's registration status is registered with no conditions attached to registration.

The Trust is routinely inspected by the Care Quality Commission as part of its programme of Mental Health Act commission inspections. The Trust has maintained a Care Quality Commission rating of 'Good' overall. This achievement demonstrates and recognises the high-quality care the Trust provides and how our staff work together to jointly address tangible issues for those we care for.

The Trust has not participated in any special reviews or investigations by the Care Quality Commission during 2018/19.

The Trust continually assesses itself against the fundamental standards, reporting monthly as part of the performance report to Trust Board. Assurances are provided through the Quality Strategy and clinical assurance cycle and incorporate the following three areas:

- **Peer reviews** – a programme of internal inspections of teams undertaken by staff and service user or carer volunteers against the standards of quality and safety and Trust policy.
- **Safety walkabouts** – visits undertaken by executive and non-executive directors. A total of 43 have taken place between April 2018 and March 2019. Following each visit, the Trust Board member feeds back the findings and recommendations to the Trust Board. Following safety walkabouts, local managers are encouraged to act on issues identified.
- **Continuous clinical improvement** – a review of outcomes from the above elements which identify areas for improvement. These are either carried out at a local level within teams, or on a Trust-wide basis and inform the quality agenda for the Trust.

8.12. Patient, service user and carer feedback

The Friends and Family Test is used across all Trust services. The test consists of two sections:

- A single question asking patients whether they would recommend the NHS service they have received to their friends and family if they needed similar care or treatment
- An open question designed to ascertain reasons for this decision

Results are included within monthly updates to services, and frontline staff use this real-time information to identify service improvements.

A monthly update on Friends and Family Test activity, including numbers and improvements from feedback, is provided to Trust Board.

A Patient Experience Report brings together complaints, concerns, and Friends and Family Test results, alongside feedback from service user and carer forums and Healthwatch colleagues. The report analyses the intelligence provided and is used to identify themes which are then presented to the Quality and Safety Meeting to develop areas for action. Following a review of reporting structures, this will now report to the Trust's Quality Safety and Safeguarding Group.

Service user and carer forums are held across the Trust footprint, enabling our patients, service users and carers to discuss issues relating to our services with members of our senior management team. Our 'Take it to the Top' question and answer sessions are led by our Chief Executive and Chairman.

A patient or staff story is presented for discussion at the start of each Trust Board meeting. Patient stories have been a long-standing feature of the Trust Board agenda and set the tone for the meeting, reminding us our core business is about patient care and service delivery.

Stories highlight examples of good patient experience and also where we could have done better, which provides us an opportunity to learn lessons and make improvements. They are presented in a variety of formats, sometimes with the patient or service user present, although patients can choose to be anonymous if they wish.

During 2018/19, 10 patient and staff stories were presented to Trust Board.

8.13. Patient, service user and carer information

In order to improve patient, service user and carer information, the Trust has embedded the Accessible Information Standard requirements into the clinical information system, RiO. This makes sure patients' preferred communication methods are known, recorded and used in any interaction with the patient.

A single point of access approach has been developed and rolled out for translation and interpretation services and embedded into RiO.

8.14. Complaints handling

We are committed to doing everything possible to resolve concerns and complaints raised with us. The Complaints Team and Patient Advice and Liaison Service have streamlined their processes and work together to ensure concerns and complaint issues are captured and resolved at the earliest opportunity and that the complainant's views are sought at all stages as part of the resolution process. All complaints we receive are dealt with through our Complaints and Concerns Policy and in line with current NHS complaint regulations.

We continue to maximise the use of Datix – an electronic system for patient safety and risk management – allowing operational services to directly capture compliments and complaints.

We are compliant with Regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

During the period 1 April 2018 to 31 March 2019:

- We received 221 complaints

Of the 221 complaints received:

- We closed 185 complaints; some were carried forward from the previous year

Of the 185 closed complaints:

- 181 (97%) complaints were acknowledged in three days or under following receipt
- 4 (2%) complaints were acknowledged over three days following receipt

Of these 185 closed complaints:

- 66 (36%) had none of the issues complained about upheld
- 87 (47%) were well-founded (some or all of the issues complained about upheld)
- 32 (17%) were withdrawn or not progressed by the complainant

During the reporting period, we were informed of 11 complaints which were referred to the Parliamentary and Health Service Ombudsman.

9. Stakeholder relations

We take our duty to involve our stakeholders seriously and have robust mechanisms and channels in place to engage with patients, service users, carers, partner organisations and local charity and voluntary organisations, as outlined below.

9.1. Local partnership working

We work with our partners – commissioners, other healthcare providers and third sector organisations – across our footprint to enhance services and improve patient care. Some examples of this are outlined below.

Halton

During 2018/19, the key focus in Halton has been on the following:

- **Locality hub model**

The locality hub is now fully established across our adults' and later life and memory services, with bases at the Brooker Centre in Runcorn and St John's Unit and Vine Street Resource Centre in Widnes. This has allowed us to deliver more of our services within each of the two Halton towns to provide care closer to patients' homes, and has improved partnership working with GPs across the borough.

- **Baby and Infant Bonding Support (BIBS)**

We launched our BIBS service in Halton and Warrington following a successful pilot, and have now recruited to all posts. The service works closely with midwives, health visitors and local children's centres and supports parents to build healthy bonds and attachments with their new babies through psychotherapy delivered in the local community.

- **Vine Street Resource Centre**

In January, part of our Assessment and Home Treatment Team relocated to the newly refurbished ground floor at the Vine Street Resource Centre in Widnes. We were successful in a grant application through the 'Beyond Places of Safety' initiative in May and were awarded £23,000 to transform the building into a safety haven for people experiencing mental health crisis. The building has already been given a basic refurbishment ahead of the move, but the extra funding will enable us to enhance this further to create a calming environment to meet the needs of people in crisis.

- **Think Wellbeing**

Our Think Wellbeing (IAPT) service has been awarded Autism Charter Champion status by Autism Together due to its commitment to autism awareness. The team was invited to an autism charter signing in Liverpool for the work it has done to make the service more autism aware. This is an ongoing project, identifying where the team can make reasonable adjustments within the service for clients on the autistic spectrum and those with mild learning disabilities.

- **Recovery Team**

Our Recovery Team continues to work with the Halton carers' support group and have involved Widnes Vikings which has provided a room and marketing support. Last year, the Recovery Team facilitated a men's group which received positive feedback from service users. Eighty per cent of the group felt it significantly increased their readiness for change, self-efficacy and emotional regulation. This is a positive result as this group had previously been difficult to engage. The findings

were presented at the University of City of London Men's Conference in June. The team also worked closely with the diabetic team to trial educational work with Halton service users regarding diabetes and are working with local wellbeing nurses to complete physical health screenings for service users within the borough.

- **Learning Disability Service**

The Learning Disability Service was invited by Halton Clinical Commissioning Group to be involved in the development of accommodation for people with learning disabilities and autism within the borough. This will help to prevent people having to move out of area and enable people with very complex needs to move back to the area. In addition, the Learning Disability Service established a rolling voluntary scheme for people with learning disabilities to work at the Bridges Learning Centre. It is envisaged this will promote confidence, support and provide experience for people with learning disabilities to help them find paid employment in the future. The team also met with self-advocates from Halton Speak Out learning disability group to look at developing a service user and carer forum at the Bridges Learning Centre.

- **Specialist Perinatal Service**

The Specialist Perinatal Service has been successful in securing wave two funding from NHS England to enable the service to continue beyond its initial pilot. This has allowed the team to develop new roles and expand the workforce to reach a wider audience. The team has provided training to Trust staff on recognising perinatal mental health problems and the referral pathways to access support. Work is also ongoing to recruit service users as experts by experience to input into our service development.

- **Later Life and Memory Service**

Our Later Life and Memory Service has developed a training package for dementia care and nursing within local care homes. The training is for care home staff who are new to the role, to support them to provide high-quality and safe care to dementia patients. The rationale for this bespoke training package is to improve quality of care, reduce incidents and support care homes to develop their staff's skills and knowledge, which should also help to improve staff retention.

- **Child and Adolescent Mental Health Service (CAMHS)**

The new Thrive model of care was implemented within our Child and Adolescent Mental Health Service in Halton, including the introduction of young people's mental health drop-in cafes within the local community to make access to services as easy as possible, as well as providing support to local high schools. Warrington Council has since undertaken a multiagency evaluation of the new model across both Halton and Warrington and the findings of this have been shared with us. This has allowed us to review what's working well and any areas which need addressing so we can make further improvements to the way young people access mental health support in the borough.

- **Halton Healthy New Town**

The local acute trust was unsuccessful in its bid for funding to build the proposed Halton Hospital and Wellbeing Campus; however, the Halton leadership team continues to work with Warrington and Halton Hospitals NHS Foundation Trust, Halton Borough Council and other partners around the Halton Healthy New Town scheme.

During 2018/19, the key focus in Knowsley has been on the following:

- **Locality working**

Knowsley has continued to move towards integrated working as part of the borough plan to transfer key services into a locality model. The focus over the last two years has been to co-locate physical and mental health teams to support population needs while developing a multidisciplinary approach to care. This has placed Knowsley in an ideal position to support the integrated care agenda and delivery of the NHS Long Term Plan. Moving forward, our focus is to build on this work and position ourselves to be lead provider across health and social care services. The new Integrated Community Frailty Team in Knowsley, is an excellent example of how this work can develop and transform care delivery to improve patient outcomes.

- **Young People and Families' Wellbeing Hub**

The Young People and Families' Wellbeing Hub is based at Knowsley Resource and Recovery Centre, on the Whiston Hospital site. The new centre opened in February 2018 and brought together our Child and Adolescent Mental Health Service and the Cheshire and Mid-Mersey Children's Eating Disorder Service. Feedback from young people who have used the centre during its first year has been incredibly positive. Going forward, young people will be involved in staff recruitment processes.

- **Immunisation Team**

We successfully launched and established a new pan-borough immunisation team across Knowsley, Sefton and St Helens.

- **Mental health liaison service**

Additional funding was received from NHS England to enhance our local acute hospital mental health liaison service. The enhanced service began in April 2018 and ensures patients receive a faster response.

- **Putting patient access first**

The number of different access points to services in the borough was causing confusion and frustration for patients, particularly those who use multiple services. Over the last nine months we have been working with our services and service users to support a transformation programme to improve patient access. Once completed, service users and carers will be able to access services through one of our five administration hubs, each with its own phone number. These are: scheduled care; unscheduled care; child health; mental health; and reception services.

- **Building Attachment and Bonds Service (BABS)**

In September 2018, the Building Attachment and Bonds Service (BABS) won the National Maternal Mental Health Alliance Award for Best Family Focused Service. Later that year, Dr Lisa Marsland, Consultant Clinical Psychologist and service lead for BABS, attended an all-party parliamentary group meeting for 0-2 years at the Palace of Westminster to share the ground-breaking work the service is delivering in Knowsley and to contribute towards the government's agenda for 1,001 Critical Days.

- **Knowsley walk-in centres**

Our three Knowsley walk-in centres celebrated 15 years of operation in December 2018 and three of the original team of five clinicians are still with us today. The walk-in centres diagnose and treat more than 72,000 patients every year from all age groups, providing consultations, advice and treatment for minor injuries and illness.

- **Integrated Community Frailty Service**

In partnership with Knowsley Clinical Commissioning Group and Knowsley Council, we have developed a new Integrated Community Frailty Service, with an aim of reducing hospital admissions in people age 65 and over, by wrapping care around them in the community. The service is the first collaborative service as part of Knowsley's place-based care programme.

Sefton

During 2018/19, the key focus in Sefton has been on the following:

- **Special educational needs and disability (SEND)**

We have introduced an operational group to improve communications between partners and to ensure there is a joined-up approach which better meets the needs of children identified with special educational needs and disability. Pathways for 0-19 staff have been developed to guarantee we have a consistent approach to supporting families.

- **Infant Feeding Team**

We have established an Infant Feeding Team and introduced a coordinator role to take forward the UNICEF Baby Friendly accreditation. This is based on a set of interlinking evidence-based standards for maternity, health visiting, neonatal and children's centre services.

- **Phlebotomy Service**

Sefton Phlebotomy Service has implemented a programme of service improvements which have resulted in a significant reduction in clinic waiting times and people not attending appointments. A drop-in facility has been piloted in Maghull Clinic, which received positive feedback. In addition, a single point of contact telephone number was introduced so patients can choose the best time and clinic to have their blood tests.

- **Occupational Therapy Aids and Adaptations**

Following a service review, a number of initiatives have been introduced which have resulted in significant reductions in service waiting times. This included improving the skill mix within the team, strengthening leadership and the introduction of new technology and therapy practitioner roles within the service.

- **North Mersey Urgent Care Review**

Litherland Walk-in Centre formed part of the North Mersey Urgent Care review. Staff engaged with the consultation and co-designed events to help shape services people need to access immediately or on the same day.

- **Centre for Independent Living**

The Centre for Independent Living in Knowsley, which is managed by the Sefton borough leadership team, has recently been highlighted as an example of good

practice by the Centre for Ageing Better. This was after the services it provides were benchmarked across the country. Older and disabled people have benefited greatly from the 'one-stop shop' approach, as opposed to the fragmented services which were historically provided.

- **Showcasing our services**

Earlier this year, the Independent Chair of Sefton Transformation Board met with representatives from Litherland Walk-in Centre, our Phlebotomy Service and our 0-19 teams. It was an opportunity to review progress made since services transferred to our Trust in April 2017. Positive feedback was received from the Independent Chair following the visit around the passion staff displayed for their services and patients.

Specialist Services

During 2018/19, the key focus in Specialist Services has been on the following:

- **Control Room Triage**

Our new Control Room Triage service launched in August 2018 and the service has had a successful first year to-date. The service is delivered in partnership with Pennine Care NHS Foundation Trust and Greater Manchester Mental Health NHS Foundation Trust, and is designed to support Greater Manchester Police (GMP) staff to respond to mental health-related calls, ultimately helping to avoid the unnecessary deployment of police officers. A well-attended stakeholder launch event was held in October 2018 with representatives from GMP, the three NHS trusts and other local organisations from across Greater Manchester. Since its launch, the service has dealt with more than 500 mental health-related calls a month on average, and between August 2018 and 31 March 2019, the service has supported police staff with more than 3,000 cases.

- **Integrated Anti-Stalking Unit**

Our new Integrated Anti-Stalking Unit has had a successful initial year following its launch in June 2018. The innovative service is a joint venture with Cheshire Constabulary and provides interventions to stalking perpetrators, with a focus on preventing further stalking and keeping victims safe. We are one of three 'proof of concept' sites nationally to be delivering the service, working in partnership with the Suzy Lamplugh Trust. During 2018/19, the service received 260 case referrals and has taken 83 of these cases on for further risk management.

- **Fairhaven Young People's Unit**

Our Trust, with the full agreement of NHS England commissioners, took the decision to close Fairhaven Unit, our young people's inpatient mental health unit on Birch Avenue in Warrington. Following ongoing challenges recruiting staff with the necessary specialist skills, it was agreed that the unit was not sustainable for the future. The eight-bed unit closed on 25 March 2018 following the discharge of the remaining service users.

- **Auden Unit**

As part of the national Building the Right Support plan to strengthen community services for people with learning disabilities and support them to stay well in the community, we worked with NHS England commissioners to close Auden Unit, our low-secure learning disability unit at Hollins Park Hospital in Warrington. We worked with community-based services to support the discharge of service users when they

were clinically ready, before the unit closed on 30 July 2018. Staff on the unit were supported to find suitable alternative roles within the Trust.

- **Mental health liaison education programme**

Commissioned through Health Education England, the Trust, in a unique partnership with the University of Salford, designed and developed a multiagency training programme and the first cohort of this began in September 2018, with further cohorts in November 2018 and January 2019. The training aimed to upskill the liaison mental health workforce across the North West as they develop to meet the 'Core 24' service standard, as outlined by the National Institute for Health and Care Excellence (2016) and the Five Year Forward View for Mental Health (2016).

- **Prospect Partnership**

The Trust continues to work across Cheshire and Merseyside, with colleagues across Mersey Care, Cheshire and Wirral Partnership, Cygnet and Elysium, to develop new models of care for secure services in the North West. We have robust representation across a range of work streams established to deliver best practice clinical models.

- **Youth Justice Pathway Service**

We made progress with implementing our Youth Justice Pathway Service. The service will support children, young people and their families who are involved in the youth justice system. The team will identify opportunities to intervene early to address the health and wellbeing needs of the young people.

St Helens

During 2018/19, the key focus in St Helens has been on the following:

- **St Helens Cares Shared Care Record**

We continue to work in partnership with local health and social care organisations in St Helens as part of the local care management system, St Helens Cares. As one of the main providers of health services in the borough, the Trust plays a significant role in this. We have participated in the development of a shared care record for health and social care in St Helens. This means when local people need to access health or social care services, professionals will have access to the same information, meaning they won't have to tell their story multiple times to different professionals.

- **Whole person care**

We have continued to consolidate our community services and ethos of delivering whole person care. The Trust has been asked to lead a St Helens Cares transformation project in 2019/20 in respect of our children's services. This builds on the work our health visitors, school nurses, and children and young people's mental health team are already doing to work closer together to deliver the Thrive framework. This will support young people across the borough to obtain early help and the project will bring together health, social care, education and the voluntary sector to ensure services are accessible and responsive to building our young people's emotional resilience.

- **Challenge Fund bid success**

In December 2018, our Musculoskeletal (MSK) Physiotherapy Service was successful in bidding for funding from the Challenge Fund – a joint initiative

between the Department of Work and Pensions and the Department of Health and Social Care. The funding will be used for an initiative which aims to support people with musculoskeletal conditions to remain in work or return to work following a short absence.

- **Partnership with Barnardo's**

In January 2019, we welcomed Barnardo's to work with us in partnership to deliver children and young people's mental health services across St Helens to ensure seamless pathways between our teams so young people are assessed and looked after by the right service.

Warrington

During 2018/19, the key focus in Warrington has been on the following:

- **Warrington Together place-based care system**

We continue to be a key partner in the local place-based care system, known as Warrington Together, and have strategic representation and leadership at board, senior change team and service redesign level. During 2018/19, we have worked with our partners to implement the first integrated community team within the central north cluster of the borough. The plan is now to look at launching similar integrated teams in the other six clusters across Warrington, as we move further towards integrated working with our partners.

- **Child and Adolescent Mental Health Service Thrive model**

The new Thrive model of care was implemented within our Child and Adolescent Mental Health Service in Warrington, including the introduction of young people's mental health drop-in cafes within the local community to make access to services as easy as possible. Warrington Council has since undertaken a multiagency evaluation of the new model across both Halton and Warrington and the findings have been shared with us. This has allowed us to review what's working well and any areas which need addressing so we can make further improvements to the way young people access mental health support in the borough.

- **Dementia Champions 'Happy and Healthy' programme**

As part of our involvement with the local Dementia Champions project, we have worked in partnership with Warrington Clinical Commissioning Group, LiveWire and other local partners to launch a dementia-friendly exercise programme for people with dementia and their carers. The 'Happy and Healthy' programme was developed through our Dementia Champions Steering Group and is held at a local leisure facility, which was specially designed to be dementia-friendly.

- **AQuA patient flow project**

Work has progressed well with our Advancing Quality Alliance (AQuA) project to improve patient flow through our mental health services from referral to discharge. External stakeholders, service users and carers were engaged and we held a quality improvement workshop, promoting co-production of driver diagrams and identifying quality improvement ideas which can be tested within the current system. Small groups have now been formed to develop and test these ideas, with measures in place to test their impact on patient care.

- **Kingsley Ward NHS Innovation Agency project**
Collaborative work with the NHS Innovation Agency has been undertaken on Kingsley Ward, our dementia ward in Warrington, with multiple projects underway to support quality improvement work. Work is also continuing around falls prevention and the Kingsley Ward team is involved with a Trust-wide falls prevention collaborative.
- **Care home liaison role within our Later Life and Memory Service**
We introduced a care home liaison role within our community Later Life and Memory Service. This role will act as a link between our services and care homes across the borough, supporting care home staff and residents who have dementia to manage their condition in the community and help reduce the need for hospital admissions.

Wigan

During 2018/19, the key focus in Wigan has been on the following:

- **Establishing place-based mental health teams**
As the leading provider for delivering mental health services in Wigan, we lead on the implementation of the adults' mental health programme for delivering the Wigan Mental Health Strategy. This strategy incorporates the redesign and alignment of the community mental health services to the Healthier Wigan Partnership seven service delivery footprint model. In November 2018, we completed work to align a number of our services and established seven mental health teams, which now work more closely with other agencies in a place-based approach to improve the support available for people closer to their home.
- **Child and Adolescent Mental Health Service**
As part of the Wigan Future in Mind Strategic Group, we have worked alongside Wigan Borough Clinical Commissioning Group and Wigan Council to develop and enhance our Child and Adolescent Mental Health Service offer. As part of this, a new School Link Team was introduced in January 2019 to enable staff to support young people in school, identify children who need rapid access into specialist care and provide therapy in school. We have also implemented a specialist team to support the ATOM service, a new initiative with Wigan Council for young people with mental health needs who are in care or at risk of going into care.
- **Think Wellbeing**
In 2018, we reviewed our new way of working within our Think Wellbeing service as it has now been in place for over a year. The review found it has significantly reduced waiting times for treatment while maintaining the good outcomes achieved by the service.
- **Dementia care**
Our Later Life and Memory Service is working as part of Dementia United with partners, carers and people with dementia across Greater Manchester with the aim of improving the lived experience of people with dementia and their carers, and reducing pressure on the health and social care system. Our staff are contributing to all work streams to achieve five key pledges.
- **Complex case meetings**
In December 2018, we introduced weekly complex case meetings which

incorporate a two-part agenda. The first part of the agenda is for Trust staff to look at and discuss bed management and the second part of the meeting is for multiagency attendance where discussions are about sharing risk and support plans for complex cases.

- **Medicines management training**

Specific quality improvement work has been successfully rolled out within our inpatient facilities in relation to a new medication management/competency programme. The programme is aimed at reducing medication errors and associated patient harm, as well as improving education around the medication management policy and procedures. We have also introduced a preceptorship programme on a rolling monthly basis to support a training and reflective model for our newly qualified staff.

- **All-age A&E mental health liaison service**

In September 2018, we extended the A&E mental health liaison service to include children so we now provide all-age A&E liaison. Having this extended service in the hospital improves access for children in A&E to receive a timely mental health assessment.

- **Changes to crisis care in Wigan**

We have been working closely with our commissioning colleagues to design a new way of providing crisis care across Wigan, with a number of changes and improvements underway and implementation planned for 2019.

9.2. Overview and scrutiny committees

As part of the Trust's ongoing consultation in relation to quality accounts, an annual programme of consultation exists. This includes each of the six local overview and scrutiny committees and for 2018/19 included a quality priority update event in January 2019. This event indicated the start of consultation with regard to priorities for 2019/20. Consultation continued throughout February and March 2019.

In order to support their ability to formally comment on quality accounts, all overview and scrutiny committees are also offered an opportunity to meet and hear from senior Trust staff in the lead-up to the publication date (May 2019).

9.3. Public and patient involvement

Our Involvement Scheme provides structured support to patients, service users, carers and volunteers involved in Trust business. Involvement Scheme members are supported through the application process, induction, independent welfare benefits and tax checks and are offered payments, personal development training and practical assistance.

Highlights of involvement this year include:

- Ward activities – volunteers assist staff on inpatient units across Halton, Knowsley, St Helens, Warrington and Wigan. They carry out a wide range of activities including music sessions, reading newspapers, walking basketball, taking a dog on wards and general social interaction.
- Face Forward – service users are trained and supported to design and deliver a wide range of activities covering health, art, and social activities to fellow service users, carers and members of the public in Knowsley.

- Criminal Justice Liaison Team – two people, both previously volunteers with the Involvement Scheme, who have lived experience of the criminal justice and mental health systems have gained employment within the team. They are now supporting others to volunteer within the team.
- Gardening project – volunteers work with service users from community teams and inpatients to tend an area of raised beds and a copse at our Peasley Cross site.
- Managing emotions sessions have been co-designed and are co-delivered by volunteers with lived experience in Wigan.
- Sharing personal experiences of using services with students at Edge Hill University.
- Lessons Learned Groups – each borough's Lessons Learned Group includes a member of the Involvement Scheme in order to ensure the voice of service users and carers is heard and to demonstrate transparency.

During the year, the Involvement Scheme Team has supported 11 service users and carers to obtain paid employment. Support has included assistance in completing application forms and providing individuals with mock interviews. Group training sessions have also been run to provide insight into the recruitment process and an opportunity to practice answering interview questions. In addition to nine posts in our Trust, Involvement Scheme members gained paid employment with neighbouring care providers Bridgewater Community Healthcare NHS Foundation Trust and Imagine Independence, an independent mental health care provider based in Liverpool.

The contribution of volunteers to Trust business is invaluable. During 2018/19, the Involvement Scheme had 229 trained and supported volunteers who carried out more than 10,000 hours of work.

Volunteers continue to actively participate in the production of our Trust newsletter, Reflect. Volunteers sit on the editorial panel, with their ideas shaping the content.

The Trust operates a robust engagement process to develop quality priorities for the annual Quality Account. On 30 January 2019, an event was held and attended by service users and carers, local Healthwatch representatives, clinical commissioning group colleagues, and representatives from local authority overview and scrutiny committees.

At this event, an update on progress against the quality priorities for 2018/19 was presented, along with an opportunity to gather feedback from attendees as to the areas for focus for quality priorities for 2019/20. This consultation continued through February to allow those who had not been able to attend to contribute.

As in previous years, the Trust also attends update events coordinated by partners to support their understanding of the Quality Account and support them to meet their obligations with regards to commentary against year-end Trust position.

9.4. Third sector involvement

We work closely with a wide variety of third sector organisations, including Healthwatch groups in Halton, Knowsley, Sefton, St Helens, Warrington and Wigan.

An event to discuss equality and diversity for Equality Delivery System 2 was held in May 2018. Almost 100 people from 67 voluntary and community organisations were invited to attend and comment on the Trust's evidence regarding how we meet the needs of our communities concerning equality and diversity. Attendance included representatives from

Healthwatch groups, clinical commissioning groups, local learning disability groups, and a number of Trust governors.

In addition, we have worked on projects with local third sector organisations to improve care for service users across the full diversity of our local community. This includes:

- Working closely with local carers' centres to deliver Training and Education Support (TES) to 123 carers at a variety of locations across the Trust, a 10 per cent increase on the previous period.
- Training members of local learning disability peer support groups, Your Voice Your Choice and The BIG Group, in values-based interviewing and supporting them to create their own questions as part of the process. They have since been involved as part of interview panels for new team members for the Knowsley and St Helens Learning Disability Intensive Support Team.
- Working with Sefton Healthwatch to train a group of young people in values-based interviewing and supporting them to design their own questions and scoring systems.
- Supporting volunteers to establish or relaunch independent community groups such as Halewood Health Forum, Wigan People's Voice and Halton Carers' Group, with the Trust also supporting Halton Carers' Group to obtain accommodation free of charge from Widnes Vikings.
- Continuing support for Involvement Scheme members to attend dementia cafes on a regular basis, enabling those traditionally considered hard-to-reach to have their voices heard.

We have also developed a system to enable local community, voluntary and statutory groups to share information directly with targeted foundation trust members and members of the Involvement Scheme. In the last year, we have shared information about 176 community activities, national surveys and health promotion materials.

In July 2018, we were a corporate sponsor of the North West Disability Awareness Day which attracted 250-plus exhibitors (including more than 100 third sector support groups) and more than 28,000 visitors.

During the week prior to Disability Awareness Day, we hosted one of the supporting events – Ignite Your Life – which focused on mental health and wellbeing. The event was supported by more than 30 of our closest third sector partner organisations.

10. Fees and charges

The Trust did not levy any income generation fees or charges in 2018/19 or 2017/18.

11. Income disclosures

The Trust has met Section 43(2) of the NHS Act 2006 which requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

Information about the impact other income received has had on the Trust's provision of goods and services for the purposes of the health service in England, as required by

Section 43(3A) of the NHS Act 2006, can be found in the notes to the accounts, starting on page 199.

12. Disclosure to auditors

For each individual who is a director at the time the report is approved, so far as the director is aware, there is no relevant audit information of which the NHS foundation trust's auditor is unaware. Each director has taken all the steps they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish the NHS foundation trust's auditor is aware of that information.

Remuneration Report

1. Annual remuneration statement

This statement has reference to senior managers employed by the Trust. Senior managers are defined as: the Chairman, the Chief Executive, non-executive directors and executive directors

For the year 2018/19, the Remuneration Committee determined that it would follow the recommendation from NHS Improvement regarding executive director pay uplift for 2019/20, which stated: *Providers are recommended to pay a flat rate uplift of £2,075 per annum, backdated to 1 April 2018. This is commensurate with the cash value of the 2018/19 award applied to agenda for change staff at the top of pay bands 8c, 8d and 9.*

The Remuneration Committee also agreed to the same uplift for staff with personal contracts.

During 2018/19, the Remuneration Committee agreed two fixed term 12-month secondments and remuneration for the Chief Finance Officer and Chief Operating Officer. The Remuneration Committee agreed the post of Deputy Chief Executive would be combined with the Chief Nurse position, with no additional remuneration.

As from 2017/18, performance-related pay is no longer used or offered as part of the remuneration package.

Helen Bellairs, **Chair of Remuneration Committee**

2. Senior managers' remuneration policy

Table one on page 41 shows the following components of the remuneration policy for senior managers.

Salary and fees: This is annual basic pay. This is a spot salary and therefore is not subject to a maximum amount.

Other remuneration: This payment is in respect of duties outlined with the executive director role. This only applies to our Medical Director.

Performance-related bonuses: As noted above, performance-related pay is no longer used or offered as part of the remuneration package.

Taxable benefits: Additional tax benefits.

Pension-related benefits: This shows the annual increase in pension entitlement determined in accordance with the HM Revenue and Customs method.

2.1. Remuneration policy

Excepting one post-holder, all staff employed by the Trust below executive director level are covered by the nationally agreed and negotiated NHS Agenda for Change pay system and the associated terms and conditions of employment.

Senior managers – as defined above – are employed on a personal contract and their remuneration is governed by the Remuneration Committee. All other terms and conditions are consistent with Agenda for Change.

2.2. Senior managers paid more than £150,000

During this period, one senior manager was paid more than £150,000. The Remuneration Committee satisfied itself, following consideration of market value, that this level of remuneration is reasonable.

2.3. Non-executive directors

The Chairman and non-executive directors' remuneration is determined by the Nominations and Remuneration Committee of the Council of Governors. In determining a pay increase of 1.5 per cent for 2018/19, the committee based its decision on the recommendation from NHS Improvement for executive director pay which, when applied, averaged 1.5 per cent.

2.4. Service contract obligations

The Trust has no service contract obligations to report.

2.5. Policy on payment for loss of office

Notice periods for senior managers' contracts are determined by the Remuneration Committee as part of the process of recruitment. Currently, the Chief Executive and all substantive executive directors are on six months' notice. In the eventuality of a senior manager's loss of office, the Chief Executive (for executive directors) or the Chairman (for the Chief Executive) may alter, postpone or disallow any individual payment they deem appropriate. These actions must be supported by the Remuneration Committee.

2.6. Statement of consideration of employment conditions elsewhere in the Trust

The Trust made changes to the composition of some executive director and senior manager portfolios resulting in two interim executive directors being appointed to the Board. The pay and conditions were set within the range of the published quartiles for foundation trust executive salaries.

The 2018/19 executive director and senior manager pay award was determined by agreeing to use the recommendation from NHS Improvement regarding executive directors, and therefore there was no consultation with employees. This is commensurate with the cash value of the 2018/19 award applied to Agenda for Change staff at the top of pay bands 8c, 8d and 9.

3. Annual report on remuneration

3.1. Service contracts

For the Chief Executive and executive directors who have served during the year, the date of their service contract, the unexpired term, and details of the notice period is disclosed below.

Details of the Chairman and non-executive directors' service contracts are included within the NHS Foundation Trust Code of Governance Disclosures, starting on page 61.

Executive director	Date appointed to Trust Board	Tenure	Notice period
Simon Barber, Chief Executive	1 December 2007	Permanent	Six months
Gail Briers, Chief Nurse and Deputy Chief Executive	20 June 2011	Permanent	Six months
Tracy Hill, Director of Strategy and Organisational Effectiveness	1 July 2011	Permanent	Six months
Sam Proffitt, Chief Finance Officer (seconded to Cheshire and Merseyside Health and Care Partnership)	4 September 2013	Permanent	Six months
Professor Sandeep Ranote, Medical Director	1 April 2018	Permanent	Six months
John Heritage, Chief Operating Officer	4 June 2018	Fixed term secondment – 12 months	Three months
John McLuckie, Chief Finance Officer	17 July 2018	Fixed Term secondment – 12 months	Three months

3.2. Remuneration Committee

During 2018/19, the Remuneration Committee comprised the Chairman, Helen Bellairs, and non-executive directors – Philippa Tubb, Brian Marshall, Alison Tumilty, Tricia Kalloo, Jonathan Berry, Stephen McAndrew and Mike Tate.

The committee met three times during the period 1 April 2017 to 31 March 2018 and was quorate. Full details of attendance are included within the NHS Foundation Trust Code of Governance Disclosures, starting on page 61.

The committee is supported by the Director of Strategy and Organisational Effectiveness, who is able to provide market movement and benchmark data to the committee. In addition, the committee receives independent data about executive salaries and employment benefits. The Chief Executive also attends the committee in an advisory capacity, except when discussing his own remuneration or other terms of service.

3.3. Expenses

During 2018/19, 14 executive and non-executive directors claimed a total of £10,221 in expenses. In the previous reporting year, 11 directors claimed a total of £6,366 in expenses.

Details relating to expenses claimed by governors during 2018/19 are included in the NHS Foundation Trust Code of Governance Disclosures, starting on page 61.

Details of senior managers' salaries and allowances and senior managers' pension benefits can be found in the tables on the following pages.

3.4. Fair pay multiple

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director or member of their organisation and the median remuneration of the organisation's workforce. The fair pay multiple disclosures below have been subject to audit.

The banded remuneration of the highest paid director in the financial year 2018/19 was £200,000 to £205,000 (£200,000 to £205,000 in 2017/18). This was 7.5 times (7.9 in 2017/18) the median remuneration of the Trust workforce, which was £28,050 in 2018/19 (£26,574 in 2017/18). The median calculation is based on the full-time equivalent staff of the Trust at the reporting end date (31 March 2019) on an annualised basis.

In 2018/19, no employees received remuneration in excess of the highest paid director (also none in 2017/18).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions or cash equivalent transfer value of pensions.

Table 1 – senior managers’ salary and allowances (the following table has been subject to audit)

Name and title	1 April 2018 to 31 March 2019						1 April 2017 to 31 March 2018					
	Salary and fees	Other remuneration	Performance related bonuses*	Taxable benefits	Pension related benefits	Total	Salary and fees	Other remuneration	Performance related bonuses	Taxable benefits	Pension related benefits	Total
	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000
Simon Barber, Chief Executive	200 - 205				32.5 - 35	235 - 240	200 - 205				102.5 - 105	305 - 310
Gail Briers, Chief Nurse and Deputy Chief Executive	135 - 140					135 - 140	130 - 135				182.5 - 185	315 - 320
John Heritage, Chief Operating Officer (from 4 June 2018)**	90 - 95					90 - 95						
Tracy Hill, Director of Strategy and Organisational Effectiveness***	135 - 140					135 - 140	130 - 135				142.5 - 145	275 - 280
John McLuckie, Chief Finance Officer (from 17 July 2018)**	75 - 80				0 - 2.5	75 - 80						
Sam Proffitt, Chief Finance Officer (until 16 July 2018)**	40 - 45				27.5 - 30	70 - 75	140 - 145				142.5 - 145	280 - 285
Professor Sandeep Ranote, Medical Director (from 1 April 2018)	35 - 40	140 - 145*			30 - 32.5	205 - 210						
Dr Louise Sell, Medical Director (until 31 March 2018)							35 - 40	140 – 145**	20 - 25		75 - 77.5	270 - 275

Name and title	1 April 2018 to 31 March 2019						1 April 2017 to 31 March 2018					
	Salary and fees	Other remuneration	Performance related bonuses*	Taxable benefits	Pension related benefits	Total	Salary and fees	Other remuneration	Performance related bonuses	Taxable benefits	Pension related benefits	Total
	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000
Helen Bellairs, Chairman (from 17 May 2017 / Non-Executive Director until 16 May 2017)	45 - 50					45 - 50	40 - 45					40 - 45
Jonathan Berry, Non-Executive Director (from 16 November 2017)	10 - 15					10 - 15	0 - 5					0 - 5
Tricia Kalloo, Non-Executive Director (from 1 June 2017)	10 - 15					10 - 15	10 - 15					10 - 15
Brian Marshall, Non-Executive Director (until 30 June 2018)	0 - 5					0 - 5	15 - 20					15 - 20
Stephen McAndrew, Non-Executive Director (from 1 July 2018)	5 - 10					5 - 10						
Bernard Pilkington, Chairman (until 16 May 2017)							5 - 10					5 - 10
Richard Sear, Non-Executive Director (until 22 September 2017)							5 - 10					5 - 10
Mike Tate, Non-Executive Director (from 1 September 2018)	5 - 10					5 - 10	15 - 20					15 - 20

Name and title	1 April 2018 to 31 March 2019						1 April 2017 to 31 March 2018					
	Salary and fees	Other remuneration	Performance related bonuses*	Taxable benefits	Pension related benefits	Total	Salary and fees	Other remuneration	Performance related bonuses	Taxable benefits	Pension related benefits	Total
	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	(bands of £5,000) £000	Rounded to the nearest £100	(bands of £2,500) £000	(bands of £5,000) £000
Philippa Tubb, Non-Executive Director (until 31 August 2018)	5 - 10					5 - 10	10 - 15					10 - 15
Alison Tumilty, Non-Executive Director	15 - 20					15 - 20	10 - 15					10 - 15

* These payments relate to clinical duties rather than Trust Board director responsibilities.

** The payments are calculated pro rata based on time served on Trust Board during 2018/19

*** This employee opted out of the pension scheme from April 2018.

Table 2 – pension benefits (the following table has been subject to audit)

Name and title	Real increase in pension at pension age	Real increase in lump sum at pension age	Total accrued pension at age 60 at 31 March 2019	Lump sum at pension age related to accrued pension at 31 March 2019	Cash equivalent transfer value at 31 March 2019	Cash equivalent transfer value at 31 March 2018	Real increase in cash equivalent transfer value	Employer's contribution to stakeholder pension
	(bands of £2,500) £000	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	£000	£000	£000	£000
Simon Barber, Chief Executive	2.5 - 5	(0 - 2.5)	30 - 35	55 - 60	585	476	65	29
Gail Briers, Chief Nurse and Deputy Chief Executive	(0 - 2.5)	(2.5 - 5)	65 - 70	205 - 210	1,500	1,332	109	20
John Heritage, Chief Operating Officer	(0 - 2.5)		10 - 15		150	133	0	14
Sam Proffitt, Chief Finance Officer	0 - 2.5	(0 - 2.5)	45 - 50	105 - 110	808	677	26	21
John McLuckie, Chief Finance Officer	0 - 2.5	(0 - 2.5)	30 - 35	85 - 90	694	602	41	12
Professor Sandeep Ranote, Medical Director	2.5 - 5	(0 - 2.5)	40 - 45	90 - 95	676	610	28	19

The Trust contributed £115,000 to the pension scheme of the above directors during 2018/19, (£111,000 in 2017/18).

As non-executive directors do not receive pensionable remuneration, there are no entries in respect of pensions for non-executive directors.



Simon Barber, Chief Executive

North West Boroughs Healthcare NHS Foundation Trust

23 May 2019

Staff Report

The Trust recognises the challenges an ever-changing NHS landscape alongside financial pressure brings, not only to its service delivery, but also to its workforce. The Trust acknowledges its greatest resource and the key to future success is its people, who enable provision of the best possible care to patients and service users.

1. Number of male and female employees

A breakdown of male and female employees at 31 March 2019 in the following categories is outlined in the table below:

- Directors – Trust Board, including Chief Executive and Chairman
- Other senior managers – band 8a and above
- Employees, including consultants

	Male	Female	Total
Directors	7	7	14
Senior managers	58	242	300
Employees	570	2,998	3,568
Total	635	3,247	3,882

2. Analysis of staff costs (the following table has been subject to audit)

	Total £000	2018/19 Permanently employed £000	Other £000	Total £000	2017/18 Permanently employed £000	Other £000
Salaries and wages*	119,488	102,330	17,158	114,401	97,935	16,466
Social security costs	10,745	9,914	831	10,156	9,333	823
Apprenticeship Levy	789	789	0	544	544	0
Employer contributions to NHS Pension Scheme	14,179	13,082	1,097	13,522	12,426	1,096
Other post-employment benefits	0	0	0	0	0	0
Termination benefits	256	256	0	1,157	1,157	0
Agency / contract staff	3,687	0	3,687	4,236	0	4,236
Total gross staff costs	149,144	126,371	22,773	144,016	121,395	22,621
Less income in respect of staff costs netted off expenditure	0	0	0	0	0	0
Total staff costs	149,144	126,371	22,773	144,016	121,395	22,621
Of the total above:						
Costs capitalised as part of assets	51	51	0	54	54	0
Analysed into operating expenditure:						
- Employee expenses – staff	147,748	124,975	22,773	141,760	119,139	22,621
- Employee expenses – executive directors	1,089	1,089	0	1,045	1,045	0
- Redundancy	256	256	0	1,157	1,157	0
- Special payments	0	0	0	0	0	0
Total employee benefits excluding capitalised costs	149,144	126,371	22,773	143,962	121,341	22,621

* Salaries and wages exclude non-executive directors as per annual reporting guidance for NHS foundation trusts.

3. Analysis of staff numbers (the following table has been subject to audit)

	Total Number	2018/19 Permanent Number	Other Number	Total Number	2017/18 Permanent Number	Other Number
Medical and dental	153	84	69	148	82	66
Administration and estates	796	728	68	825	736	89
Healthcare assistants and other support staff	232	231	1	238	235	3
Nursing, midwifery and health visiting staff	1,961	1,716	245	1,932	1,682	250
Nursing, midwifery and health visiting learners	11	11	0	9	9	0
Scientific, therapeutic and technical staff	637	585	52	624	568	56
Social care staff	0	0	0	0	0	0
Agency and contract staff	0	0	0	0	0	0
Bank staff	0	0	0	0	0	0
Other	6	6	0	6	6	0
Total	3,796	3,361	435	3,782	3,318	464
Of the above:						
Number engaged on capital projects	1	1	0	1	1	0

4. Sickness absence

Our annual cumulative sickness and absence figure for the calendar year 2018 (1 January to 31 December 2018) remains above our target of five per cent, at 6.31 per cent, which is up from 5.86 per cent the previous year. Quarterly statistics are detailed in the table below, followed by a more detailed breakdown of staff absence.

Quarter	Period	Absence percentage	Criteria
Four (2017/18)	January – March 2018	6.08%	12-month cumulative percentage April 17 to March 18
One (2018/19)	April – June 2018	6.03%	12-month cumulative percentage July 17 to June 18
Two (2018/19)	July – September 2018	6.20%	12-month cumulative percentage October 17 to September 18
Three (2018/19)	October – December 2018	6.31%	12-month cumulative percentage January 18 to December 18

	Calendar year 2018
Days lost (long-term)	36,018
Days lost (short-term)	13,575
Total days lost	49,593
Total staff years	3,465.3
Average working days lost	14.31
Total staff employed as at 31 March 2018 (headcount)	3,888
Total staff employed as at 31 March 2018 with no absence (headcount)	1,354
Percentage of staff with no sick leave	34.8%

Attendance data is analysed corporately and provided to the Trust Board on a monthly basis. People and Organisation Development business partners horizon-scan for sickness hot spots to commission targeted interventions from human resources advisors. These include attendance management clinics, case conferences, and training on policies and procedures.

People Services also now reviews all absence at stage two and above to ensure all boroughs are correctly managing attendance and this is centrally managed on a case tracker system.

In 2018/19, People Services completed a structured review into the management of sickness in teams and departments, with a focus on return-to-work interview compliance and support and application of staging, and conducting welfare meetings for long term absences. The aim of the structured review was to establish where there may be gaps in compliance with the Promoting Attendance Policy and Procedure and to work with line managers to develop an action plan which will be shared with and owned by the assistant director for the borough.

As a result of this first set of enquiries, the Human Resource Team has delivered ad-hoc sessions on the Promoting Attendance Policy and Procedure and introduced a number of tools to support managers, available on our intranet.

Further work to support preventative initiatives has been developed by our Occupational Health Team, with the continued rollout of both a mindfulness course and our Healthcare People Management Association award-winning stress management course, to prevent absence and to support those on long-term absence back in to the workplace.

5. Staff policies and actions

As outlined below, a significant amount of work has taken place during 2018/19 to put a focus on equality and diversity as well as staff engagement.

Equality, Diversity and Inclusion Workforce Strategy

A Trust Equality, Diversity and Inclusion Workforce Strategy and supporting action plan have been developed to outline the Trust's public commitment to taking equality, diversity and inclusion into account in everything we do. The three-year Equality Diversity and Inclusion Workforce Strategy looks to reinforce the ambitions outlined in the Trust Strategy and People Strategy, while supporting Trust values and behaviours.

Employee network

An employee network group has been established across the Trust. This provides a forum for staff to discuss issues and gain a sense of support and community. Employee network groups typically consist of staff who voluntarily join together in support of the Trust's diversity policy, vision, and values. The network actively engages with staff across the Trust to identify ways it can best support equality and diversity, reviewing where there may be issues and identifying ways to address these. The network champions a number of events across the Trust, celebrating success stories. These have included LGBT History Month, National Apprentice Week and Dementia UK's 'Time for a Cuppa'.

In 2018, the Trust also supported Wigan Pride, with representatives attending to promote our organisation as an inclusive and diverse employer.

Workforce Race Equality Standard (WRES)

In 2015, the Workforce Race Equality Standard reporting became mandatory within the NHS contract. It was introduced to enable staff from black and minority ethnic backgrounds to have equal access to career opportunities and receive fair treatment in the workplace. The Trust NHS Workforce Race Equality Standard and action plan for 2018/19 can be viewed at: www.nwbh.nhs.uk/key-documents

Gender pay gap

In September 2017, new Equality Act Regulations were published which require public sector organisations with more than 250 staff to publish their gender pay gap. This requirement is one of the Equality Act's 2010 Public Sector Equality Duties. The calculation is based on all staff, including bank staff, and on their net pay. The data in the latest analysis relates to the financial year 2017/18 and is for those who were employed on 31 March 2018. This can be viewed at: www.nwbh.nhs.uk/key-documents

Disability Confident

This year, the Trust has increased from level 1 Disability Confident Committed to level 2 Disability Confident Employer. The Disability Confident scheme supports employers to make the most of the talents disabled people can bring to the workplace. The accreditation demonstrates the Trust is serious about equal opportunities for disabled people.

Staff development

Having skilled, motivated well supported and developed staff is our greatest assurance that we can provide the necessary care to our patients and communities. If we put our staff first, they will take good care of our patients. As such, we offer a range of initiatives in addition to our core and statutory development offer as outlined below.

Coaching culture

The Trust's award-winning approach to developing a coaching culture aims to embed coaching across the Trust to improve performance and to enable individuals to take personal accountability, encourage them to take responsibility, make their own decisions and take action leading to improved outcomes for staff, patients and service users. To date, almost 600 people leaders have been through the Trust's in-house coaching conversations programme since its inception.

Performance Development Review and Maximising Your Potential Conversations Framework

Our existing Performance Development Review practice supports our coaching conversations culture, placing an emphasis on our Trust values to align the process more appropriately with talent and succession. A 'maximising your potential' matrix enables the line manager and employee to have a structured discussion about both performance delivery and the behaviours exhibited in delivering objectives. This part of the review process also feeds into the Trust's succession planning framework to identify those individuals who are ready for their next role or further developing within the organisation should opportunities arise.

Talent and succession

A key focus of our People Strategy 2019-2021 and Annual People Plan for 2018/19 was the launch and implementation of a Talent Management Framework, with a view to this helping us to spot talent for the future and ensuring we have short, medium and long term succession plans. This review will help us be more informed about what we have from a people perspective (knowledge, skill, capability and aspirations of our staff) against what we need to deliver in our strategic plans, where the gaps are and what plans we need to put in place to support and grow our staff.

This year, we started to compile a picture of the talent we have in borough and corporate teams at band 8a and above. We have committed to reviewing and identifying succession plans for all band 8a and above roles within all directorates and want to start identifying band 7 staff who have the capabilities, behaviours and aspirations to step up to the next level or take on a broader, more complex role.

In October 2018, we hosted a session with our executive leaders. We reviewed talent and succession plans for their direct reports and their roles. In December, a similar session was held for directors across our operational, clinical and medical workforces.

Empowering leaders programme

In September 2018, executive directors agreed a purpose for the development of a leadership programme. A four-day pilot empowering leaders programme was delivered in early 2019. Following analysis and redesign of the programme, this is planned to roll out to five cohorts of team leaders from our nursing workforce during 2019/20.

Staff retention

NHS Improvement developed a national programme for improving retention across the health service, running from June 2017 until 2020. The focus of the programme in the first year was to stabilise rising leaver rates, then reduce leaver rates in subsequent years.

The Retention Support Programme is a targeted, clinically-led programme with NHS Improvement's central workforce team providing direct support to trusts whose leaver rates are higher than the mean rate within the regional trust peer group. The purpose of the programme is to increase the focus on retention and reduce variation across these trusts.

An action plan submitted to NHS Improvement in October 2017 contained a number of initiatives which have been monitored monthly by the Workforce Strategy Group. The overall objective was to reduce turnover (which stood at 14.7 per cent in June 2017) to 12 per cent by the end of December 2018.

At the end of December 2018 the turnover rate for the Trust had fallen to 12.2 per cent. Though short of the overall target, this is still a significant drop from 14.7 per cent in a short space of time. Voluntary turnover at the end of December 2018 had fallen to 10.9 per cent, which is below the Trust objective target of 11 per cent.

Since March 2018, all exit interviews have been recorded electronically, giving us access to a new wide range of exit interview data. The data below was extracted in January 2019, covering March 2018 to December 2018 and is based on 237 completed questionnaires. The return rate has significantly improved from 18 per cent to 53 per cent.

A number of initiatives continue to be taken forward to help address key themes highlighted:

- A review of flexible working is being undertaken (15 per cent of staff said they left due to work-life balance and this is an increasing issue)
- Improved on-boarding processes and development of the employee value proposition (this aims to help address the 25 per cent of staff who leave within 12 months)
- Development of a reward strategy and brand to complement and enhance the total reward package for staff (only 35 per cent of staff said they felt valued)
- An ongoing anti-bullying campaign and Trust commitment to eliminate bullying in the workplace (six per cent of leavers said they were bullied)
- Launch and embedding of the new talent and succession planning model (30 per cent of leavers left for better career opportunities)

Occupational health

The service provides high-quality, evidence-based occupational health services which promote and protect the health and wellbeing of all staff, ensuring they are fit to deliver safe, effective and efficient patient care.

The service leads on work as part of NHS Improvement's health and wellbeing programme which aims to support attendance of staff through analysing and improving the health of the workforce. The service meets Safe Effective Quality Occupational Health Service (SEQOHS) standards and was reaccredited in March 2019. The service also meets national quality standards through the delivery of six core services:

- Prevention – the prevention of ill-health caused or exacerbated by work.
- Timely intervention – staff have access to short term early intervention psychological and musculoskeletal therapies.
- Rehabilitation – processes which enable staff to remain in work or return to work after ill-health or injury.
- Health assessments for work – fitness for work, specific medicals and risk assessments.
- Promotion of health and wellbeing – healthy and well-motivated staff can have a positive impact on an organisation. The service supports workplace health by taking steps to help staff improve their own general health and wellbeing at work through providing activities such as Pilates, yoga, weight management and access to gym facilities.
- Teaching and training – educating and supporting managers to support themselves and their staff and assisting managers to support staff to remain in work.

The Occupational Health and Wellbeing service offers a self-referral pathway for most of its services.

Countering fraud and corruption

The Trust is committed to reducing fraud, bribery and corruption in the NHS and will seek the appropriate disciplinary, regulatory, civil and criminal sanctions against fraudsters and, where possible, will attempt to recover losses.

The Trust has a policy for dealing with suspected fraud and other fraudulent acts, dishonesty or damage to property involving employees, contractors, consultants, vendors and other internal and external stakeholders. The policy aims to provide a guide for staff and managers on what fraud is in the NHS, what everyone's responsibility is to prevent fraud, bribery and corruption, how to report it and its intended outcomes.

The procedure sets out the responsibilities and actions which will be taken by the Trust, managers and staff if they suspect theft, fraud, bribery or corruption has taken place.

The Trust also has a Local Counter Fraud Specialist who staff may contact confidentially if they suspect a fraudulent act. There is mandatory counter fraud training for all staff as part of induction and through e-learning.

6. Staff survey

6.1. Staff engagement

The NHS Staff Survey provides an opportunity for staff to provide feedback on their experience of working in our Trust and provides evidence of where things are going well and where there are potential areas for improvement.

We believe good two-way communication and engagement helps us to engage effectively with our people. We listen to our staff and their views. Our aim is for internal communications to be open and honest, trusted, timely (where possible, staff will be the first to know), accessible, engaging and concise.

The staff survey represents one of the ways in which we engage with staff to seek their feedback. Other mechanisms include:

Core brief

This monthly session sees the Chief Executive sharing important current and forthcoming issues from around our Trust with senior leaders, prompting discussion and feedback in relation to these. These messages are then cascaded to all staff through face-to-face team briefings delivered by managers and team leaders. During 2018, a monthly discussion topic was introduced to prompt staff discussion and feedback about a specific topic to help inform future decisions and improvements.

Ask your Leaders Anything

This was introduced in 2018 to provide staff with an online channel to put questions directly to senior leaders.

Safety walkabouts

These are carried out by executive and non-executive directors on a regular basis across all services and wards. With a focus on safety, these visits offer staff an opportunity to discuss any concerns or issues they may have with a member of the Trust Board. They are also an opportunity for staff to highlight any successes or examples of good practice.

Staff side

The Trust regularly consults with staff and staff side representatives on a range of matters, including organisational change, TUPE transfers and policy changes. The governance structure for this includes the Trust's Partnership Forum – a forum to agree all changes to policies and, in the main, agrees changes to organisational structures. The Chief Executive also hosts a Joint Consultation Negotiating Committee on a quarterly basis which includes staff side and union representation as well as members of the Executive Leadership Team.

6.2. 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 44 per cent (2017: 42 per cent). Scores for each indicator, together with that of the survey benchmarking group (Mental health / learning disability / community), are presented below.

	2018/19		2017/18*		2016/17*	
	Trust	Benchmarking group	Trust	Benchmarking group	Trust	Benchmarking group
Equality, diversity and inclusion	9.3	9.2	7%	11%	8%	11%
Health and wellbeing	6.2	6.1	3.86	3.70	3.78	3.82
Immediate managers	7.2	7.2	3.96	3.89	3.85	3.88
Morale	6.1	6.2	3.96	3.93	3.94	3.96
Quality of appraisals	5.3	5.5	3.07	3.10	3.10	2.99
Quality of	7.4	7.4	3.82	3.68	3.75	3.71

care						
Safe environment – bullying and harassment	8.3	8.2	18%	20%	15%	21%
Safe environment – violence	9.5	9.5	85%	88%	91%	93%
Safety culture	6.8	6.8	3.78	3.71	3.78	3.71
Staff engagement	7.0	7.0	3.87	3.79	3.84	3.80

* Questions asked were scored either on a percentage basis or on a scale of 1-5.

The survey was sent to all our staff through a mix of online and paper surveys. The survey was sent to an official sample size of 3,839. After excluding respondents which were later known to be ineligible, a usable sample of 3,764 remained. From the usable sample, 1,643 were returned in 2018 (44 per cent), this is an increase from 2017 when we had a sample size of 3,708 with 1,537 responses from our staff (42 per cent).

Responses

In summary, out of 89 questions which generate a positive or negative response:

- 12 responses remain the same as 2017
- 7 responses show improvement on 2017
- 8 new questions have been introduced – one of which, we scored higher than the comparator group

The remaining 62 questions highlighted negative change since 2017 – 53 of these only marginally lower, and nine at five per cent or above lower.

6.3. Future priorities

A number of development areas have emerged from the 2018 NHS Staff Survey results and, to support these recommendations, we will develop a staff engagement plan with timescales, success measures and responsibility for staff engagement at all levels of the organisation – senior leaders, managers and staff.

Our recommended areas of focus for 2019/20 are:

Tackling bullying and harassment

- We will seek staff views and experiences on what is acceptable and unacceptable behaviour and help create ownership and buy in of the new behaviours. We will use the information from staff to bring the behaviours to life through regular communication and recognise and share examples of the behaviours being demonstrated well at both Trust-wide and local level.
- We will further develop our Anti-bullying Strategy.

Supporting staff to reduce pressure and work-related stress and ensure we have enough resources for staff to do their job well

- We will continue to work strategically with managers on areas which need the most support to tackle root causes of pressure, stress, lower engagement, higher sickness.
- We will re-brand our health and wellbeing offer and continue to communicate it regularly in a simple and engaging way.
- We will explore feedback from the March 2019 Core Brief discussion topic regarding stress management and take action based on this.
- We will up-scale the empowering leaders programme at pace.
- We will focus on a key staff group where pressures and retention issues have been identified, such as health visitors, developing a project group to provide focused strategic effort to explore pressures and improve retention using creative solutions.

Staff engagement and communication between senior managers and staff

- We will agree a definition of 'senior managers' before the 2019/20 NHS Staff Survey to provide clarity and ensure feedback from future surveys is meaningful.
- We will further progress our leadership and management development offer. The essential role managers play in creating the right conditions for staff to thrive is included in the empowering leaders programme for band 7 managers. We will explore widening the scope of the programme to band 8 and up-scaling the programme at pace.
- We will explore with leadership teams opportunities to increase visibility, both formally and informally.

Improving the employee experience and retention

- We will seek staff feedback about their experience and identify areas for improvement.
- We will work with staff to develop 'our promise', which is clear about expectations of one another in order to live our values and behaviours every day.
- We will create and commit to team charters where our Trust behaviours are recognised, supported, celebrated and challenged on a daily basis.
- We will explore a range of digital solutions to share information and modernise the employee experience.
- We will develop and support cultural champions to increase staff engagement and demonstrate our continued commitment to cultural change.
- We will introduce an 'innovate to improve' process to enable staff from all services to access resources to pilot new ways of delivering improved and more efficient services.

Ensuring patient experiences and data is regularly and effectively shared

- We will explore additional ways to share this information; for example, on our website and through social media.

Ensuring staff are supported to learn and grow

- There has been an increase in both the identification of training, learning and developments needs as well as manager support with this, yet fewer staff agree they have received training, learning and development.
- We will explore this further through 'learn and grow' focus groups.
- We will identify resources and training to support staff to be digitally competent to improve staff experience and productivity.

Ensuring our Performance Development Review process is helping staff do their jobs better

- We will simplify the process and paperwork for 2019/20, include our Trust behaviours and make better use of the Maximising Your Potential conversation.
- We will seek staff feedback on the process and consider opportunities to further improve it, making better use of regular manager and staff check-ins.

7. Trade union facility time disclosures

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017. The purpose of these regulations is to promote transparency and allow for public scrutiny of facility time. These regulations place a legislative requirement on relevant public sector employers to collate and publish, on an annual basis, a range of data about the amount and cost of facility time within their organisation.

Data relating to the year from 1 April 2017 to 31 March 2018 has been published on our website: www.nwbh.nhs.uk/key-documents

Data relating to 2018/19 will be published on our website by 31 July 2019.

8. Consultancy expenditure

The Trust has spent £115,000 in total on external consultants during 2018/19, compared with £178,000 during 2017/18. These costs have covered specialist skills required to deliver our new information management reporting system and to support business development and growth.

9. Off-payroll engagements

All Trust Board-level appointments are on-payroll. The Trust only uses off-payroll engagements where there is a genuine commercial requirement to allow the Trust to buy in specialist skills on a short-term basis for which no in-house expertise exists and for which we would have no long-term or ongoing requirement.

Disclosures relating to off-payroll engagements are included in the following tables.

The table below shows all off-payroll engagements as of 31 March 2019 for more than £245 per day and which last for longer than six months.

Number of existing engagements at 31 March 2019	0
Of which:	
Number that have existed for less than one year at time of reporting	0
Number that have existed for between one and two years at time of reporting	0
Number that have existed for between two and three years at time of reporting	0
Number that have existed for between three and four years at time of reporting	0
Number that have existed for four or more years at time of reporting	0

All existing off-payroll engagements have at some point been subject to a risk-based assessment in line with the updated IR35 guidelines.

The table below shows all new off-payroll engagements, or those which reached six months in duration between 1 April 2018 and 31 March 2019 for more than £245 a day and which last for longer than six months.

Number of new engagements, or those which reached six months in duration between 1 April 2018 and 31 March 2019	0
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

The table below shows off-payroll engagements of board members and/or senior officers with significant financial responsibility between 1 April 2018 and 31 March 2019.

Number of off-payroll engagements of board members and/or senior officers with significant financial responsibility during the financial year	0
Number of individuals that have been deemed 'board members and/or senior officers with significant financial responsibility'. This figure includes both off-payroll and on-payroll engagements.	15

10. Exit packages

The following disclosures and tables relating to exit packages have been subject to audit.

There were five compulsory redundancies in 2018/19, at a cost of £256,000. All payments were contractual. These were as a result of restructures within some of our corporate services teams and planned service changes.

Staff exit packages 2018/19 (the following table has been subject to audit)

	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
Exit package cost band (including any special payment element)	Number	£000s	Number	£000s	Number	£000s	Number	£000s
<£10,000	0	0	0	0	0	0	0	0
£10,001 – £25,000	0	0	0	0	0	0	0	0
£25,001 – £50,000	0	0	0	0	0	0	0	0
£50,001 – £100,000	0	0	0	0	0	0	0	0
£100,001 – £150,000	0	0	0	0	0	0	0	0
£150,001 – £200,000	1	160	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
Total	1	160	0	0	0	0	0	0

2017/18 figures are available within the Annual Accounts.

Exit packages: other (non-compulsory) departure payments – 2017/18 (the following table has been subject to audit)

	2018/19	2018/19	2017/18	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	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	196	0	0
Exit payments following employment tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
Total	0	196	0	0
Of which, non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

NHS Foundation Trust Code of Governance Disclosures

North West Boroughs 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.

During 2018/19, the Trust further embedded the systems and assurances which underpin the Provider Licence, the Risk Assessment Framework, Single Oversight Framework and the Code of Governance.

Performance and effectiveness of the Trust Board has been evaluated through an internal review of the Board against the NHS Improvement and Care Quality Commission well-led framework. During 2018/19, the Board commissioned KPMG to undertake a developmental well-led review. The Board has implemented actions for both reviews, supporting its commitment to continual improvement.

During 2018/19, the Trust also commissioned a Corporate Governance audit and a Risk Management and Board Assurance Framework audit. The level of assurance received for both audits was significant assurance with minor improvement opportunities.

1. Our Trust Board

Our Trust Board has responsibility for strategic development, approving policy and monitoring performance. This includes ensuring the delivery of effective financial stewardship, high standards of clinical and corporate governance and promoting effective relations with the local community we serve.

Each Board member may reasonably challenge assurances received by executive management and should ensure they have sufficient information and understanding when doing so to make sure they take decisions on an informed basis.

Should directors have concerns which cannot be resolved, they are recorded in the Board minutes.

The Board collectively considers that it is appropriately composed with a balanced spread of expertise to fulfil its function and the terms of licence. The Chairman and non-executive directors meet the independence criteria laid down in the NHS Foundation Trust Code of Governance.

Annex 6 of the Trust's constitution – Standing Orders for the Practice and Procedure of the Council of Governors for North West Boroughs Healthcare NHS Foundation Trust – defines the process for resolving any disagreements between the Council of Governors and the Trust Board, and the process to raise concerns. Our constitution can be found on our website: www.nwbh.nhs.uk/key-documents

A range of regularly reviewed corporate policies includes the Scheme of Reservation and Delegation, the Standing Financial Instructions, Managing Conflicts of Interest and the Standards of Business Conduct (incorporating the Nolan Principles, NHS England's model conflicts of interest guidance and Codes of Conduct for the Governors and Directors).

Our Executive Leadership Team provides organisational leadership and takes appropriate action to ensure we deliver our strategic and operational objectives. It maintains arrangements for effective governance throughout the organisation; monitors performance in the delivery of planned results; and ensures corrective action is taken when necessary.

There were 10 Trust Board meetings held during 2018/19 (there was no meeting in August or December). Individual attendance is disclosed in the following tables. Where directors were not eligible to attend due to their start or leaving date or date they joined the Trust Board, this is indicated with N/A (not applicable).

During 2018/19, there were five meetings held between the Chairman and non-executive directors without the executive directors present.

Trust Board attendance – executive directors

Board member	30/04/18	29/05/18	25/06/18	30/07/18	24/09/18	29/10/18	26/11/18	28/01/19	25/02/19	25/03/19
Simon Barber, Chief Executive	✓	✗	✗	✗	✓	✓	✓	✓	✓	✓
Gail Briers, Chief Nurse and Deputy Chief Executive	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John Heritage, Chief Operating Officer	N/A	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Tracy Hill, Director of Strategy and Organisational Effectiveness	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
John McLuckie, Chief Finance Officer	N/A	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Sam Proffitt, Chief Finance Officer	✓	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Professor Sandeep Ranote, Medical Director	✓	✓	✗	✓	✓	✓	✓	✓	✓	✗

Trust Board attendance – non-executive directors

Board member	30/04/18	29/05/18	25/06/18	30/07/18	24/09/18	29/10/18	26/11/18	28/01/19	22/02/19	25/03/19
Helen Bellairs, Chairman	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓
Jonathan Berry, Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tricia Kalloo, Non-Executive Director	✓	✓	✓	✓	✗	✓	✓	✓	✓	✗
Brian Marshall, Non-Executive Director	✓	✓	✓	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Stephen McAndrew, Non-Executive Director	N/A	N/A	N/A	✓	✓	✓	✓	✓	✓	✓
Mike Tate, Non-Executive Director	N/A	N/A	N/A	N/A	✓	✓	✓	✓	✓	✓
Philippa Tubb, Non-Executive Director	✗	✓	✗	✓	N/A	N/A	N/A	N/A	N/A	N/A
Alison Tumilty, Non-Executive Director	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓

1.1. The Trust Board for the period 1 April 2018 to 31 March 2019 comprised:

Simon Barber

Simon joined as Chief Executive on 1 December 2007. He has extensive commercial experience obtained through working as Finance Director and Commercial Director in a number of industries, including utility supply, advertising, retail, telecommunications and manufacturing. Simon joined the NHS in 2006 to use his skills within the public sector. Simon is qualified at postgraduate level as an executive and business coach and a graduate of the European Health Leadership Programme at INSEAD. He is on the System Management Board for the Cheshire and Merseyside Health and Care Partnership. He has previously worked at a national level supporting NHS England's programme to transform care for people with learning disabilities. Simon is a patron of the mental health charity State of Mind Sport.

Helen Bellairs

Helen has worked in or with the NHS for more than 50 years. She started her NHS career as a nurse cadet and has more than 18 years' experience operating as an executive director and chief executive. She has also worked as an independent management consultant with acute and community providers and commissioners. Helen took on the role of Chairman on 17 May 2017. Helen was previously a non-executive director and served as a member of the Audit Committee, Remuneration Committee and Quality Committee.

Our executive directors are:

Gail Briers

Gail was appointed as Chief Nurse and Deputy Chief Executive on 29 October 2018. Before this, she was Chief Nurse and Executive Director of Operational Clinical Services. Gail started out at Winwick Hospital, Warrington, as a nursing assistant 36 years ago. Since then, she has worked in a variety of services including adults, learning disabilities, older people and forensics. Gail is responsible for professional leadership for nurses, allied health professionals and psychological therapists across the Trust. She holds the Executive Lead Nurse role at Trust Board and oversees executive management and leadership of the Trust's Quality Strategy and integrated governance.

John Heritage

John joined the Trust Board as Director of Transformation and Partnership in June 2018 with responsibility for new business, strategic partnerships to support the delivery of new models of care and service delivery, and our estates function. In October 2018, we separated our governance and operations functions and John became the Trust's Chief Operating Officer with responsibility for operational services, business development and estates. As Chief Operating Officer, John works closely with the Chief Nurse and Deputy Chief Executive and the Medical Director to ensure we deliver safe and effective services.

Tracy Hill

Tracy was appointed Director of Strategy and Organisational Effectiveness on 1 April 2015. Before this, she was Director of People and Integrated Governance and, previously, Director of Human Resources and Organisational Development. Tracy is responsible for leading the development of our organisational strategy and ensuring our people are skilled and sufficient to support the delivery of our services. Tracy continues to lead on the development of our organisational culture and works with senior leaders to embed the behaviours we aspire to at the Trust.

John McLuckie

John joined the NHS as a graduate trainee in 1988 after graduating from Hull University. In 1991, John became a full member of the Chartered Institute of Public Finance Accountants and has worked in the NHS provider sector within acute, community, mental health and learning disability services. John began working at our Trust in 2004, becoming Chief Finance Officer in July 2018, with Board-level responsibility for finance and performance.

Sam Proffitt

Sam was appointed to the post of Chief Finance Officer in September 2013. In July 2018, she started a 12-month secondment with Cheshire and Merseyside Health and Care Partnership. She had previously been Director of Finance at the Alternative Futures Group and, before that, Deputy Director of Finance at Mersey Care NHS Foundation Trust. As Chief Finance Officer, Sam was responsible for advising our Trust Board on the best use of our resources by keeping members updated on how we are performing against our financial duties and how we are spending our money. Sam also had executive lead responsibility for informatics, performance, procurement, business development, and estates and facilities.

Professor Sandeep Ranote

On 1 April 2018, Sandeep was appointed as our Medical Director with responsibility for medical and pharmacy services. Sandeep has worked at our Trust since 2006 as a Consultant Child and Adolescent Psychiatrist leading young people's eating disorder services and as Director of Clinical Networks before taking on the role as Medical Director. Her published research includes perinatal neuroimaging and eating disorders. She has been clinical advisor to The National Children's Museum 'Eureka' and currently sits on the Royal College of Psychiatrists' Eating Disorder and Child and Adolescent Faculty executive committees. Sandeep was appointed as Professor of Mental Health at the University of Chester in 2018 and the University of Salford in 2019.

Our non-executive directors are:

Jonathan Berry

Jonathan was a GP for 31 years and has had an active career in service redesign. In particular, he led work to improve integration between health services and to drive up standards of care in community and GP services. Jonathan is an experienced non-executive director in the NHS and commercial sector and ran his own consultancy business. He joined our Trust Board in November 2017 and became the Senior Independent Director in July 2018. Jonathan is a member of the Quality Committee and is also the non-executive lead for quality and safety; reporting deaths; and the champion for physical health community services.

Tricia Kalloo

Tricia is currently Chief Executive and owner of Wellness International Limited, an occupational health service provider. Tricia is a qualified mental health first aider, cognitive behavioural therapist and coach. She previously worked in healthcare in the United States of America before moving to Antigua, where she became Director of Finance and Administration for the Eastern Caribbean Civil Aviation Authority. Tricia was appointed as a non-executive director in June 2017, and has chaired the Quality Committee since November 2017. Tricia was appointed as Vice Chairman from 1 September 2018. She is a member of the Audit Committee and, from February 2019, became the non-executive lead for the medical disciplinary process.

Brian Marshall

Brian is a qualified accountant with extensive experience in national and international businesses at a senior level. In addition, he has NHS experience as an internal auditor for local health authorities. Brian was the Trust's Senior Independent Director and chaired the Audit Committee until December 2017. Brian was appointed as a non-executive director in December 2009 and left the Trust in June 2018 on completion of his final term of office.

Stephen McAndrew

Stephen was appointed as a non-executive director on 1 July 2018. He is currently the Director of NHS Services at Specsavers, responsible for the development and delivery of commissioned services and government relations. Stephen served for 10 years as a non-executive director, vice chair and Senior Independent Director at Cheshire and Wirral Partnership NHS Foundation Trust. Stephen is a member of the Audit Committee and is the non-executive lead for security mismanagement.

Mike Tate

Mike is our most recently appointed non-executive director, joining us on 1 September 2018. Mike has worked in the NHS for 36 years, is a qualified accountant and has been a director of finance for nine years. He has recently retired from his role as Chief Finance Officer and Director of Commissioned Services at Wigan Borough Clinical Commissioning Group. Mike is a member of the Quality Committee, Audit Committee and Remuneration Committee, and is the non-executive lead for the Mental Health Act.

Philippa Tubb

Philippa is a registered general nurse with a clinical background in tropical and infectious diseases and is the Managing Director of Well-Travelled Clinics at the Liverpool School of Tropical Medicine. She is also the school's designated safeguarding officer. She has considerable NHS experience and worked previously as the Assistant Director of Clinical Governance at an acute NHS foundation trust in Liverpool. Philippa is a member of the Quality Committee. She was appointed as a non-executive director in May 2011 and her role was extended to August 2018, when she left the Trust following her final term of office.

Alison Tumilty

Alison has a wealth of experience in senior financial roles, including Manchester Airport Group, Unite PLC and Your Housing Group. Alison is the chair of Rochdale Boroughwide Housing, a mutual housing provider. Alison also spent more than five years as Deputy Chief Executive of Rathbone Training, a nationwide charity supporting disadvantaged young people to gain skills and training to help them to move into independent living and paid employment. Alison was appointed as a non-executive director in September 2015 and has chaired the Audit Committee since January 2018. Alison is also the non-executive lead for Freedom to Speak Up.

The terms of office for our non-executive directors are outlined below.

Non-executive director	Term commenced	Term ends
Helen Bellairs (Chairman)	17 May 2017	16 May 2020
Jonathan Berry	16 November 2017	15 November 2020
Tricia Kalloo	2 June 2017	1 June 2020
Brian Marshall	17 December 2015	30 June 2018
Stephen McAndrew	1 July 2018	30 June 2021

Mike Tate	1 September 2018	31 August 2021
Philippa Tubb	31 May 2014	31 August 2018
Alison Tumilty	24 September 2018	23 September 2021

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.

The process for appointment of the Chairman and non-executive directors is agreed by the Council of Governors' Nominations and Remuneration Committee. In summary, the process includes: a review of the balance of skills, knowledge and experience on the Trust Board; preparation of the role description and person specification; agreement of a suitable process of open competition to identify potential candidates; agreement of a shortlisting and interview process; and finally, a recommendation to the Council of Governors on the appointment.

There is an annual process to review compliance with the fit and proper person criteria for all members of the Trust Board and Council of Governors.

1.2. Remuneration Committee

This committee advises Trust Board on the appropriate remuneration and terms of service for the Chief Executive and other executive directors. It is concerned with all aspects of salary and provisions for other benefits, including pensions and cars, as well as arrangements for termination of employment and other contractual terms.

Its responsibilities are to:

- Be advised of, monitor and evaluate the performance of the executive directors.
- Advise on and oversee appropriate contractual arrangements for such staff, including proper calculation and scrutiny of termination payments – taking account of employment law and national guidance as is appropriate.
- Be informed of disciplinary matters arising relating to executive directors.
- Have responsibility for the ratification of appointments of directors. This requires the Chief Executive to be invited to attend the committee for those agenda items related to appointments of directors.
- Ensure executive directors are fairly rewarded for their individual contribution to the Trust. Proper regard must be given to the Trust's circumstances; size; difficulty of the job as benchmarked against other organisations; individual performance; and provision of any national guidance and arrangements for such staff as appropriate.

The performance of the executive directors is evaluated by the Chief Executive. The performance of the Chief Executive and non-executive directors is evaluated by the Chairman on an annual basis. The performance of the Chairman is evaluated by the Senior Independent Director, having sought input from directors and governors on an annual basis.

Member	30/04/18	14/11/18	23/01/19
Helen Bellairs, Chairman	✓	✓	✓
Jonathan Berry, Non-Executive Director	✓	✓	✓
Tricia Kalloo, Non-Executive Director	✓	✓	✓
Brian Marshall, Non-Executive Director	✓	N/A	N/A
Stephen McAndrew, Non-Executive Director	N/A	✓	✓
Mike Tate, Non-Executive Director	N/A	✗	✓
Philippa Tubb, Non-Executive Director	✗	N/A	N/A
Alison Tumilty, Non-Executive Director	✓	✓	✓

1.3. Quality Committee

Linking closely with the Audit Committee, the Quality Committee assures Trust Board that effective structures, systems and processes are embedded in the organisation and on the effectiveness of our arrangements for quality. It ensures there is a consistent approach throughout the Trust and specifically in the areas of safety (patient, and health and safety), effectiveness and patient experience.

This includes ensuring appropriate actions are taken to address any deviation from accepted standards; informing Trust Board of any significant lapses; and ensuring learning occurs as a result of risk analysis and feedback to services.

The committee has the following duties:

- To oversee and receive exception reports on the development and publication of an annual Quality Report and Quality Account; ensuring the quality priorities agreed by the Council of Governors are appropriately influenced by stakeholders.
- To receive assurance on the quality and safety of services provided by the Trust's operational services; including quality components of business plans.
- To seek assurance from the Trust's Integrated Governance department of effective quality, safety and risk systems and processes. Examine in-depth, by exception, key risk issues impacting on quality as referred by the Quality and Operations Meeting.
- To seek assurance from all the Trust's boroughs throughout the year via a presentation which aims to provide assurances regarding quality, safety and risk systems and processes.
- To oversee the development and implementation of the Trust's Quality Strategy.
- To carry out a bi-monthly review of quality, safety and risk investigations of areas of serious concern regarding quality to seek assurance of learning and completion of any associated resultant actions.
- To review, as required, intelligence and information from internal quality and compliance visits, external Care Quality Commission visits, Mental Health Act visits, service Care Quality Committee self-declarations, serious case reviews, serious incident reviews and external homicide reviews with a focus on the impact on quality and quality improvement.
- To receive assurance that in-depth reviews of themes from complaints, claims and serious incidents in relation to quality and safety are completed, reported and monitored by the relevant meeting group(s).
- To receive assurance in relation to systems and opportunities for patients, carers, and the public to influence quality decisions and raise any concerns regarding quality.

- To receive reports from groups with statutory or regulatory requirement to report directly to a sub-committee of the Trust Board.
- To receive bi-annual reports from the Quality and Safety Meeting, the Clinical Leadership Committee and Learning from Deaths Group.
- To receive additional internal and external reports relating to quality, safety and risk, as required by the Quality Committee.

The Quality Committee work plan will be reviewed on a quarterly basis in order to remain current to the needs of the organisation, reflecting any trends or themes for review.

Tricia Kalloo, Non-Executive Director, chaired the committee between 1 April 2018 and 31 March 2019.

The committee met on 10 occasions between 1 April 2018 and 31 March 2019. In addition to executive and non-executive directors, the committee also includes co-opted roles as determined by the terms of reference.

Details of the executive and non-executive directors' attendance are disclosed in the following table. Where members were not eligible to attend due to their start or leaving date or the date they joined the committee, this is indicated with N/A (not applicable).

Quality Committee attendance

	11/04/18	09/05/18	12/06/18	04/07/18	08/08/18	11/09/18	10/10/18	14/11/18	12/12/18	13/02/19	12/03/19
Gail Briers, Chief Nurse and Deputy Chief Executive	x	✓	✓	x	✓	✓	✓	✓	✓	✓	✓
John Heritage, Chief Operating Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	✓
Tracy Hill, Director of Strategy and Organisational Development	x	x	x	✓	✓	✓	✓	x	✓	✓	x
Professor Sandeep, Ranote Medical Director	✓	✓	✓	x	✓	x	x	✓	x	x	x
Tricia Kalloo, Non-Executive Director	✓	✓	✓	✓	✓	✓	✓	✓	x	✓	✓
Mike Tate Non-Executive Director	N/A	N/A	N/A	N/A	N/A	✓	✓	x	✓	✓	✓
Philippa Tubb, Non-Executive Director	✓	✓	x	x	x	N/A	N/A	N/A	N/A	N/A	N/A

1.4. Audit Committee

The Audit Committee is responsible for reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical) which supports the achievement of the organisation's objectives.

It achieves this by reviewing the adequacy of:

- All risk and control related disclosure statements, together with any accompanying head of internal audit opinion, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.
- The underlying assurance processes (including the function of committees) which indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements. This will include a regular deep dive into the control and mitigation action relating to strategic or significant operational risks recorded in the risk register within the Risk Assurance Framework.
- The Trust's Annual Clinical Audit Programme and ensuring outcomes result in service improvement.
- The policies for ensuring compliance with relevant regulatory, legal and Code of Conduct requirements, performing an oversight role in relation to registers where interests, hospitality and partnerships are recorded.
- The policies and procedures for all work related to fraud and corruption as set out in the NHS Counter Fraud Authority Standards for Providers (published April 2012) and as required by the NHS Counter Fraud Authority and the revised NHS Contract.

Alison Tumilty chaired the committee between 1 April 2018 and 31 March 2019.

Full membership and details of attendance at meetings is disclosed in the following table. Where members were not eligible to attend due to their start or leaving date or the date they joined the committee, this is indicated with N/A (not applicable).

	11/04/18	12/06/18	08/08/18	10/10/18	12/12/18	13/02/19
Alison Tumilty, Non-Executive Director	✓	✓	✓	✓	✓	✓
Dr Jonathan Berry, Non-Executive Director	✓	✓	N/A	N/A	N/A	N/A
Tricia Kalloo, Non-Executive Director	✓	✓	✓	✓	✗	✓
Brian Marshall, Non-Executive Director	✓	✓	N/A	N/A	N/A	N/A
Stephen McAndrew, Non-Executive Director	N/A	N/A	✓	✓	✓	✓
Mike Tate, Non-Executive Director	N/A	N/A	N/A	✓	✗	✓

There was also an extra-ordinary meeting held on 22 May 2018 to approve the Annual Report and Accounts for the financial year 2017/18.

In discharging its responsibilities in 2018/19, the committee considered the following matters in relation to the financial statements, governance and compliance:

Governance and compliance

- The committee received a risk management update at each meeting. At each meeting, the committee also requested a risk challenge session whereby responsible officers for high-risk areas were required to present progress against mitigations and actions. The committee offered challenge where appropriate and facilitated support where required.
- The committee received regular updates on the register of interests and the gifts and hospitality register. Any material or regular entries in the gifts and hospitality register were challenged to ensure acceptance was appropriate.

Clinical audit

- The annual clinical audit plan was reviewed and approved at the June 2018 Audit Committee meeting, with progress updates provided during 2018/19.

Financial matters and reporting

- The external auditor annual plan was presented and approved by the committee in February 2019. At this meeting, elevated risk areas relevant to the statutory accounts were discussed and agreed. The Trust's Annual Accounts timetable and plan was also presented to this meeting.
- The Annual Accounts for 2017/18, including the auditor's report to those charged with governance, were reviewed at the extra-ordinary meeting on 22 May 2018 and approved on 23 May 2018.
- Aged debt, salary overpayments and losses were reviewed and challenged throughout the year.
- The waivers register was presented periodically during 2018/19 for review. The committee provided scrutiny and challenge as appropriate.
- The Trust's Standing Financial Instructions and Scheme of Reservation and Delegation were reviewed and updated as appropriate throughout the year.
- In October 2018, the committee received and approved the Trust's Charitable Funds Annual Report and Accounts for 2017/18. They were then agreed by a meeting of the Trustees on 29 October 2018.

Fraud

- The Trust's counter fraud service is provided by KPMG. The counter fraud annual plan was agreed at the April 2018 Audit Committee meeting. This plan covered the four strategic areas set out by the NHS Counter Fraud Authority: strategic governance; inform and involve; prevent and deter; and hold to account. During 2018/19, updates on progress against the plan were provided.
- A number of counter fraud investigations were instigated during 2018/19. Progress and outcomes were reported to the committee.
- During 2018/19, updates on progress against the Standards for Providers action plan were reviewed. An updated self-assessment was submitted in April 2019.

1.5. Internal audit function

The Trust's internal audit contract was reviewed during 2018/19. The function was provided by KPMG for the year 2018/19, with a three-year contract awarded to Mersey Internal Audit Agency from 1 April 2019.

The services provided are fully compliant with the NHS internal audit standards. Both providers' contracts have assigned a named director who is responsible for the management and coordination of the internal audit service to the Trust.

A significant role of the internal auditor is to provide an annual opinion on the overall adequacy and effectiveness of our risk management, control and governance processes. This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee to provide a reasonable level of assurance. Regular progress reports against this plan have been presented to the Audit Committee throughout 2018/19.

1.6. External audit

The Trust's external audit contract was subject to a competitive tender process during 2018/19. The process was undertaken in accordance with procurement regulations and the Trust's constitution, requiring involvement and approval by the Trust's Council of Governors. Grant Thornton LLP was appointed as the Trust's new external auditor in September 2018 for a period of three years, with an option to extend for up to two further years.

The Audit Committee has assessed the effectiveness of the external audit service through the quality of their audit findings and management's responses; their continuing challenge; their focused reporting; and their discussions with both management and the Audit Committee.

1.7. Auditor independence and objectivity

Grant Thornton issued the following statement with regard to independence and objectivity:

"Ethical Standards and ISA (UK) 260 require us to give you timely disclosure of all significant matters that may bear upon the integrity, objectivity and independence of the firm or covered persons (including its partners, senior managers, managers) relating to our independence. We encourage you to contact us to discuss these or any other independence issues with us. We will also discuss with you if we make additional significant judgements surrounding independence matters.

"We confirm there are no significant facts or matters that impact on our independence as auditors that were are required or wish to draw to your attention. We have complied with the Financial Reporting Council's Ethical Standard and we, as a firm, and each covered person, confirm we are independent and are able to express opinion on the financial statements. Further, we have complied with the requirements of the National Audit Office's Auditor Guidance Note 01 issued in December 2017 which sets out supplementary guidance on ethical requirements for auditors of local public bodies.

"We confirm that we have implemented policies and procedures to meet the requirements of the Ethical Standard. For the purposes of our audit we have made enquiries of all Grant Thornton UK LLP teams providing services to the Trust."

1.8. Additional director responsibilities

Our Chief Nurse and Deputy Chief Executive has a non-executive director role and is the Vice Chair for the Advancing Quality Alliance. This is an unpaid role.

1.9. Register of interests

Registers of interests for both Trust Board members and our Council of Governors are available on our website.

- Trust Board: www.nwbh.nhs.uk/trust-board
- Council of Governors: www.nwbh.nhs.uk/council-of-governors

The Chairman has had no other significant commitments or any which have changed during the reporting year.

2. Our Council of Governors

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
- 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 auditors
- Receiving the Annual Report and Accounts
- Being consulted on proposed changes and providing feedback on the future direction of the Trust
- Representing the interests of members and the public

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 governors' 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. However, our Chairman and/or Chief Executive were in attendance at the meetings in order to develop an understanding of the views of the governors and members.

There is an open invitation from the governors to Trust Board members, both executive and non-executive directors, to attend Council of Governors' meetings.

During 2018/19, our nominated lead governor was Chris Whittle.

During the reporting year, 18 governors claimed a total of £1,685.95 in expenses. In the previous reporting year, 12 governors claimed a total of £2,192.45 in expenses.

Our Council of Governors met four times during the period 1 April 2018 to 31 March 2019.

Attendance of governors is detailed in the following table. Where governors were not eligible to attend due to their start or leaving date, this is indicated with N/A (not applicable).

Public, staff and appointed governors (alphabetical by surname)	22/05/18	29/08/18	21/11/18	20/02/19
Helen Bellairs – Chairman	✓	✓	✓	✓
Innes Arnold – Public, St Helens, Elected	✓	✓	✓	✓
Trevor Barton – Public, Wigan, Elected	✓	✗	N/A	N/A
Norman Bradbury – Public, Wigan, Elected	✓	✓	✗	✗
Reverend Lyn Cavell McIver – Public, Halton, Elected	✗	✗	✗	✗
Chris Coffey – Public, St Helens, Elected	✗	✓	✗	✗
Mike Crawford – Staff, Support Services, Elected	✓	✗	✗	✗
Ann Cunliffe – Staff Side Chair, Appointed	✗	✗	✗	✗
Paul Davies – Public, Knowsley, Elected	✗	✗	✓	✗
Narender Dhillon – Staff, Medical, Elected	✓	✓	✗	✗
Hazel Hendriksen – Staff, Allied Health Professionals, Elected	✓	✗	✓	✗
Andy Jones – Public, Halton, Elected	✓	✓	✗	✗
Councillor John Kelly – Sefton Council, Appointed	✗	✗	N/A	N/A
Charlie Leonard – Staff, Supporting Services, Elected	✗	✗	✗	✗
Lisa Martin – Staff, Allied Health Professionals, Elected	✓	✗	✗	✗
Denis McFarland – Public, Other, Elected	✗	✓	✗	✗
Chris Molyneux – Public, Warrington, Elected	✓	✓	✓	✓
Councillor Ian Moncur – Sefton Council, Appointed	N/A	N/A	✗	✗
Councillor Jim Moodie – Wigan Council, Appointed	✗	✓	✗	✗
Jane Neve – Staff, Managers (8A and above), Elected	✓	✗	✓	✗
Jason O’Flaherty – Staff, Nursing, Elected	✓	✗	✓	✓
Chris Peake – Staff, Supporting Services, Elected	✗	✓	✗	✗
Colin Pearson – Public, St Helens, Elected	✓	✓	✓	✓
Sheila Ratcliffe – Public, Wigan, Elected	✗	✗	✓	✗
Kevin Redmond – Staff, Nursing, Elected	✓	✗	✓	✗
John Richards – Public, St Helens, Elected	✓	✗	✗	✗

Ron Rotheram – Public, Knowsley, Elected	x	x	x	x
Richard Short – Public, Wigan, Elected	x	x	x	x
Jim Sinnott – Public, Warrington, Elected	✓	✓	✓	✓
Chris Whittle – Public, Knowsley, Elected, Lead Governor	✓	x	✓	✓
Councillor Marie Wright – Halton Council, Appointed	x	x	x	x
Councillor Pat Wright – Warrington Council, Appointed	x	x	x	x

The following governors started their terms of office from 1 March 2019, and as at 31 March 2019 they had not yet attended their first Council of Governors' meeting:

- John Battersby – Public, Sefton
- Victor Foulds – Public, Sefton
- Iain Yates – Public, Knowsley
- Joe Nixon – Public, Knowsley
- Margaret Hogan – Public, Other
- Louise McKay – Staff, Support Services
- Julie Moss – Staff, Allied Health Professionals

Public and staff governors are appointed for a term of three years. Should a governor resign mid-term, a governor may be appointed to serve the remainder of the term. Given some governors are service users and carers themselves, we accept some governors cannot attend when they are unwell or have pressing carer responsibilities. Governors are asked to notify us of this.

In addition to governors, the above meetings were attended by Trust Board members as follows:

22 May 2018

- Simon Barber, Chief Executive

29 August 2018

- John Heritage, Chief Operating Officer
- Tricia Kalloo, Non-Executive Director

21 November 2018

- Simon Barber, Chief Executive Officer
- Alison Tumilty, Non-Executive Director

20 February 2019

- Simon Barber, Chief Executive
- Stephen McAndrew, Non-Executive Director

2.1. Committees

The committees of the governors are supported by directors (both executive and non-executive) and/or other managers from the Trust.

2.1.1. Membership and Communications Committee

The remit of the committee is to oversee the delivery of the Membership Strategy and to ensure effective communication with the membership of the Trust. The committee met four times during the period 1 April 2018 to 31 March 2019. Attendance is detailed in the following table. Where committee members were not eligible to attend due to their start or leaving date, this is indicated with N/A (not applicable).

Governor	03/04/18	03/07/18	23/10/18	15/01/19
Innes Arnold	x	✓	✓	x
Trevor Barton	x	✓	x	N/A
Chris Coffey	✓	x	✓	x
Narender Dhillon	x	✓	x	x
Andy Jones	✓	x	x	x
Denis McFarland	x	x	✓	x
Chris Molyneux	✓	✓	✓	✓
Colin Pearson	✓	✓	✓	✓
Sheila Ratcliffe	✓	✓	✓	✓
John Richards	x	x	x	x
Jim Sinnott	✓	✓	✓	✓
Richard Short	x	✓	x	x
Chris Whittle	✓	✓	✓	x

2.1.2. Nominations and Remuneration Committee

The Council of Governors has established a Nominations and Remuneration Committee. The committee met four times during the period 1 April 2018 to 31 March 2019. The membership is made up of the Chairman, Helen Bellairs, plus three members of the Council of Governors and the lead governor. The committee is supported by the Chief Executive, Company Secretary and Director of Strategy and Organisational Effectiveness. Attendance is outlined in the following table:

Governor	23/04/2018	10/05/2018	22/05/2018	20/02/2019
Helen Bellairs, Chairman	✓	✓	✓	✓
Chris Whittle, Lead Governor	✓	✓	✓	✓
Trevor Barton	✓	✓	✓	N/A
Andy Jones	✓	✓	✓	x
John Richards	x	x	✓	x
Innes Arnold	N/A	N/A	N/A	✓
Colin Pearson	N/A	N/A	N/A	✓

In addition, the Senior Independent Director also attends and chairs the meeting for matters relating to the appointment, performance and remuneration of the Chairman.

The Trust does not use an external search consultancy for advertising non-executive appointments. It does use a recruitment consultant to carry out preliminary interviews as part of the appointment processes.

The remit of the committee is to:

- Regularly review the composition of non-executive directors on the Board to reflect the expertise and experience required and to make recommendations to the

Council of Governors. This will include periodic consideration of information prepared for the Board, reviewing the independence, skills and experience required for non-executive directors to ensure the appropriate experience, expertise and balance.

- To evaluate the balance of skills, knowledge and experience on the Board, to prepare a job description and person specification for the role and capabilities required for a particular appointment of a non-executive director, including the Chairman.
- To identify suitable candidates to fill non-executive director posts through a process of open competition.
- To make recommendations to the Council of Governors as to the appointment of non-executive directors, including the Chairman.
- To evaluate and report to the Council of Governors on the performance of the Chairman and non-executive directors, including their retention or removal as appropriate.
- To consider and make recommendations to the Council of Governors as to the remuneration, allowances and other terms and conditions of office of the Chairman and non-executive directors, which are subject to market testing.

2.1.3. Governors' Assurance Committee

The Council of Governors has established a Governors' Assurance Committee which meets four times a year. Attendance is detailed in the following table. Where committee members were not eligible to attend due to their start or leaving date or the date they joined the committee, this is indicated with N/A (not applicable).

Governor	06/06/18	29/08/18 Extra-ordinary meeting	09/10/18	11/12/18	19/03/19
Innes Arnold	N/A	✓	✓	✓	✓
Trevor Barton	✓	✗	✗	N/A	N/A
Chris Coffey	✓	✗	✓	✓	
Andy Jones	✗	✓	✗	✗	✓
Denis McFarland	✗	✓	✓	✗	✓
Chris Molyneux	✓	✓	✓	✓	N/A
Chris Peake	✗	✗	✓	✗	✗
C Pearson	✓	✓	✓	✓	✓
Sheila Ratcliffe	✗	✗	✗	✗	✗
John Richards	✗	✗	✗	✗	✗
Jim Sinnott	✓	✓	✓	✓	✓
Chris Whittle	✓	✗	✗	✓	✓

The committee is accountable to the Council of Governors and is responsible for:

- Gaining understanding and evidence to review the Governors' Assurance Framework to support the governors to hold the non-executive directors to account for the performance of the Board.
- Receiving a report from the auditor on the Annual Accounts for onward presentation to the Council of Governors.

- Receiving a report from the Audit Committee and the Quality Committee to support the governors to hold the non-executive directors to account for the performance of the Board.
- Receiving a report for approval, from the Audit Committee, on the appointment of the Trust's external auditors.
- Receiving an annual report on the effectiveness of the Trust's system of internal control, in the form of the Head of Internal Audit Opinion.
- Assurance on the Quality Accounts process throughout their annual cycle.

3. Membership of our foundation trust

As a foundation trust, we have a membership to give local people a say in how we respond to the specific needs of the population we serve. Our membership is made up of both staff and the public.

Members of our Trust can:

- Receive information about the Trust and be consulted on plans for future development of our Trust and services
- Elect representatives to serve on the Council of Governors
- Stand for election to the Council of Governors

It has been one of our aims to develop a membership which enables varying levels of participation according to the needs and degree of involvement of individual members.

Any member of the public aged 14 or over can become a member of the Trust. Members of the public constituency must complete a membership form and submit it to the membership office.

The boundaries for determining membership are set in line with local authority boundaries. Public members at 31 March 2019 are shown below.

Constituency	Number of members
Halton	740
Knowsley	634
Sefton	407
St Helens	878
Warrington	1,252
Wigan	1,042
Other areas	917
Total	5,870

Trust staff are automatically members, but may opt out if they wish. On 31 March 2019, there were 3,917 staff members.

The staff constituency is sub-divided into the following classes:

- Allied health professionals (qualified)
- Managers (band 8 or above)
- Medical staff
- Nursing staff (qualified)

- Supporting services (including nursing assistants, healthcare workers and administrators)

Maintenance of the number of members is managed through attending external events as well as establishing links with our partners in the voluntary sector to ensure representation of minority and vulnerable groups.

We communicate regularly with members, patients and the public using a range of communication methods and feedback channels. These include:

- Trust website – www.nwbh.nhs.uk
- Social media – Twitter and Facebook
- Direct email
- Twice-yearly publication of Reflect, our service user, carer and members' magazine
- Annual members' meeting and involvement scheme events
- Service user and carer forums
- Attendance at Trust Board meetings held in public

This year, we have undertaken a number of engagement projects involving members and the public with the aim of gathering feedback about services to help plan, design and improve services.

In addition, in September 2018, we held a joint Trust Board and Council of Governors away day to further develop the Trust's strategy and annual plan. This provided the opportunity for the Council of Governors to contribute the views of members and the public and, for appointed governors, the body they represent, to the forward plan and Trust Strategy for 2019-2022.

Directors are encouraged to attend meetings of the Council of Governors, the annual members' meeting and other engagement events to develop an understanding of the views of governors and members.

Meaningful engagement with our membership base is an ongoing priority for the Council of Governors and an area they continue to develop. The aims of our Membership Strategy have been revised, with activities identified to further develop two-way communication between governors and the wider membership.

Governors and members attend regular service user and carer forums as well as events such as Disability Awareness Day; our annual service user involvement event, Ignite Your Life; and our annual members' meeting. Our governors have also attended meetings in their local areas, including dementia support groups, carers' groups, Healthwatch and veterans' group meetings, as well as local community events. This enables our governors to share views about areas of particular interest and new developments at the Trust.

Foundation trust members can find out who their governor is on the membership section of our website: www.nwbh.nhs.uk/council-of-governors

Members can contact their governor by calling the membership office on 01925 664803 or emailing ftmembership@nwbh.nhs.uk – marking it for the attention of their governor.

Single Oversight Framework

NHS Improvement's Single Oversight Framework 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 has been segmented according to the level of support required across the five themes and has been segmented as '1', requiring the lowest level of oversight.

This segmentation information is the Trust's position as at 31 March 2019. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

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

Statement of the Chief Executive's responsibilities as the accounting officer of North West Boroughs 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 North West Boroughs 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 North West Boroughs 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 financial statements.
- Ensure 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.
- 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 to ensure 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.

Simon Barber, Chief Executive

North West Boroughs Healthcare NHS Foundation Trust
23 May 2019



Annual Governance Statement

1. Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control which supports the achievement of North West Boroughs Healthcare NHS Foundation Trust's policies, aims and objectives, while 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 the 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.

2. 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 the 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 North West Boroughs Healthcare NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the Annual Report and Accounts.

3. Capacity to handle risk

3.1. Risk management governance arrangements

I, as a member of the Trust Board, and through delegation to the Audit Committee and Quality Committee, which report to the Board, provide leadership and strategic direction to the risk management processes.

The day-to-day responsibility for the risk management process (and support for the Quality Committee) is delegated to the Chief Nurse and Deputy Chief Executive.

The Trust has two committees of the Board which have remits relating to risk – the Audit Committee and the Quality Committee.

The Audit Committee has a role in satisfying itself that all aspects of governance and risk management are appropriate and effective. Day-to-day responsibility for the Audit Committee, as well as the management of financial and information risks, is delegated to the Chief Finance Officer.

The Audit Committee gives assurance to the Board that it has satisfied itself the governance arrangements are functioning as required and the risk management arrangements are robust. It also satisfies itself that the Trust's resources (financial, workforce and estates) are being effectively managed. The committee receives assurance

through reports from the executive team, the internal and the external auditor, and other external bodies.

The Audit Committee is chaired by a non-executive director, who has knowledge and experience relevant to that committee. The Quality Committee is also chaired by a non-executive who has a wealth of commercial knowledge of boards and governance. Additionally, other non-executive directors are members.

The role of the Audit Committee includes the review of the adequacy of the risk management systems and policy. To enable this, the committee receives regular monitoring reports about the management of strategic risks. The committee also provides verification to the Trust Board, through the assurance framework, on the systems in place for the management of risk within the Trust.

The Quality Committee oversees aspects of risk which impact on quality. On a quarterly basis, the chair chooses a serious incident which has been through the governance approval process for intensive scrutiny at the meeting. Supportive challenge is offered to the executive directors on the lessons learned from the incidents, and the committee receives assurance that actions are taken to prevent future incidents. An annual report on the work and decisions of the committee is provided to Trust Board.

At each of its 10 meetings during the year, the Board receives an update on all serious incidents and inquests which have occurred.

The Trust's Quality, Operations and Integration Group (formerly known as the Quality and Safety Group; and the Operations and Integration Group) is chaired by the Chief Operating Officer. This meeting is made up of deputy and assistant clinical directors from both corporate and operational services. The meeting receives information relating to risks and serious incidents from across the Trust. Members ensure risks are monitored and managed effectively. Reporting from the Quality, Operations and Integration Group is to the Trust Board through the Chief Executive's report and bi-annually to the Quality Committee. Additionally, exception reports are made to highlight any areas for escalation or of concern.

The Clinical Leadership Group meets monthly and is made up of the senior clinical leaders across the Trust and chaired by the Medical Director. The group provides professional leadership, clinical advice, specific clinical responses and management actions for implementation to mitigate risks. This group has scrutiny over the quality and safety aspects of the cost improvement schemes and reviews the quality and equality impact assessments on services. The group has the authority to reject schemes which have a significant detrimental impact on clinical services. This is reported to the Quality Committee, providing assurance to the committee that the process for measuring the impact on quality within the cost improvement process is robust. Bi-annual update reports on the general work of the group are provided to the Quality Committee and to Trust Board through the Chief Executive's report.

The Quality, Operations and Integration Group is the point of dissemination both upwards, as described above, and also through to borough teams and clinical teams.

Borough quality and safety meetings are in operation and incorporate items and topics from the Trust Quality, Operations and Integration Group (incidents, risks, themes, lessons learned) as standing agenda items. Items of concern or good practice from the borough

meetings are escalated and shared monthly with the Trust Quality, Operations and Integration Group.

3.2. Leadership

As the Accounting Officer and Chief Executive of the Trust, I take lead responsibility and accept accountability for ensuring a sound system of internal control and a robust assurance framework is in place. The organisational management structure illustrates the Trust's commitment to effective governance, including the risk management processes.

The delegated responsibility for the coordination of risk management sits with the Chief Nurse and Deputy Chief Executive, who is supported by the Medical Director, Chief Finance Officer, Chief Operating Officer, and Director of Strategy and Organisational Effectiveness, who are responsible for overseeing risk management activities within their individual areas of responsibility.

The Risk Management Policy defines risk governance, risk appetite and risk management structures across the Trust. This is underpinned by a Risk Management Procedure which further describes the devolvement and accountabilities within each borough and directorate.

The breadth and depth of experience on the Trust Board is clearly reflected in the way important decisions are developed, challenged and achieved. Strategic planning and decision-making is carried out by the full Trust Board, without compromising the required independence and challenge of the non-executive directors as appropriate.

Within the period 1 April 2018 to 31 March 2019, there have been five changes in personnel of non-executive directors, as follows:

- Brian Marshall left the role on 30 June 2018
- Philippa Tubb left the role on 31 August 2018
- Alison Tumilty began her second term on 24 September 2018
- Stephen McAndrew was appointed on 1 July 2018
- Michael Tate was appointed on 1 September 2018

The governance structures in place are effective in ensuring the Trust Board agenda is aligned to risks and directs attention to areas for involvement, scrutiny and decision-making.

The Director of Strategy and Organisational Effectiveness is responsible for leading strategy within the Trust, taking account of external and internal influences including national strategy, local needs, and the Trust's competitors' plans.

Independent assurance on our systems and processes is received through the Trust's internal auditors KPMG. There have been six governance-related audits undertaken in 2018/19, as follows:

- Patient Safety Panel – significant assurance with minor improvement opportunities
- Governance (well-led) – advisory report
- Clinical audit – significant assurance with minor improvement opportunities

- Data Security and Protection Toolkit – Phase one: partial assurance with improvements required; Phase two – significant assurance with minor improvement opportunities
- Corporate governance – significant assurance with minor improvement opportunities
- Risk management and Board Assurance Framework – significant assurance with minor improvement opportunities

3.3. Risk management accountability

The Trust's Risk Management Policy and Procedure sets out the overall aims for risk management across the Trust, delivered through an annual work plan against a set of specific risk management objectives:

Objective 1: Ensure effectiveness of the risk management system and incident management systems across the Trust.

Objective 2: Improve operational management and accountability of risk management.

Objective 3: Improve dissemination of actions and lessons learned from incidents and risks.

Objective 4: Improve service delivery and patient safety.

Objective 5: Ensure compliance with statutory and regulatory requirements.

The Risk Management Policy and Procedure describes the structured and systematic approach to the management of all risk across financial, clinical, non-clinical, strategic and project risk management.

The Risk Management Policy sets out both the collective responsibilities of the Trust Board and its committees, and individual responsibility of the Chief Executive, directors and all levels of staff across the Trust.

The Trust's Audit Committee seeks assurance that the risk management process is comprehensive, effective, complies with regulatory requirements and is fit for purpose by taking independent, objective advice through the appointment of internal auditors. The committee also approves the Annual Governance Statement.

The Trust Board receives an Assurance and Risk Report at alternate meetings to review the identification, evaluation and control of organisational, financial, clinical and non-clinical risk, and the risks against the achievement of the Trust strategic objectives and high-level objectives. Detailed reporting mechanisms for risk management are included within the table in section 7.1 of this report.

3.4. Staff education and development

3.4.1. Induction

The principles of risk management are included as part of the mandatory corporate induction, covering an introduction to a wide range of topics, including subjects such as risk, governance, health and safety, fire awareness, handling complaints, equality and diversity, safeguarding children and adults, patient and public involvement, human resources and freedom to speak up processes for all staff.

Induction is extended for clinical staff to include clinical skills such as basic life support and breakaway techniques. Also included is training on the electronic care records system and

the care planning approach process. The Trust training needs analysis identifies additional risk-based training available to staff, as appropriate to their duties.

3.4.2. Statutory, core and developmental training

This is available to all staff groups within the training programmes, as stated within the Trust's Core and Statutory Training Policy. In addition to the statutory and core training schedule, staff are further developed based on the outcomes of their performance and development review, leading to the development of a personal development plan.

3.4.3. Incident management

During 2018/19, we have continued to improve our serious incident process, which included additional scrutiny of our reports by the Patient Safety Panel, chaired by the Clinical Director of Operations and Integration, to ensure quality of reporting. Local patient safety panels have been implemented in all boroughs to ensure local ownership of the investigations, reports and lessons learned.

3.4.5. Policy and procedures

A range of clinical and non-clinical policies and procedures guided by statutory duty, legislative requirements and best practice guidelines are available to staff in electronic format on the intranet to assist them in managing risk.

All policies and procedures undergo impact assessments in relation to training, equality and diversity, and safeguarding. A system is in place to ensure due process has been followed before policies are ratified by the Audit Committee.

3.4.6. Quality and safety learning

A corporate Patient Safety Panel consisting of the Chief Nurse and Deputy Chief Executive, Clinical Director of Operations and Integration, Deputy Director of Nursing and Governance, Assistant Director of Integrated Governance, Assistant Director of Nursing and Quality, Associate Medical Director for Quality and Safety, pharmacist expert, psychological lead and the assistant clinical directors from each borough meets on a weekly basis. They discuss any serious incidents which have occurred in the preceding week, together with any 72-hour reviews which have been undertaken, to determine actions needed and next steps ensuring a consistent approach is achieved within the local patient safety panels. The corporate Patient Safety Panel approves any serious incident investigation reports.

A communications plan for the sharing of lessons learned from incidents is in place with regular updates shared through Trust-wide channels on a weekly basis. Internally, it is reported by the executive and non-executive directors, from their safety walkabouts, that teams visited are aware of the lessons learned communications and do discuss these in team meetings.

The Trust is proud to be a learning organisation and is continually striving to improve. Thematic reviews of incidents are presented at the Quality, Operations and Integration Group and at the Quality Committee for information and discussion. In addition, the Quality Committee completes supportive challenge sessions on serious incidents as required to look at how these have been managed and to focus on the outcomes to ensure lessons have been learned.

4. Risk and Control Framework

4.1. Risk management strategy

Our Risk Management Policy describes the way the Trust identifies and develops risks, together with the risk tolerance or 'risk appetite' of the organisation; that is, the level of risk the Trust is willing to accept. This is determined by how much loss the Trust is prepared to accept, combined with the cost of correcting errors. The Risk Management Policy describes how risks are developed and managed; from strategic risks at Trust Board level, corporate risks in corporate services, to operational risks at borough and team level.

If risks are properly assessed and managed, this can help set all priorities for NHS organisations, teams and individuals, and improve decision-making to reach a balance of risk, benefit and cost.

The Trust Board uses a 'risk universe' approach to identify strategic risks which plots risks against two axes – 'stable and known' through to 'changing and new' and also 'internal' through to 'external'.

The 'risk universe' is reviewed and updated in a joint session of the Trust Board and Council of Governors during September. These are further discussed and agreed at the leadership group meeting. The risks identified are categorised as:

- High or strategic risk areas
- Other risks requiring additional focus in year
- Routine systems and risks which require periodic review
- Opportunities

The 'risk universe' is intended to be a dynamic risk tool and is reviewed periodically throughout the year, with the opportunity to add and remove risks as appropriate, and agreed by Trust Board.

The high-level or strategic risk areas are considered by the Trust Board and, in order to mitigate these risks, high-level objectives for the coming year are agreed. All risks appearing within the 'risk universe' are reflected and managed through the risk register.

4.2. Risk management policy

The overall aim of risk management is to ensure high-quality healthcare services are delivered with the safety, health and wellbeing of services users, carers and staff at the forefront of everything we do. Additionally, the policy describes the assurance processes in place through clear reporting structures which ensure risk management systems across the Trust are embedded and effective.

The Trust is committed to ensuring the safety of service users, staff, and the public through an integrated approach to managing risk, whether financial, organisational, clinical or non-clinical, within systems which are open and transparent and demonstrate sound governance.

4.3. Risk management process

In pursuit of implementing effective risk management processes across the Trust, the Risk Management Policy and Procedure is the overarching process for managing all risk within a single framework. The Risk Management Policy and Procedure detail the strategic framework for identification, evaluation, analysis, treatment, control, monitoring and review

of risks, within a single Trust-wide risk register. The Risk Management Procedure provides associated step-by-step guidance on what to do following identification of a potential risk and the process of risk management.

The risk management process begins with the identification of risks throughout the Trust. Risks are identified through a number of sources, including risk assessment, audit, incidents, complaints, safety alerts, external reviews and inspection, emerging financial and environmental risks, and compliance with statutory and regulatory requirements.

The Trust's risk grading matrix has been adopted from the ISO 31000:2009 Risk Management Risk Assessment Guidelines and is also the model recommended in the National Patient Safety Agency – A Risk Matrix for Managers (2008). The methodology used is a consequence and likelihood matrix which facilitates the evaluation and prioritisation of risks within the management decision-making process. The risk grading matrix is available at Appendix 2.

The Risk Management Policy clearly describes the process, accountability and authority to manage risk within the Trust and the escalation process with low-level risks being managed locally, and high-level risks escalated to the Trust's Executive Leadership Team and reported to Trust Board.

The Trust Board receives alternate month reports on the current status and management of all risks within the Trust. Executive directors review specific, relevant risks at the meetings they chair such as the monthly Quality, Operations and Integration Group, Clinical Leadership Group, Operations and Integration Committee and the Trust-wide Operational Performance Meeting. The Audit Committee scrutinises these risks further. The Audit Committee receives, at each meeting, reports on the current status and management of all risks within the Trust. At each meeting, a risk is chosen for a supportive challenge session by the committee and the risk owner is asked to present the controls, gaps, mitigations and actions taken to reduce the risk.

The Trust Board receives an integrated assurance and risk report which includes the risk register and Board Assurance Framework reporting. This provides the Trust Board with an overarching view of the organisational risks with a regular risk management report to fully consider the risks to achieving the Trust's high-level objectives. On a monthly basis, all risks are reviewed at the borough quality and safety meetings, led by Trust assistant clinical directors.

Risk movement and control is monitored monthly at the Trust Quality, Operations and Integration Group, and borough quality and safety meetings, where emerging risks, accountabilities for risk control and risk movement are discussed. 'Risk appetite', risk movement and control for the Trust's high-level risks are also monitored and discussed monthly at Trust Board.

The Trust accepts some risks cannot be completely eliminated, however, may be managed and minimised. The 'risk appetite' is the level of risk the Trust is prepared to accept in pursuit of its objectives, and before action is deemed necessary to reduce the risk. It represents a balance between the potential benefits of innovation and the threats change inevitably brings.

The Board Assurance Framework presented to the Trust Board on alternate months contains details of all significant risks scored 15 and above, with limited or fair controls for scrutiny and challenge by the Trust Board.

4.4. Quality governance arrangements

4.4.1. Care Quality Commission

The Trust is expected to maintain its registration with the Care Quality Commission to undertake the regulated activities it provides. The Trust is routinely visited by the Care Quality Commission, including the Mental Health Act Commission, as part of its programme of inspections.

The Trust continually assesses itself against the fundamental standards, reporting monthly as part of the performance report. Assurances are provided through the clinical quality assurance cycle which incorporates the following three areas:

- **Peer reviews** – a programme of internal inspections of teams undertaken by staff and service user or carer volunteers against the standards of quality and safety and Trust policy.
- **Safety walkabouts** – visits undertaken by executive and non-executive directors. A total of 43 have taken place between April 2018 and March 2019. Following each visit, the Trust Board member feeds back the findings and recommendations to the Trust Board. Following safety walkabouts, local managers are encouraged to act on issues identified.
- **Continuous clinical improvement** – a review of outcomes from the above elements which identify areas for improvement. These are either carried out at a local level within teams or on a Trust-wide basis and inform the quality agenda for the Trust.

During 2018/19, there have been a total of 10 inspections of the Trust by the Care Quality Commission, not including the well-led inspection. Of these, seven were unannounced Mental Health Act monitoring inspections.

In addition, there were two joint Ofsted and Care Quality Commission visits focused on safeguarding children and special education needs and disability (SEND), and a focused Care Quality Commission inspection about child safeguarding. Monitoring of the progress against the action plan is through the Quality Committee on behalf of the Trust Board.

The table below details the inspections undertaken by the Care Quality Commission during 2018/19 (with the exception of the well-led inspection).

Month of visit	Ward/area visited and borough	Type of visit	Areas covered
April 2018	Chesterton Unit, Warrington	Routine unannounced	Domain 2 Detention in hospital
May 2018	Marlowe Unit, Warrington	Routine unannounced	Domain 2 Detention in hospital
June 2018	Child and Adolescent	Routine unannounced	Ofsted and Care Quality Commission joint

Month of visit	Ward/area visited and borough	Type of visit	Areas covered
	Mental Health Service, Wigan		inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs or disabilities
July 2018	Sefton	Routine unannounced	Care Quality Commission inspection of local areas' quality and effectiveness of the arrangements to ensure children are safeguarded, and how services promote the health and wellbeing of looked after children and care leavers
September 2018	Tennyson Unit, Warrington	Routine unannounced	Domain 2: Detention in hospital
November 2018	Bridge Ward, Halton	Routine unannounced	Domain 2: Detention in hospital
November 2018	Golborne Unit, Wigan	Routine unannounced	Domain 2: Detention in hospital
December 2018	Child and Adolescent Mental Health Service, Warrington	Ofsted and Care Quality Commission joint SEND (Special Educational Needs and Disability) inspection	Care Quality Commission inspection of local areas' effectiveness and arrangements in meeting the needs of children and young people who have special educational needs or disabilities.
January 2019	Westleigh Unit, Wigan	Routine unannounced	Domain 2: Detention in hospital
February 2019	Kingsley Ward, Warrington	Routine unannounced	Domain 2: Detention in hospital

Following the well-led and core services inspections undertaken by the Care Quality Commission between 30 May 2018 and 11 July 2018, the Trust has been rated as 'Good' overall. Ratings for the domains of safe, effective, caring and well-led have remained as 'Good', with the rating for responsive rated 'Requires Improvement'. Of our 13 core services, 11 are rated as 'Good', with a rating of 'Requires Improvement' for wards for people with learning disabilities or autism and a rating of 'Inadequate' for wards for older people with mental health problems.

The formal report was published in October 2018 and the Trust received requirement notices in relation to 20 breaches of regulatory requirements across three core services:

- Wards for older people with mental health problems
- Wards for people with a learning disability or autism


- Community-based mental health services for adults of working age

A Report of Actions was submitted to the Care Quality Commission on 30 November 2018 outlining actions the Trust would take to ensure compliance with the regulations.

An action plan was developed and actions implemented to address the breaches. This is monitored on a monthly basis by the Quality Committee, with the latest update presented to the committee on 12 March 2019.

Ratings

Overall rating for this trust

Good 

Are services safe?

Good 


Are services effective?

Good 


Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

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

4.4.2. NHS Improvement's well-led framework

Details of the Trust's well-led framework can be found within the Directors' Report starting on page 17.

4.4.3. Quality of our data

The Trust attaches a high level of importance to data quality and believes it is a foundation for the delivery of quality care, good patient experience, the delivery of cost-effective services and assists with clinical decision-making.

The Trust has a Data Quality Policy and Procedure and has three schemes in place which are contributing to data quality improvements across the Trust:

- Rollout of an electronic patient record / clinical information system to all services across all boroughs
- Data quality improvement plan
- Information management platform

The data quality improvement plan was initiated in 2015/16. During 2018/19, the following key deliverables were achieved:

- Rollout of the information management platform which enables the combination of a wide range of information in one central, robust system, supporting greater insight into Trust services.

- Rollout of RiO clinical information system to adult community physical health services and children's community physical health services in Knowsley and St Helens. This has improved consistency of collection and recording of data.
- All reporting associated with these services has been refreshed to contain data from RiO. This exercise involved reviewing key performance indicators to ensure they are robust and fit for purpose.

The Trust produces monthly reports at executive, management, and operational level to enable the continued improvement of data quality. These reports highlight any areas for improvement and provide recommended actions to achieve this.

Supporting documentation and guidance is available to staff regarding the collection, storage, reporting, and disposal of data, with detailed operating procedures for staff use. All policies and procedures are stored on the Trust's intranet and are available to all staff members.

System-specific training is provided to ensure staff have the skills to effectively collect, record and analyse data. Data quality is incorporated into relevant job descriptions throughout the Trust.

During 2018/19, in addition to the schemes outlined above, the Trust has taken the following actions to improve data quality:

- Publication of monthly data quality and completeness data at executive, management and operational levels.
- Publication of quarterly benchmarking reports comparing Trust achievement nationally and at regional level.
- Continued engagement and training for operational teams to support improvement of data quality across all services.
- Continued engagement with consultants and their medical teams in relation to clinical coding and the availability of discharge and clinical information.
- Report developments in both frontend RiO and intranet-based reports which will enable operational teams to see key information in a timelier manner to allow daily reviewing rather than monthly.

The 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:

- 99.9% for admitted patient care
- 100% for outpatient care
- 99.5% for accident and emergency care

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

- 99.9% for admitted patient care
- 100% for outpatient care
- 100% for accident and emergency care

The percentage of records in the published data which included the patient's valid Ethnic Category Code was:

- 99.3% for admitted patient care
- 89.7% for outpatient care
- 94.9% for accident and emergency care

4.5. Information governance risk management / data security

The management of information governance has a significant profile across the Trust. Information governance requires strong governance and risk management processes to ensure compliance with relevant legislation and NHS codes of practice. Integration of information governance risks and data security and protection incidents into the Trust's risk management and incident management policies and procedures ensures effective local and strategic management and scrutiny of risks and incidents.

Data security and protection incidents are reported through the DATIX risk management system as per the Trust's Incident Management Policy. A bespoke reporting system is in use to ensure specific information is captured to assess whether the incident is reportable to the Information Commissioner's Office and the Department of Health and Social Care. Incidents are regularly reported through local and strategic aggregated incident reports, allowing broader analysis and a Trust-wide approach to improvement and learning. Incident themes and serious incidents are reviewed quarterly by the Information Governance Executive Group.

The Trust has submitted its Data Security and Protection Toolkit self-assessment and declared a position of 'standards met' for 2018/19 (version 1.3). This is the Trust's first submission using the new national Data Security and Protection Toolkit which is the successor framework to the Information Governance Toolkit. The Trust provides comprehensive information governance training through e-learning and face-to-face sessions, with ad-hoc training provided as required. This is coupled with extensive awareness raising and regular communications throughout the Trust.

An annual audit of the Trust's Data Security and Protection Toolkit submission was undertaken by KPMG, which achieved 'significant assurance with minor improvements required'. The work required to improve will be built into the information governance work plan for 2019/20, which will be monitored by the Information Governance Executive Group.

The Chief Nurse and Deputy Chief Executive continues to be the Senior Information Risk Owner and the Medical Director is the Caldicott Guardian. The Chief Information Officer is the Information Governance Lead, and the Information Governance and Security Manager is the Data Protection Officer.

4.6. Information governance incidents

NHS Digital's Guide to the Notification of Data Security and Protection Incidents (September 2018, v1.3) states that any incidents which were reported to the Information Commissioner's Office and the Department of Health and Social Care must be detailed in the Trust's Annual Report and Statement of Internal Control. The Trust did not have any reportable incidents occur in 2018/19.

4.7. Trust's main risks

Effective risk management in the organisation ensures risks remain live and the level of control required is sufficient to mitigate the consequence of negative impact on the Trust, and actions to mitigate risks are achieved within acceptable timescales.

The Trust's 'risk appetite' means all risks rated 15 and above with limited or fair controls are escalated to the Trust Board through the Risk and Board Assurance Framework Report which are discussed at alternate Trust Board meetings.

4.7.1. Risk summary year-end position 2018/19

Below is a summary of risks as at 31 March 2019.

There are a total of 103 open risks, four of which are significant and have been mapped against the Board Assurance Framework. These risks are reviewed on alternate months in full by the Trust Board.

There are four open risks identified which may impact on the Trust's achievement of the 2018/19 high-level objectives.

At the end of March 2019, four risks remained open on the Board Assurance Framework. Of these, there are two risks with good controls and two risks with limited controls. One of these is rated as 20, making this the top risk for the Trust.

Risk 2370
Strategic priority: We will deliver quality, safe and efficient services with a highly skilled and motivated workforce.
Risk: There is a risk that we are unable to redesign pathways and deliver services which make positive quality and financial contribution to the organisation due to a lack of investment in redesigning pathways, leading to services which fail to deliver the care we aspire.
Current risk rating: 3
Controls: Good
Risk 2375
Strategic priority: We will deliver quality, safe and efficient services with a highly skilled and motivated workforce.
Risk: There is a risk that we fail to maximise the use of digital technology to improve access and experience for people with mental and physical health conditions due to being unable to increase our digital maturity, leading to an inability for people to take more control over their health and monitor improvements in their recovery.
Current risk rating: 6
Controls: Good
Risk 2415
Strategic priority: We will deliver quality, safe and efficient services with a highly skilled and motivated workforce.
Risk: There is a risk of the Trust not meeting the annual control total for 2018/19 due to a current deficit in the cost improvements programmes and overspend in clinical operational services, leading to the loss of provider sustainability fund and reputational damage. The risk impacts on the key controls for risk to the Trust Strategy (risk number 2374).
Current risk rating: 20
Controls: Fair
Risk 2483
Strategic priority: We will deliver quality, safe and efficient services with a highly skilled and motivated workforce.

<p>Risk: There is a risk of delay and inability to meet contracted response times for assessment team service users due to:</p> <ol style="list-style-type: none"> 3. Demand outstripping capacity within the team 4. Referrals being sent which are not suitable for secondary care which then require triage 5. Lack of sufficient staffing 6. Ineffective system-wide patient flow, leading to an increase in complaints and serious incidents
<p>Current risk rating: 16</p>
<p>Controls: Limited</p>

4.7.2. High-level risks 2019/20

The Trust Board Assurance Framework in 2019/20 will capture risks in respect of achieving each of the Trust's strategic priorities. The Trust Strategy sets out the direction and priorities for the Trust over the next three years. The six strategic priorities are outlined within the Performance Report starting on page 3.

The Trust's Annual Operating Plan 2019/20 provides detail relating to the specific plans against each of the six strategic priorities. Where there are risks in respect of achieving one or more of the Trust objectives for 2019/20, these will be managed in line with the risk management process and added to the risk register at a point in time the risks may arise.

The process will ensure risks against the Trust Strategy and annual objectives are described, assessed and scored appropriately, risk targets are set and appropriately measured, and that 'risk appetite' in relation to these risks is understood and effectively managed.

4.8. Embedding risk management

The Trust seeks and assesses assurance that the risk management process is comprehensive, effective, understood and embedded at all levels of the organisation, from team level right through to Board.

Effective risk management ensures risks remain live, the level of control required is sufficient to mitigate the consequence of negative impact on the Trust, and actions to mitigate risks are achieved within acceptable timescales.

4.9. Governance structures

The Trust Board recognises that robust governance processes should give leaders of organisations, those who work in them and those who regulate them, confidence about their capability to maintain and continuously improve services.

During 2018/19, the Executive Leadership Team was reviewed and the following changes were made:

- The Chief Nurse and Executive Director of Operations and Integration became the Chief Nurse and Deputy Chief Executive
- The Chief Operating Officer role was created

The changes were made to ensure the continuation of robust leadership in the areas of governance and operations in the face of continued organisational growth.

4.10. Corporate governance statement

The Chief Nurse and Deputy Chief Executive has been identified as the director with overarching responsibility for the Provider Licence. She has been responsible for ensuring robust governance arrangements are in place to assure the Board on the validity of the Corporate Governance Statement.

4.11. NHS Pension Scheme

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 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.

4.12. Equality impact assessments

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

The Trust takes an integrated approach to equality, human rights and inclusion. All Trust policies undergo an equality impact assessment which involves a narrative commentary before policy ratification led by an equality, diversity and inclusion member of staff from the Integrated Governance Team. All major service reviews and changes within the Trust are also subject to an equality analysis process. Equality and diversity activity is reported to the Quality Committee.

All cost improvement plans are quality and equality impact assessed and are scrutinised by the Clinical Leadership Group.

4.13. Climate Change Act and Energy and Carbon Management Policy

The Trust has undertaken risk assessments and has an Energy and Carbon Management Policy (otherwise known as a sustainable development management plan) in place which takes account of UK Climate Projections 2018 (UKCP18).

The Trust ensures its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust is not yet compliant with UKCP18; however there are robust plans to ensure compliance during 2019/20.

4.14. Emergency planning

The Trust recognises its emergency preparedness, resilience and response duties under the Civil Contingencies Act 2004 and Health and Social Care Act 2012. Risks have been identified and there are specific plans in place to mitigate the effects of major incidents and emergencies which would impact on the Trust's ability to continue to provide safe services. This includes a Major Incident Policy, Business Continuity Procedure, and incident-specific plans such as severe weather, pandemic influenza and disruption to road fuel supplies, and chemical, biological, radiological and nuclear threats.

The Trust's emergency preparedness, resilience and response arrangements were self-assessed against the NHS England Core Standards for Emergency Preparedness, Resilience and Response (2016), obtaining the following assurances:

- Fully compliant = green

Actions have been identified and are being implemented to improve the Trust's assurances where required.

The Trust plays a full part in local health and social care economy planning, working with NHS England, clinical commissioning groups, other NHS trusts and providers of non-NHS-funded care. The Trust runs on-call systems which ensure a senior operational manager is available out-of-hours for both mental health and learning disability and community physical health services. This is supported by Estates on-call and Trust strategic on-call, comprising executive directors and deputy directors.

The Chief Nurse and Deputy Chief Executive holds lead responsibility for emergency preparedness, resilience and response, and she sits on the NHS England Local Health Resilience Partnership for Cheshire and Merseyside and Greater Manchester.

4.15. Workforce strategies and staffing systems

The Trust has a three-year People Strategy which identifies the direction and objectives over the period for the workforce. This strategy is agreed at Trust Board and is monitored through the Workforce Strategy Group which is attended by an executive director. Risks of delivery are noted on the risk register to ensure the Trust mitigates risks of delivering the strategy. Risks are monitored through the senior People Services team on a monthly basis to determine if risk ratings need to be adjusted. An annual plan supports the People Strategy, with actions and outcomes over the financial year.

By the end of July 2019, we will have developed a year-one plan to address our priorities and meet the recommendations of NHS Improvement's Developing Workforce Safeguards guidance. This will include plans on how we deploy staff more effectively and undertake robust reviews of safe staffing within our teams on a regular basis.

4.16. Register of interest

The Trust has published an up-to-date register of interests for decision-making staff within the past 12 months, as required by the Managing Conflicts of Interest in the NHS guidance.

Registers of interests for both Trust Board members and our Council of Governors are available on our website.

- Trust Board: www.nwbh.nhs.uk/trust-board
- Council of Governors: www.nwbh.nhs.uk/council-of-governors

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

The Trust has a dynamic process for setting business objectives across the whole organisation which is documented and reviewed on an ongoing basis in order to drive forward improvements in clinical and non-clinical services, and to ensure key national and local targets are met. All objectives are quantifiable, measurable, risk-assessed, and are regularly reviewed through the robust performance management arrangements embedded within the Trust. Performance management arrangements are such that each directorate is challenged and held to account for the objectives they are responsible for.

Throughout the year, the Board has received regular reports providing information about the economy, efficiency and effectiveness of the use of resources. Integrated performance reports have provided data in respect of financial, clinical, workforce and national targets and objectives. Any areas of concern are highlighted and mitigating actions taken where deemed necessary.

Performance against cost improvement plan delivery is reviewed and monitored on a monthly basis and management action taken where appropriate to mitigate.

Achievement of economy, efficiency and effectiveness is an underpinning focus of the Trust's internal governance arrangements which are supported by internal and external audit reviews. Findings and recommendations from audits undertaken are monitored and reported through the Audit Committee. The Audit Committee provides appropriate challenge to management, to ensure recommendations are actioned and that significant assurance can be provided to the Trust Board.

Due to the under achievement of the cost improvement plan in 2018/19, the Trust's auditor has issued an 'except for' qualified value for money opinion. The Trust's cost improvement target for 2018/19 was an extremely challenging target. While the Trust did underperform against plan, this does not mean to say that the Trust did not deliver economy, efficiency and effectiveness in the provision of its services. There is also a material uncertainty going concern disclosure in the financial statements. Although the Trust's annual plan for 2019/20 delivers a breakeven position, there is an element of financial risk in this plan. If this risk materialises, it will result in a cash shortfall which will be mitigated by drawing down loans from the Department of Health and Social Security. The material uncertainty relates to the fact that the Trust will not have a committed borrowing facility in place at the time the accounts are approved.

8. Annual quality account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

NHS Improvement (in exercise of the powers conferred on Monitor) has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Trust Board is committed to ensuring high-quality services, as shown in the overall purpose:

'We take a lead in improving the wellbeing of our communities in order to make a positive difference throughout people's lives.'

And also through the Trust Board statement:

'We will always do our very best to make the right decisions for the health and wellbeing of our patients and staff.'

The Chief Nurse and Deputy Chief Executive is the identified Board member responsible for the Provider Licence and is the Trust Board member responsible for quality.

An agreed definition of quality is in place, created and approved by members of the Trust Board, Council of Governors and clinical leaders, with the support of the Advancing Quality Alliance:

'The users of our services are the first priority in everything we do, ensuring that they receive effective care from caring, compassionate, and committed people, working within a common culture and protected from harm.'

The Quality Committee continues to provide leadership and assurance to the Trust Board on the effectiveness of Trust arrangements for quality, ensuring there is a consistent approach throughout the Trust, under the domains of safety, effectiveness and patient experience.

8.1. Quality report – quality priorities

To demonstrate the Trust's continual commitment to quality improvement, each year we engage with our local Healthwatch organisations, local authorities, and clinical commissioning groups, as well as our service users and carers and the Council of Governors to establish the Trust's quality priorities.

These quality priorities demonstrate improvements in the domains of safety, experience and effectiveness and will be monitored throughout the year. The 2018/19 quality priorities and final status are listed below. Full details are included within the Quality Report.

Safety: Always events (year two)

During the year 2018/19, this quality priority was realigned to the national NHS Improvement programme 'Always Events'. There have been some changes to the structure of how the priority was delivered; however, the milestones set at the beginning of the year have been successfully completed.

This work continues to be a priority for the Trust and will be monitored by the Quality Committee as part of the Quality Strategy implementation.

Safety: Safety huddles

Safety huddles have been successfully implemented in all boroughs during 2018/19 and have been incredibly well received by staff at all levels. Boroughs were given the principles of safety huddles and have taken these forward in ways which suit the services locally.

The next phase is to collate a framework and model for safety huddles based on evaluation and ensure best practice across the Trust.

Effectiveness: Clinical supervision

All milestones have been met for this priority, culminating in the launch of our electronic platform 'MySupervision' to all staff in March 2019.

This quality priority will continue on to a second year with focus on the impact the 2018/19 achievements have had on quality.

Experience: Service user and carer involvement

All milestones have been met for this priority. In 2018/19, the Trust set an objective to increase the number of peer support workers employed by the Trust by 2021. This will form a second year priority for 2019/20.

The majority of the design and content of the Quality Report is determined by the guidance under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations. However, when determining the quality measures to show Trust performance, there is a level of scope to use appropriate measures to demonstrate the quality of care at a local level. In determining these quality measures, the Trust consulted widely to ensure a balanced and transparent view of the Trust's services was included.

Monitoring of quality priorities is undertaken by the Quality Committee. In addition, performance against each quality priority is reported to relevant internal groups.

The Trust Board agreed the delegation of authority to the Chairman and Chief Executive for the approval and sign-off of the annual Quality Report. The statement of directors' responsibilities in respect of the Quality Account identifies how the directors were satisfied with the content of the Quality Report, including data quality and evidence used as assurance. The Trust Chairman and Chief Executive signed the Quality Report.

9. 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 Quality Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

9.1. Systems in place to review the effectiveness of systems of control

The Trust Board holds responsibility for assuring the effectiveness and suitability of internal control systems.

Maintaining and reviewing systems of internal control throughout the Trust is monitored through the Trust Board, its committees and an effective governance structure.

The table below provides an overview of the governance arrangements in place to review the system of internal control.

Group	Chaired by	Functions
Trust Board (monthly with the exception of August and December)	Trust Chairman	<ul style="list-style-type: none"> Holds responsibility for assuring the effectiveness and suitability of internal control systems, discusses the Trust's 'risk appetite', risk movement and control systems. <p>The Trust Board receives:</p> <ul style="list-style-type: none"> Bi-monthly Risk and Assurance Report detailing Trust-wide significant and current risk status Reports on risks mapped to the achievement of

Group	Chaired by	Functions
		<p>the high-level Trust objectives through a bi-monthly Board Assurance Framework Report</p> <ul style="list-style-type: none"> • Monthly review of serious incidents and high profile inquests report • Assurance updates from the Trust Board committees • Updates on other key Trust meetings through the Chief Executive's Report
Audit Committee (seven meetings a year, including an extra-ordinary meeting)	Non-executive director	<ul style="list-style-type: none"> • Reviews the establishment and maintenance of effective systems of internal control and risk management, approving the Annual Governance Statement • Sets and approves the annual internal audit programme and holds delegated Board responsibility to monitor implementation of actions identified for improvement • Receives a progress report on the progress of clinical audits within the Trust • Receives and considers the Audit Plan and Audit Findings from the external auditor • Progress report on risk management process provided at each meeting • Receives health and safety reports • Reports to Trust Board
Quality Committee (Minimum of 10 meetings a year)	Non-executive director	<ul style="list-style-type: none"> • Receives Quality Account and quality priority updates • Development and implementation of the Trust's Quality Strategy • Receives assurance on the quality and safety of services provided, including Care Quality Commission reports and progress of actions • Receives assurance on the effectiveness of Trust systems for quality, safety and risk systems and processes • Receives patient experience information which includes complaints and concerns • Receives reports and thematic analysis of serious incidents, investigations, complaints and claims and how lessons learned are disseminated • Receives reports from other groups and meetings within the Trust, supported by a robust work plan • Reports to Trust Board
Executive Quality and Performance Meeting (monthly)	Chief Executive	<ul style="list-style-type: none"> • Receives reports on quality, performance and financial risk

Group	Chaired by	Functions
Quality, Operations and Integration Group – formerly known as Operations and Integration Group; and Quality and Safety Group (monthly)	Chief Operating Officer	<ul style="list-style-type: none"> • Focuses attention on the timely management of incidents and commissioning of the review process • Monitors the management of serious incidents, complaints and claims to ensure effective and timely action is taken • Reviews aggregated thematic data and emerging themes for learning and dissemination across the organisation • Reports any areas of concern to the Quality or Audit Committee, where appropriate, and commissions reviews • Receives updates from the borough quality and safety meetings • Dissemination of topics for discussion at borough quality and safety meetings • Discuss operational issues relating to Care Quality Commission inspections • Receives updates from the borough operational meetings • Discuss impact of risks and agree programmes of work to manage risk
Clinical Leadership Group (monthly)	Medical Director	<ul style="list-style-type: none"> • Monthly review and discussion of clinical risks • Considers relevant guidance from the National Institute for Health and Care Excellence. • Reviews clinical strategies, clinical innovations and the clinical impact of large scale transformational change • Approves reports in relation to the development of clinical services, clinical models and clinical pathways in order to ensure compliance with national standards • Approves quality impact assessments carried out by clinical leads for cost improvement programme schemes
Borough Quality and Safety Meetings (monthly)	Assistant Clinical Director	<ul style="list-style-type: none"> • Terms of reference for borough quality and safety meetings are standardised; reporting directly into the Trust Quality and Safety Meeting • Reports and shares risk-related issues, complaints management, audit findings, improvement and local learning • Examines performance and identifies areas of risk
Information Governance Executive Committee (quarterly)	Senior Information Risk Owner / Chief Nurse and Deputy Chief	<ul style="list-style-type: none"> • Receives reports on progress towards achieving the Information Governance Toolkit and approves its annual submission • Monitors information governance objectives and information risks and incidents, ensuring

Group	Chaired by	Functions
	Executive	appropriate actions are undertaken and lessons are learnt
Clinical Audit Committee	Deputy Medical Director	<ul style="list-style-type: none"> • Stimulates and supports national and local quality improvement interventions and, through re-auditing, assesses the impact of such interventions • Approves the Clinical Audit Forward Plan identifying the areas for audit, and reports the progress against this to the Quality and Safety Meeting • Reports outcomes from clinical audit internally through the Clinical Leadership Group, professional forums such as the Research and Audit Forum, Joint Academic Forum and through borough quality and safety meetings for review of recommendations and implementation of action plans

In addition, my review is also informed by other explicit reviews and assurance mechanisms.

The Head of Internal Audit overall opinion for the period 1 April 2018 to 31 March 2019 is stated below:

Group overall opinion for the period 1 April 2018 to 31 March 2019 is that:

‘Significant assurance with minor improvements required’ can be given on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control.

The commentary below provides the context for our opinion and, together with the opinion, should be read in its entirety. Our opinion covers the period 1 April 2018 to 31 March 2019 inclusive, and is based on the eight audits we completed in this period.

The design and operation of the Assurance Framework and associated processes

The Trust’s Assurance Framework does reflect the Trust’s key objectives and risks and is regularly reviewed by the Board. The Board reviews the Assurance Framework on a monthly basis and the Audit Committee provides reviews whether the Trust’s risk management procedures are operating effectively.

The range of individual opinions arising from risk-based audit assignments, contained within our risk-based plan that have been reported throughout the year

We issued one ‘partial assurance’ report and no ‘no assurance’ opinions in respect of our 2018/19 assignments. The partial assurance report was the Data Security and Protection Toolkit report. We have not raised any high priority recommendations in the period.

This does not prevent us from issuing ‘significant with minor improvements assurance’ as the organisation is implementing the recommendations raised as a result of our work to address the issues identified.

During 2018/19, eight audits were conducted. Assurance ratings were given in five cases and an overall assurance rating was not given for three reviews due to the nature of the work; which the above audit opinion was based upon. Below details these reviews and the outcomes:

- Core financial controls – Significant assurance with minor improvement opportunities
- Patient Safety Panel – Significant assurance with minor improvement opportunities
- Governance (well-led) – Advisory report
- Cost improvement schemes – Significant assurance with minor improvement opportunities
- Clinical audit – Significant assurance with minor improvement opportunities
- Data Security and Protection Toolkit – Phase one (partial assurance with improvements required); Phase two (significant assurance with minor improvement opportunities)
- Corporate governance – Significant assurance with minor improvement opportunities
- Risk management and Board Assurance Framework – Significant assurance with minor improvement opportunities

The Trust appointed KPMG to provide its counter fraud service from October 2011. The Trust has access to a Local Counter Fraud Specialist who delivers both a proactive and reactive counter fraud service. The Audit Committee has approved a work plan and receives regular progress reports from the Local Counter Fraud Specialist. The Trust is committed to creating a lasting and robust anti-fraud culture throughout the organisation, with continued training and awareness initiatives.

We also gain assurance from results from the Community Mental Health Patient Survey, National Staff Survey and Friends and Family Test.

The Trust has received external reports from organisations which have assessed the Trust and provide assurance. These include Ofsted, NHS England and the Care Quality Commission.

10. Conclusion

My review confirms North West Boroughs Healthcare NHS Foundation Trust has a generally sound system of internal control which supports the Trust's committees and the achievement of policies, aims, and objectives.

No significant internal control issues have been identified.



Simon Barber, Chief Executive

North West Boroughs Healthcare NHS Foundation Trust
23 May 2019

Appendices

Appendix 1 – Annual objectives 2018/19

Accountable director or deputy		Owner	
		We will deliver quality, safe and efficient services with a highly skilled and motivated workforce.	
Clinical Director of Operations and Integration	1	By December 2018, as part of our agreed Quality Strategy, 100 per cent of our inpatient sites will have safety huddles in place in order to support the delivery of safe services.	Assistant Clinical Directors
Chief Nurse / Executive Director of Operational Clinical Services	2	By March 2019, we will deliver, in full, our quality impact assessed cost improvement programme in order to deliver quality, safe and efficient services.	Director of Operations and Integration / Clinical Director of Operations and Integration
Chief Finance Officer	3	By March 2019, to increase our digital maturity, we will a) start the deployment of electronic prescribing and medicines administration on our inpatient wards within cohort one of the programme; and b) integrate our systems with the wider health economy to support shared care records and transfers of care in order to support quality, safe and efficient services.	Chief Information Officer
Director of Strategy and Organisational Effectiveness	4	During 2018/19, as part of our agreed People Strategy, 100 per cent of new employees will spend their first day with the Trust on our induction programme in order to support a high-quality on-boarding experience when joining our Trust.	Head of Learning and Development

Director of Strategy and Organisational Effectiveness	5	During 2018/19, as part of our agreed People Strategy, we will implement a leadership and management development programme for team managers in order to maintain a highly skilled and motivated workforce.	People and Organisational Development Business Partner
Director of Operations and Integration / Clinical Director of Operations and Integration	6	By September 2018, we will have identified services which do not make a positive quality and financial contribution to the organisation and have agreed a plan to address this in order to deliver quality, safe and efficient services.	Assistant Directors and Assistant Clinical Directors
Chief Nurse / Executive Director of Operational Clinical Services	7	During 2018/19, we will maintain or improve our Care Quality Commission core services ratings of 'Good' in order to demonstrate that we continue to deliver quality and safe services.	Director of Operations and Integration / Clinical Director of Operations and Integration
We will deliver whole person care through targeted growth.			
Chief Nurse / Executive Director of Operational Clinical Services	8	By September 2018, we will have identified partners in each of our boroughs / specialist services and have agreed an engagement strategy in order to support the delivery of whole person care.	Director of Clinical Networks
Director of Business Development	9	By June 2018, we will have identified potential new income streams which support the delivery of whole person care and have outlined the risks and benefits of pursuing them in order to achieve targeted growth.	Assistant Directors of Operations

We will retain our values and culture .			
Director of Strategy and Organisational Effectiveness	10	During 2018/19, we will improve engagement with our workforce in order to take staff with us on our journey of change. A measure of our success will be, as part of our agreed People Strategy, a reduction in voluntary turnover to 11 per cent.	People and Organisational Development Business Partner
We will engage with our communities and staff to deliver services differently .			
Chief Nurse / Executive Director of Operational Clinical Services	11	By December 2018, through our clinical transformation and redesign programmes, we will have identified core pathways where we can work with external partners to deliver services in a different way, with a plan to implement these changes during 2019/20 in order to deliver services differently.	Director of Clinical Networks
Chief Nurse / Executive Director of Operational Clinical Services	12	By September 2018, we will have identified key roles across our Start Well, Live Well and Age Well services which will become peer support roles for those with lived experience in order to enhance our service offer.	Director of Clinical Networks
Chief Nurse / Executive Director of Operational Clinical Services	13	By September 2018, we will have embedded the Start Well, Live Well and Age Well clinical networks in order to standardise the clinical offer across all our services.	Director of Clinical Networks

We will play an active role in local place-based care systems to maintain a whole person care focus and high clinical standards.			
Chief Executive	14	By September 2018, we will finalise our role and contribution to place-based care system developments across the boroughs of Halton, Knowsley, Sefton, St Helens, Warrington and Wigan in order to maintain a whole person care focus and high clinical standards.	Executive Leadership Team
We will grow and develop the Trust at scale, being seen as an equal partner in any system-wide collaboration.			
Chief Executive	15	During 2018/19, we will continue to work with partners across Cheshire, Merseyside and Greater Manchester to identify and deliver services at scale in order to improve clinical quality and efficiency.	Chief Nurse / Executive Director of Operational Clinical Services
Chief Executive	16	During 2018/19, we will influence the work of Cheshire and Merseyside Health and Care Partnership and Greater Manchester Health and Social Care Partnership through active engagement in order to be seen as an equal partner in any system-wide collaboration.	Chief Executive

Appendix 2 – Risk matrices

Risk matrix	Likelihood / probability of repeat				
Consequences	Remote	Possible 20% chance	Likely 60% chance	Highly likely 90% chance	Certain
Insignificant	1	2	3	4	5
Minor	2	4	6	8	10
Significant	3	6	9	12	15
Serious	4	8	12	16	20
Major	5	10	15	20	25

Trust risk matrix

Description	Financial	Patient / staff safety	Business continuity	Reputation	Corporate objectives	Regulatory / legal
Insignificant	<£0.25m	No harm	<0.5 days	No media interest	<5% variance	No breach / action likely
Minor	£0.25>0.5 m	Low harm	0.5>1 day	Minor media interest	5-10% variance	Potential breach
Significant	£0.5>1m	Significant harm	1>7 days	Headline local media interest	10-25% variance	Significant breach
Serious	£1m>2m	Serious/ permanent harm / death	7>30 days	National media interest	25-50% variance	Serious breach
Major	>£2m	Multiple death / pandemic	>30 days	Media campaign	>50% variance	Major breach / legal or regulatory action

This can be used as guidance when assessing the level of risk that may potentially arise as the result of the assessed risk.

Quality Report

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1. Our commitment to quality

1.1. Our Quality Report / Quality Account 2018/19

This is the 10th Quality Report produced by North West Boroughs Healthcare NHS Foundation Trust. Our Quality Report is published as the Quality Account alongside our Annual Report, which we will continue to produce each year and make available as a public statement of our commitment to improving quality and safety within the Trust.

The purpose of our Quality Report is to demonstrate the Trust's commitment to improving quality and safety for the people who use our services. It presents:

- Where improvements in quality are required
- What we are doing well as an organisation
- How service users, carers, staff and the wider community are engaged in working with us to improve quality of care within the Trust

1.2. Chief Executive's statement

All providers of NHS healthcare services are required to produce a Quality Report – an annual report to the public about the quality of services delivered.

We welcome this opportunity to take an honest look at how well we have performed during the reporting year and to outline future improvements we aim to make.

We have worked with the following groups to produce our Quality Account:

- Service users and carers from across our organisation supported our Quality Account and quality priority engagement events.
- Council of Governors and its committee, the Governors' Assurance Committee, have overseen the development of our quality priorities, have attended engagement events, and identified a governors' local indicator for audit
- Quality Committee – a committee of our Trust Board – members have been engaged with the work in relation to our quality priorities. The chair of the Quality Committee provides a statement in support of our commitment to improving quality and safety.

We have also consulted with key external stakeholders including:

- Overview and scrutiny committees
- Healthwatch organisations
- Clinical commissioning groups

You can read what our stakeholders have to say about our quality performance in Annex 1 of this report.

Throughout 2018/19, I have overseen continued challenge and improvement in the way the Trust delivers on quality and safety. During 2018/19, the Quality Committee implemented the 2018-21 Quality Strategy, which includes the following elements:

- 1** A focus on quality assurance
- 2** A focus on happy teams
- 3** A focus on a positive patient experience
- 4** A focus on preventing harm
- 5** A focus on value-added care
- 6** A focus on new models of care

The Quality Strategy is overseen by the Quality Committee, a committee of the Trust Board. The committee provides leadership and assurance to the Trust Board on the effectiveness of Trust arrangements for quality and safety, ensuring there is a consistent approach throughout the Trust, specifically in the areas of safety, effectiveness and patient experience.

I am pleased to comment on progress made on achieving our 2018/19 quality priorities:

Always events (second year)

The Trust has aligned to the National NHS Improvement programme and has achieved all milestones. This area continues to be a priority for the Trust and we are committed to ensuring that our always events happen for every patient, every time.

Safety huddles

We set out last year to make sure safety huddles were happening in every borough and I am pleased that we have achieved this. I have been impressed by staff feedback about safety huddles, saying that they feel more involved and supported.

Team clinical supervision

We have made great progress this year on reviewing the barriers to supervision in the organisation, and have successfully launched our new electronic system 'MySupervision' in March 2019. We are taking Clinical Supervision forward into a second year to focus on the quality and impact that the work this year has had on ensuring that we consistently provide high quality clinical supervision to all staff.

Service user and carer involvement

This year we have focused on our involvement schemes with particular focus on training, education and support for carers; and on developing a variety of routes into paid

employment for our service users. We are also taking this quality priority into a second year with a drive and focus on achieving a significant increase in employed peer support workers with lived experience working in our services across the Trust.

The Trust has maintained a Care Quality Commission rating of 'Good' overall, following the well led inspection that took place from May to July 2018. This achievement demonstrates and recognises the high-quality care the Trust provides and how our staff work together to jointly address tangible issues for those we care for.

You can read more about all our inspections during 2018/19 in section 3.3.2 of this report, along with our Trust-wide achievements and initiatives, and view detailed information about our performance against quality and safety priorities and indicators.



Simon Barber
Chief Executive

1.3. Chairman's statement

The quality of care and safety for the people who use our services are the most important things to the Board.

We strive to support every member of staff to contribute in their own way to the delivery of effective, high-quality and safe services.

One of the most rewarding, nevertheless challenging, ways of hearing about the care we provide is to receive a patient story at the beginning of each Board meeting. Over the past 12 months, we have heard about the positive experiences of people using our services, and experiences where we didn't do so well. These stories provide an increased understanding at Board-level of the work we do and the care we provide; contributing to our commitment to improve and learn.

This year saw the continuation and further development of safety walkabouts undertaken by executive and non-executive directors. 43 were undertaken during 2018/19, with feedback provided at the beginning of each Trust Board meeting. The Board has found these very valuable, as they provide the opportunity to visit our teams and talk openly with staff and service users directly.

Simon Barber, our Chief Executive, has reflected on the progress made on achieving our 2018/19 quality priorities, and a key area for development this year is supporting service users, carers and those with lived experience to be even more involved in developing quality and safety.

The quality priorities for 2019/20 have been agreed by our Council of Governors, following engagement with our stakeholder organisations. All four quality priorities are linked to each other and to the Trust strategic priorities, and we look forward to making progress throughout the year.

Engagement with our service users, carers and the public continues to be a priority. The Chief Executive and I have continued to support events such as the annual involvement event, Ignite your Life (an event which celebrates the activity of the involvement scheme), and regular service user and carer forums throughout the year. All of these opportunities enhance our ability to obtain information about services and help us to communicate with the wider community.



Helen Bellairs
Chairman

1.4. Our overall purpose

"We will take a lead in improving the wellbeing of our communities in order to make a positive difference throughout people's lives."

1.5. Our values

- We value people as individuals ensuring we are all treated with **dignity and respect**.
- We value **quality** and strive for **excellence** in everything we do.
- We value, encourage and recognise everyone's **contribution and feedback**.
- We value open, two-way communication, to promote a **listening and learning** culture.
- We value and **deliver on the commitments** we make.

1.6. Our behaviours

Around here...

- We say thank you and well done
- We are not afraid to ask for help if we don't know the answer or make mistakes
- We are clear about what we do and why
- We don't ignore difficult problems or issues
- We share problems in order to solve them together
- We support each other by taking time to listen and understand

1.7. Our strategic priorities

Our strategy for 2019-2022 sets out the direction and priorities for our organisation for the next three years. Our strategic priorities are:

- We will deliver **quality, safe and efficient services** with a highly skilled and motivated workforce.
- We will deliver **whole person care** through targeted growth.
- We will retain our **values and culture**.
- We will engage with our communities and staff to **deliver services differently**.
- We will play an active role in **place-based care systems** to maintain a whole person care focus and high clinical standards.
- We will grow and develop the Trust at scale, being seen as an **equal partner in any system-wide collaboration**

1.8. Definition of quality

An agreed definition of quality is in place which was created and approved by members of the Trust Board, Council of Governors and clinical leaders, with the support of the Advancing Quality Alliance:

“The users of our services are the first priority in everything we do, ensuring that they receive effective care from caring, compassionate, and committed people, working within a common culture and protected from harm.”

1.9. Supporting statements

In order to help demonstrate the Trust’s commitment to quality improvement, supporting statements have been provided by the following:

- Chair of the Quality Committee
- Council of Governors (Governors’ Assurance Committee)

These statements are included at Annex 1 of this report.

1.10. Statements from external stakeholders

Supporting statements have been invited from:

- Overview and scrutiny committees
- Healthwatch organisations
- Lead commissioner statement
- Clinical commissioning groups
- Health and Wellbeing Boards

These are also included at Annex 1.

1.11. Chief Executive’s written statement and signature

I confirm that to the best of my knowledge the information in the 2018/19 Quality Account is accurate in all material respects.



Simon Barber, Chief Executive

North West Boroughs Healthcare NHS Foundation Trust
24 May 2019

2. Priorities for improvements

The Quality Committee is a committee of the Trust Board. Its purpose is to provide leadership and assurance to the Trust Board on the effectiveness of Trust arrangements for quality and safety. It ensures there is a consistent approach to care throughout the Trust under the domains of safety, effectiveness and patient experience.

The Quality Committee is responsible for overseeing the implementation and monitoring of the Trust’s Quality Strategy, quality objectives, quality goals and quality priorities.

2.1. Trust quality and safety priorities 2018/19

We start this section by reporting on our achievement against the Trust quality priorities we set ourselves for 2018/19.

The following tables outline the indicators and progress over the past year. All are applicable to the Trust as a whole – including services within mental health, learning disabilities and community health.

2018/19 quality priority for safety Always events (two-year priority)		
Rationale	Outcome	Indicator / measure
<p>NHS England defines ‘always events’ as:</p> <p><i>“aspects of the patient experience that are so important to patients and families that healthcare providers must perform them consistently for every patient, every time”</i></p> <p>We have undertaken a piece of work to determine what ‘always events’ should be adopted to ensure quality and safety levels and standards are consistently achieved.</p> <p>The aims of this initiative:</p> <ul style="list-style-type: none"> • To use the collective expertise to explore how we can identify what should always happen • To establish a list of ‘always events’ • To determine a data use methodology that can highlight developing or potential safety issues • To establish an ‘always event’ approach to support patient safety <p>The anticipated outcome of this quality initiative is evidence of sustained safe and quality care delivery given a set of parameters against which to measure compliance.</p>	Fully met	<p>Quarter 1</p> <ul style="list-style-type: none"> • Finalised a set of ‘always events’ for safety and quality for community teams (mental health and physical health), in line with the Quality Strategy • Agreed monitoring and reporting processes for ‘always events’ defined and agreed at Clinical Leadership Group • Roll out Communications strategy agreed <p>Quarter 2</p> <ul style="list-style-type: none"> • Short test of ‘always events’ for safety and quality in community teams • Phased approach to implementation in community teams of ‘always events’ for safety and quality <p>Quarter 3</p> <ul style="list-style-type: none"> • Phased approach to implementation in community teams of ‘always events’ for safety and quality <p>Quarter 4</p> <ul style="list-style-type: none"> • Monitored and evaluated of ‘always events’ for safety and quality
<p>How we achieved this quality priority</p> <p>During the year 2018/19, this quality priority was realigned to the National NHS Improvement programme ‘Always Events’. There have been some changes to the structure of how the priority was delivered, however the milestones set at the beginning of the year have been successfully completed.</p> <p>This work continues to be a priority for the Trust and will be monitored by the Quality Committee as part of the Quality Strategy implementation.</p>		

2018/19 quality priority for safety Safety huddles		
Rationale	Outcome	Indicator / measure
<p>Safety huddles can be described as an approach to reducing harm and improving safety culture.</p> <p>We have undertaken a piece of work to develop and implement safety huddles as an approach to reducing harm, supporting staff, improving communication in teams and improving quality, safety and effectiveness.</p> <p>The aims of rolling out safety huddles are:</p> <ul style="list-style-type: none"> • To create an environment where staff regularly communicate and feel safe to raise concerns about patient safety • To monitor and recognise cues to increase staff awareness of what is happening around them • To integrate information to develop a comprehensive picture of the current status of patients <p>The anticipated outcome of this quality initiative is to evidence improvements in the delivery of sustained safe, high-quality and effective care. In addition, we want to see a reduction in incidents and harm.</p>	Fully met	<p>Quarter 1</p> <ul style="list-style-type: none"> • Established safety huddles as a key component of the Trust Quality Assurance Framework • Developed a framework to support implementation of safety huddles, including arrangements for monitoring and evaluating • Developed a communications strategy for rollout of safety huddles <p>Quarter 2</p> <ul style="list-style-type: none"> • Launched safety huddles as a phased rollout across all boroughs <p>Quarter 3</p> <ul style="list-style-type: none"> • Monitored and evaluated safety huddles <p>Quarter 4</p> <ul style="list-style-type: none"> • Aligned all feedback from the evaluation to inform the Trust framework for safety huddles
<p>How we achieved this quality priority</p> <p>Safety huddles have been successfully implemented in all boroughs of the Trust during 2018/19 and have been incredibly well received by staff at all levels. Boroughs were given the principles of safety huddles and have taken these forward in ways that suit the services locally.</p> <p>The next phase of safety huddles is to collate a framework and model, based on the evaluation of safety huddles and ensure best practice across the Trust.</p>		
2018/19 quality priority for effectiveness Team Clinical Supervision		
Rationale	Outcome	Indicator / measure
<p>Clinical supervision brings practitioners and skilled supervisors together to reflect on practice. Supervision aims to identify problems, improve practice and increase understanding of professional issues.</p>		<p>Quarter 1</p> <ul style="list-style-type: none"> • Established clinical supervision as a key component of the Trust Quality Assurance Framework and 'happy

<p>We are committed to reviewing the current team clinical supervision arrangements to ensure there is an effective, efficient and high-quality multidisciplinary team clinical supervision model in place.</p> <p>This quality priority will support the development of safe, effective and innovative practice across Trust services. The aims of this initiative are:</p> <ul style="list-style-type: none"> • To use the collective multidisciplinary expertise to review the current clinical supervision arrangements • To further enhance the robust framework, policy and procedure for undertaking clinical supervision <p>The anticipated outcome of this quality initiative is evidence of sustained safe and high-quality clinical supervision conversations between practitioners and skilled supervisors.</p>	<p>Fully met</p>	<p>teams'</p> <ul style="list-style-type: none"> • Carried out a review of the current Clinical Supervision Policy and Procedure, including arrangements for monitoring and evaluating • Reviewed all associated clinical supervision paperwork and templates • Ensured that staff engagement took place as part of the review of the current Clinical Supervision Policy and Procedure • Ensured clinical supervision is linked to the Trust performance development review (PDR) process • Engaged and consulted with staff on what they felt would support them most <p>Quarter 2</p> <ul style="list-style-type: none"> • Reviewed the training needs analysis and support model in place for staff undertaking a supervisor role • Developed a training plan to support staff undertaking a supervisor role • Delivered training and education in support for staff undertaking a supervisor role • Identified clinical supervision performance measures <p>Quarter 3</p> <ul style="list-style-type: none"> • Launched the updated Clinical Supervision Policy and Procedure • Monitored and evaluated clinical supervision uptake • Undertook further engagement and consultation with staff in relation to the Clinical Supervision Policy and Procedure • Undertook a clinical supervision audit
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		<p>Quarter 4</p> <ul style="list-style-type: none"> Monitored and evaluated clinical supervision uptake Reviewed the results, analysis and findings of the clinical supervision audit Launched the 'MySupervision' app for staff
<p>How we achieved this quality priority</p> <p>All milestones have been met for this priority, culminating in the launch of our electronic platform 'MySupervision' to all staff in March 2019.</p> <p>This quality priority will continue on to a second year to focus on the impact on quality made by the achievements of 2018/19.</p>		
<p>2018/19 quality priority for experience</p> <p>Service user and carer involvement</p>		
Rationale	Outcome	Indicator / measure
<p>The Trust believes the involvement and integration of service users, carers and those with lived experience has a lot to contribute to our services. These experts by experience are key to supporting the Trust develop services, plan the delivery of services, and monitor quality of services.</p> <p>We have undertaken a piece of work to identify the most effective way to support service users, carers and those with lived experience to work with the Trust to enhance quality, safety and effectiveness.</p> <p>The aims of this initiative are:</p> <ul style="list-style-type: none"> To enhance the involvement and integration of service users, carers and those with lived experience To review the existing framework for supporting service users, carers and those with lived experience To ensure service users, carers and those with lived experience have a voice within the Trust <p>The anticipated outcome of this quality initiative is evidence of a positive working relationship with service users, carers and those with lived experience, to</p>	Fully met	<p>Quarter 1</p> <ul style="list-style-type: none"> Engaged with service users, carers and those with lived experience who were currently working with the Trust Carried out a review of the current Involvement Scheme Policy and Procedure, including arrangements for monitoring and evaluating Identified any policy and procedure gaps in respect of all service users, carers and those with lived experience groups and communities Carried out a review of the available networks for engaging, consulting and involving service users, carers and those with lived experience <p>Quarter 2</p> <ul style="list-style-type: none"> Launched the updated policy and procedure(s) Reviewed the training needs analysis and support model in place for those providing support and supervisory role to service users, carers and

enhance quality, safety and the effectiveness of services within the Trust.		<p>those with lived experience</p> <ul style="list-style-type: none"> • Explored the use of national and best practice models for working alongside service users, carers and those with lived experience <p>Quarter 3</p> <ul style="list-style-type: none"> • Developed a plan for the further development of supporting service users, carers and those with lived experience to enhance and develop Trust services <p>Quarter 4</p> <ul style="list-style-type: none"> • Launched the steering group for Peer Support Worker roles with lived experience to commence the plan for 2019-20
<p>How we achieved this quality priority</p> <p>All milestones have been met for this priority. In 2018/19 the Trust also had an objective set for 2018-21 to increase the number of peer support worker roles employed by the Trust and this will form a second year priority for 2019/20.</p>		

2.2. Improving on 2018/19 quality measures

All four of the Trust's quality and safety priorities for 2018/19 have been met. Two of the quality priorities have been extended into second years as a result of the learning in year one and the desire for continued focus in these areas. The remaining two continue to be quality initiatives for the Trust, but have been replaced with new quality priorities for 2019/20 as agreed with our stakeholder organisations.

2.3. Quality and safety priorities for improvement 2019/20

In order to make sure the views of service users, carers, staff and the wider public have been taken into account, the Trust held its annual quality account stakeholder event on 30 January 2019, with representatives from our stakeholder organisations invited to attend. This included local authorities, Healthwatch groups and clinical commissioning groups from Knowsley, Halton, Sefton, St Helens, Warrington and Wigan, representatives from our Council of Governors, and staff. The event provided a progress update on the 2018/19 priorities and the opportunity to engage and discuss any suggested areas or themes for the 2019/20 quality priorities.

The Council of Governors and its sub-meeting the Governors' Assurance Committee were fully engaged in the process. They agreed the themes for 2019/20 from the annual event and approved the final quality priorities along with the Quality Committee.

The quality priorities will demonstrate improvements in patient safety, patient experience, and effectiveness of our services. The Quality Committee will monitor progress of the quality priorities throughout the forthcoming year.

Four quality and safety priorities have been chosen for the Trust as a whole and are markers for improvement for mental health, learning disabilities and community healthcare. The priorities align to Trust objectives and the Quality Strategy for 2019/20 and will be quality targets agreed with our commissioners.

The Trust Quality Strategy has a focus on the use of Quality Improvement methodology in all that we do. With this in mind the quality priorities have been developed with clearly defined aims and are outcome focused. The Governors Assurance Committee had the opportunity to review and make amendments to the priorities.

Quality priority	Clinical Supervision	
Quality area	Safe, Effective and Patient Experience	
Quality strategy pillar	Happy Teams	
Trust lead	Hazel Hendriksen, Corporate Assistant Clinical Director	
Accountable group	Clinical Supervision Steering Group	
Aim	Drivers to success	Key deliverables
By March 2020 80% of all clinical staff are accessing high quality clinical supervision in line with Trust policy, resulting in a perceived increase of: <ul style="list-style-type: none"> staff satisfaction in their wellbeing and the quality of care they provide to patients 	Development of a culture where supervision is valued	Create Capacity Updated policy and procedure Develop standards and expectations
	Embed an evidenced-based model/approach to clinical supervision	Model of clinical supervision and support is developed and rolled out
	Provide training and support for staff	Education/Toolkit Face to face support offer
	Development and use of a suitable measurement tool	Staff Survey to measure satisfaction & quality MySupervision metrics & reports
Measurable outcomes	Via the MySupervision system successfully report that 80% of clinical staff access clinical supervision at least 4 times a year. Via a staff survey demonstrate an increase in staff satisfaction relating to their wellbeing and the quality of care they provide to patients as a result of receiving supervision	

Quality priority	Lived Experience Peer Support Worker Roles	
Quality area	Patient Experience	
Quality strategy pillar	Positive Patient Experience	
Trust lead	John Heritage, Chief Operating Officer	
Accountable group	Quality Operations and Integration Committee	
Aim	Drivers to success	Key deliverables
By March 2020 we will have 1% of our workforce employed in Peer Support Worker roles across the organisation	There will be posts identified and budgeted specifically for the roles	1% of the Trust workforce will be ring fenced for peer support worker roles
	Clear job descriptions will be in place	Job description developed and put through job matching process
	Teams where posts are identified will receive support and awareness regarding the integration of the posts into the workforce	A package of support and engagement has been delivered to the teams identified
	The posts will be recruited to	1% of the workforce will be peer support workers in post
Measurable outcomes	<p>1% of the staff (whole time equivalents) will be ring fenced for peer support worker roles and posts clearly identified</p> <p>1% of the workforce (whole time equivalents) will be peer support workers by the end of March 2020.</p>	

Quality priority	Being Open	
Quality area	Patient Experience	
Quality strategy pillar	Positive Patient Experience	
Trust lead	Joanne McDonnell, Deputy Director of Nursing and Governance	
Accountable group	QSSG	
Aim	Drivers to success	Key deliverables
By March 2020, the Trust will have improved the experience of patients and families who are involved in the serious incident investigation and complaints process.	Training in root cause analysis	40 staff in key roles will have been trained in advanced root cause analysis
	Training in true family involvement from 'Making Families Count'	Key individuals will have received the training from 'Making Families Count'
	Strengthening the family liaison officer role	A clear procedure and role description will be in place, and training delivered to staff that will act as family liaison officers
	Learning from these processes is applied robustly to ensure it has an impact on the quality and safety of care, and patient experience	The Trust will develop themed improvement plans that address key priorities and emerging themes that are applied to all services in all boroughs
Measurable outcomes	<p>A reduction in complaints to the Trust about not having a positive experience of the serious incident and complaints processes.</p> <p>Training in root cause analysis and 'making families count' has been delivered</p> <p>There are themed improvement plans that are applied Trust wide</p>	

Quality priority	Recognising and managing the physically deteriorating patient	
Quality area	Safe	
Quality strategy pillar	Preventing Harm	
Trust lead	Jane Neve, Nurse Consultant	
Accountable group	QSSG	
Aim	Drivers to success	Key deliverables
By the end of March 2020 the trust will have no incidents of preventable death in relation to sepsis or the physically deteriorating patient in clinical areas using NEWS 2 – inpatient mental health areas, Walk in Centres, district nursing and the complex children's nursing team.	Robust and detailed Implementation plan of the National Early Warning Score (NEWS) 2	Project plan Project and clinical expertise
	Development of an assurance framework	Development of procedural guidance linked to the Resus Policy and of Standardised Operating Procedure for the RIO forms and the paper forms Compliance with agreed procedural standards
	Provision of NEWS 2 and Sepsis Training for all staff in relevant areas	Compliance with mandated NEWS 2 and sepsis training for those working in relevant clinical areas
	IT capability	Development of a digital solution within RIO Development of an initial paper solution for service using Adastra with a digital solution by the end of 2019.
Measurable outcomes	Project milestones achieved Via Datix and the serious incident framework track any incidents relating to sepsis or the physically deteriorating patient.	

2.4. Quality Strategy

During 2018/19, the quality review process within the Quality Strategy has tested the collaborative approach to review; this is known as the Collaborative Quality Framework. This way of reviewing has been beneficial in terms of looking at aggregated themes across the same service types in different parts of the Trust. The findings of this approach have continued to inform the refreshed Quality Strategy for 2019-22 and the required quality assurance framework.

The Quality Strategy is overseen by the Quality Committee, which is supported by the Quality Strategy Implementation Plan. The Quality Strategy articulates the Trust's quality goals. It focuses on the quality requirements of the Trust as objectives, which include promoting quality at an operational level.

The Trust has robust quality governance arrangements in place, which will continue to support the Trust quality initiatives in the future.

The Quality Accounts can be found on the Trust's website: www.nwbh.nhs.uk/key-documents

2.5. Statements of Assurance provided by the Trust Board

As part of our Quality Account we are required to present a series of statements which have been agreed by the Trust Board relating to the quality of our services. These statements serve to offer assurance to our members and the general public that we are:

- Performing to the standards which regulate quality and safety as detailed within the Health and Social Act
- Measuring and improving our clinical performance in audit and research activity
- Engaging in innovative projects (Commissioning for Quality and Innovation Payment Framework)
- Maintaining compliance with targets within the Single Oversight Framework, included at section 3.2 of this document

2.5.1. Review of contracted services

During 2018/19, North West Boroughs Healthcare NHS Foundation Trust provided and/or sub-contracted 70 relevant health services.

North West Boroughs Healthcare NHS Foundation Trust has reviewed all the data available to it on the quality of care in all these relevant health services.

The income generated by the relevant health services reviewed in 2018/19 represents 100 per cent of the total income generated from the provision of relevant health services by North West Boroughs Healthcare NHS Foundation Trust for 2018/19.

The Trust ensures data available for these services covers the three dimensions of quality – patient safety, clinical effectiveness and patient experience. This allows for regular service reviews against the strategies set out in the Trust's integrated business plan.

2.5.2. Participation in clinical audits and national confidential inquiries

The Trust's clinical audit programme for 2018/19 incorporated all relevant national clinical audits and confidential inquiries, providing the opportunity to benchmark the quality of our services against other participating providers, and to make improvements where identified.

The audit programme has also supported elements of the Quality Strategy, and other quality initiatives such as Commissioning for Quality and Innovation targets during 2018/19, providing evidence and assurance that agreed actions have been successful in improving the quality of care provided.

Other, locally agreed clinical audit activity during 2018/19 has been used effectively to review new and specific areas, allowing us to understand and establish our working practices against specific policies, procedures, standards and best practice. Outcomes from re-audits during 2018/19 have continued to show improvements in the care we provide.

During 2018/19, 12 national clinical audits and one national confidential enquiry covered relevant health services North West Boroughs Healthcare NHS Foundation Trust provides.

During that period, North West Boroughs Healthcare NHS Foundation Trust participated in 100 per cent of national clinical audits and 100 per cent of national confidential inquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries North West Boroughs Healthcare NHS Foundation Trust participated in during 2018/19 are as follows:

- National Clinical Audit and Patient Outcomes Programme Audit: National Confidential Inquiry into Suicide and Homicide for People with Mental Illness (NCISH) 18/19
- National Learning Disability Mortality (LeDeR)
- National Asthma and COPD Audit Programme
- National Audit of Care at the End of Life (NACEL)
- National Audit of Psychosis
- National Audit of Intermediate Care
- National Audit of Anxiety and Depression
- Sentinel Stroke National Audit Programme (SSNAP)
- POMH Topic 16b: Rapid Tranquillisation (Re-audit)
- POMH Topic 18a: Prescribing Clozapine (Baseline)
- POMH Topic 6d: Assessment of Side Effects of Depot Antipsychotics
- POMH Topic 7f: Monitoring of patients prescribed Lithium

The national clinical audits and national confidential enquiries North West Boroughs 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 inquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Name of audit	Number of cases submitted	Percentage of required cases provided
National Clinical Audit and Patient Outcomes Programme Audit: National Confidential Inquiry into Suicide and Homicide for People with Mental Illness (NCISH) 18/19	17*	81%
National Learning Disability Mortality (LeDeR)	16	100%
National Asthma and COPD Audit Programme	13	100%
National Audit of Care at the End of Life (NACEL)	2	100%
National Clinical Audit of Anxiety and Depression (Core Audit)	100	100%
National Audit of Psychosis	270	100%
National Audit of Intermediate Care	Community – 68 Inpatient - 36	100% 100%
National Audit of Anxiety and Depression	30	100%
Sentinel Stroke National Audit Programme (SSNAP)	137	NA
POMH Topic 16b: Rapid Tranquillisation (Re-audit)	54	100%
POMH Topic 18a: Prescribing Clozapine (Baseline)	80	100%
POMH Topic 6d: Assessment of Side	159	100%

Effects of Depot Antipsychotics		
POMH Topic 7f: Monitoring of patients prescribed Lithium	80	100%

*100% sent out but collection period remains ongoing at time of report

Reports have been received for the following national audits in 2018/19:

- National Audit of Care at the End of Life (NACEL)
- POMH – Topic 7: Monitoring of patients prescribed lithium
- POMH – Topic 16a: Rapid tranquillisation
- National Audit of Intermediate Care

The reports of four national clinical audits were reviewed by the provider in 2018/19 and the Trust intends to take the following actions to improve the quality of healthcare provided:

- Action plans are completed and agreed at the appropriate committee or group
- Timescales for each action are established and agreed
- Follow-up actions are agreed by the Trust

The reports of 46 local clinical audits were reviewed by the provider in 2018/19 and North West Boroughs Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Action plans are completed and agreed at the appropriate committee or group
- Timescales for each action are established and agreed
- Follow-up actions are agreed by the Trust

2.5.3. Participation in clinical research

Evidence suggests when healthcare organisations engage in research it is likely to have a positive impact on healthcare performance. Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. It also helps to ensure our clinical staff stay well informed of the latest treatment possibilities.

The number of patients receiving relevant health services provided or sub-contracted by North West Boroughs Healthcare NHS Foundation Trust in 2018/19 that were recruited during the period, to participate in research approved by a research ethics committee was 329.

The Trust was involved in 60 research studies in mental health, learning disabilities and community health services in 2018/19, 35 of which were new studies opened to recruitment at the Trust during this time. The studies have included UK Clinical Research Network (UK CRN) portfolio research funded by the National Institute for Health Research or other grant programmes, commercially funded clinical trials of investigational medicinal products, and student research projects seeking to recruit patients, carers or members of staff. This has included both observational and interventional research covering a range of areas such as trials of new therapeutic drugs, testing the effectiveness of online support tools and questionnaire base studies. They have been across all ages, in areas such as dementia, schizophrenia, psychosis, bipolar disorder, autism, perinatal mental health, eating disorder, self-harm and back or leg pain due to spinal stenosis.

The Trust is a member of the Clinical Research Network: North West Coast hosted by the Royal Liverpool and Broad Green University Hospitals NHS Foundation Trust and is strongly committed to supporting the activities of the network. The Trust was successful in meeting and exceeding the portfolio study recruitment target set by the Clinical Research Network: North West Coast for 2018/19.

During 2018/19, 15 publications were produced by Trust employees.

2.5.4. Commissioning for Quality and Innovation Payment Framework

A proportion of North West Boroughs Healthcare NHS Foundation Trust income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between North West Boroughs Healthcare NHS Foundation Trust and any person or body we entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation Payment Framework. During 2018/19 the improvements were based on the second year of the two-year national schemes for 2017/19.

Knowsley Clinical Commissioning Group acts as the coordinating commissioner for St Helens and Knowsley through the Commissioning for Quality and Innovation Payment Framework. Targets are agreed separately with Wigan, Halton and Warrington clinical commissioning groups and NHS England. Targets are also agreed within our sub-contracted services via St Helens and Knowsley Teaching Hospitals NHS Trust and Mersey Care NHS Foundation Trust with St Helens and Sefton clinical commissioning groups.

During 2018/19 the Trust attracted 2.3% percent of our contract value as Commissioning for Quality and Innovation (CQUIN) payments which equates to £3.2 million. The total available within the CQUIN framework during that period was £3.446 million. This is a prudent assumption made by the Trust at the time of account closure for 2018/19 and is not yet confirmed.

During 2017/18, the Trust attracted 2.4 per cent of our contract value as Commissioning for Quality and Innovation (CQUIN) payments which equates to £3.25 million. The total available within the CQUIN framework during that period was £3.4 million.

Overall the Trust achieved the milestones for quarters one, two and three (April to December 2018). The year-end (quarter four position for all CQUIN schemes is scheduled to be confirmed by commissioners in May 2019 at a challenge and scrutiny meeting; with the exception of the Improving physical healthcare to reduce premature mortality in people with serious mental illness. This CQUIN scheme is undertaken through a national audit and the results are expected to be published in June 2019.

2.5.5. Registration with Care Quality Commission

North West Boroughs Healthcare NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'registered with no conditions attached to registration'.

The Care Quality Commission has not taken enforcement action against North West Boroughs Healthcare NHS Foundation Trust during 2018/19. The Trust's rating remains as 'Good' overall.

North West Boroughs Healthcare NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

2.5.6. Quality of our data

North West Boroughs 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:

- 99.9% for admitted patient care
- 100% for outpatient care
- 99.5% for accident and emergency care

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

- 99.9% for admitted patient care
- 100% for outpatient care
- 100% for accident and emergency care

The percentage of records in the published data which included the patient's valid Ethnic Category Code was:

- 99.3% for admitted patient care
- 89.7% for outpatient care
- 94.9% for accident and emergency care

2.5.7. Data Security and Protection (DSP) Toolkit

North West Boroughs Healthcare NHS Foundation Trust has submitted its Data Security and Protection (DSP) Toolkit self-assessment and declared a position of 'Standards Met' for 2018/19 (version 1.3). This is the Trust's first submission using the new national DSP Toolkit which is the successor framework to the IG Toolkit. The Trust provides comprehensive information governance training, through e-learning and face-to-face sessions, with ad-hoc training provided as required. This is coupled with extensive awareness raising and communications throughout the Trust.

An annual audit of the Trust's Data Security and Protection Toolkit submission was undertaken by KPMG. Phase one report: partial assurance with improvement required' was achieved, with phase two: significant assurance with minor improvements.

2.5.8. Clinical coding

North West Boroughs Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by NHS Improvement. The Trust commissioned an internal audit of clinical coding which was undertaken by Mersey Internal Audit Agency in March 2019. The overall level of assurance was 'high assurance' – the highest level in a five-point scale.

The audit results were as follows:

- Primary diagnosis – 98%
- Secondary diagnosis – 89.9%

Coding is performed on the Trust's electronic patient record system, RiO. RiO does not support the coding of procedures. As a result, no procedures were audited as the auditors could not confirm the accuracy of the codes. However, the auditing of procedures is not mandatory; therefore this did not affect the audit's overall outcome.

The audit consisted of 50 patient records relating to in-patient discharges from adult services, later life and memory services and children and young people's services during April 2018. The results should not be extrapolated further than the actual sample audited.

North West Boroughs Healthcare NHS Foundation Trust will be taking the following actions to improve data quality:

- Data quality metrics are monitored on a monthly basis through the Trust's Quality and Performance Report
- Data quality compliance information is available at team and individual staff level and is refreshed on a daily basis

2.5.9. Core quality indicators

The Quality Account regulations require the following core quality indicators be included within the 2018/19 Quality Account. The following tables show the Trust's performance compared with the NHS Digital data representing all of England.

Table 1	Health and Social Care Information Centre benchmarking data (quarter 3 2018/19)			Trust percentage		
	National average	Highest reported	Lowest reported	Full year 2016/17	Full year 2017/18	Full year 2018/19
The percentage of patients on Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period	95.5%	100%	81.6%	96.5%	97.3%	98.1%

North West Boroughs Healthcare NHS Foundation Trust considers this data is as described for the following reasons: Robust operational policies and procedures are in place within operational services to ensure patients are followed-up within 72 hours which we feel is a measure of quality, hence follow-up will have taken place well within the NHS Improvement timescales. The supporting data has been collated by the Trust's Performance Team against robust guidelines which comply with NHS Improvement guidance. These processes and the outputs of them have been audited by internal and external bodies. These audits have resulted in a clean return of data.

North West Boroughs Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by closely monitoring the data quality reporting at team-level and individual patient and practitioner level. Early warnings

are issued by the performance team and exceptions are reported at borough and Trust-level within the monthly Quality and Performance Report to Trust Board.

Table 2	NHS Digital data (quarter 3 2018/19)			Trust percentage		
	National average	Highest reported	Lowest reported	Full year 2016/17	Full year 2017/18	Full year 2018/19
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	97.8%	100%	78.8%	98.3%	99%	98.9%

North West Boroughs Healthcare NHS Foundation Trust considers this data is as described for the following reasons:

Operational policies and procedures are in place within operational services to comply with this indicator. The supporting data has been collated by the Trust's Performance Team against robust guidelines which comply with NHS Improvement guidance. These processes and the outputs of them are subject to audit.

North West Boroughs Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by utilising data quality reporting which looks at team-level data quality at an individual patient and practitioner level. Exceptions are reported at borough and Trust-level within the monthly Quality and Performance Report to Trust Board.

Table 3	NHS Digital benchmarking data (most recent data available 2011/12 – released April 2014)			Trust percentage		
	National average	Lowest	Highest	Full year 2016/17	Full year 2017/18	Full year 2018/19
The percentage of patients aged 0-15 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 period	0 for mental health trusts	0 for mental health trusts	0 for mental health trusts	0%	0%	*6.67%
The percentage of patients aged 16 or over readmitted to a hospital which forms part of the Trust within	11.45%	0%	14.18%	6.3%	12.74%	11.94%

28 days of being discharged from a hospital which forms part of the Trust during the reporting period						
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*Due to small bed numbers this increase equates to one patient on one occasion

North West Boroughs Healthcare NHS Foundation Trust considers this data is as described for the following reasons:

Operational policies and procedures are in place within operational services to comply with this indicator. The supporting data has been collated by the Trust's Performance Team against robust guidelines which comply with NHS Improvement guidance. These processes and the outputs of them are subject to audit.

North West Boroughs Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by utilising data quality reporting which looks at team-level data quality at an individual patient and practitioner level. The Trust is committed to reviewing and reporting this information on a monthly basis. Exceptions are reported internally at borough and Trust-level within the monthly Quality and Performance Meetings and report to Trust Board. The information team gives an early warning to the trust teams where a re-admission is a potential data quality issue, for example when a patient is discharged from ward A and re-admitted same day to ward B. Steps are put in place to correct the recording of the data with the borough team when they occur, to ensure the highest possible data quality.

Table 4	Health and Social Care Information Centre benchmarking data		Trust percentage	
	National 2017	2018	2017	2018
The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends	81%	65%	71%	73%

North West Boroughs Healthcare NHS Foundation Trust considers this data is as described for the following reasons:

Staff engagement has and continues to be a high priority for the Trust. We have a number of forums in place to listen to our staff and act upon their feedback in order to improve the quality of our services and their experiences at work. Such forums include our Trust's Quality and Safety Meeting and:

Safety walkabouts – these are carried out by executive and non-executive directors on a regular basis across all services and wards. With a focus on quality and safety, these visits offer staff an opportunity to discuss any concerns or issues they may have with a member of the Trust Board. They are also an opportunity for staff to highlight any successes or examples of good practice.

North West Boroughs Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by providing further investment in the Organisational Development functions. This has allowed the introduction of Organisational Development business partners who work closely with staff and senior leadership teams from across our Trust, enabling greater, more targeted awareness-raising of the importance of completing the friends and family survey.

The Trust has been committed to providing visible leadership across our services including a range of initiatives. These have included: afternoon with the Chief Executive, patient safety visits, and supported clinical initiatives (for example participation in food and nutrition afternoon teas), presentation of awards to staff and teams, and attendance at borough leadership meetings.

During 2018/19, in line with the development of our workforce strategy, the Trust has reviewed the career development framework for staff, including the introduction of apprenticeships, assistant practitioners, associate nurses and advanced practitioner initiatives. A framework of talent spotting through an improved staff appraisal personal development plan is now in place, and we now utilise a values-based recruitment system.

The data in table five and six is the latest available from the CQC NHS Patient Survey Programme and NRLS data.

Table 5	CQC NHS Patient Survey Programme data	Trust percentage	National
	National 2017	2018	2018
The trust's 'patient experience of community mental health services' indicator score with regard to a patients' experience of contact with a health or social care worker during the reporting period	7.6/10	7.2/10	'About the same'

North West Boroughs Healthcare NHS Foundation Trust considers this data is as described for the following reasons:

This information is directly generated from the Patients' Experience Survey which is collated and reported by the Care Quality Commission.

North West Boroughs Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by using the annual Patients' Experience Survey as an important source of information to shape and improve the services we provide. Actions are established by using service-level information which has been utilised within service development projects.

Table 6	NHS Improvement – National Reporting and Learning System (NRLS) data				
	Reporting period latest available	National average	Lowest reported	Highest reported	Trust performance
Number of patient safety incidents reported	1 Apr 2018 to 30 Sept 2018	3,381	16	9,204	3,102
Number of patient safety incidents that resulted in severe harm or death	1 Apr 2018 to 30 Sept 2018	37	1	239	52
Percentage of patient safety incidents that resulted in severe harm or death	1 Apr 2018 to 30 Sept 2018	1.08%	0.09%	6.25%	1.68%

North West Boroughs Healthcare NHS Foundation Trust considers this data is as described for the following reasons:

the information in table six shows we have reported an increased number of patient severe harm safety incidents during 2018/19. We believe this is as a result of scrutiny across the organisation at all levels to ensure all patient safety incidents are reported. Organisations with high reporting of incidents have been shown to have a heightened safety culture.

Robust procedures are in place, including a quality assurance process to ensure all incidents are reported and reviewed. The Trust is in line with the national average in respect of the number of patient safety incidents resulting in severe harm and death. The Risk Management Team ensures the National Patient Safety Agency data is uploaded accurately.

Current reporting in 2018/19

For the full reporting period for 2018/19, the Trust percentage of National Patient Safety Agency reported patient safety incidents which resulted in severe harm or death is 1.68 per cent.

North West Boroughs Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by ensuring patient safety remains a priority within the Trust and the focus of significant attention. Scrutiny of incidents takes place in a number of areas, including performance reports and reports to the Trust Board and its sub-committees. Actions identified and undertaken are included within the quality priority for safety in this report, as well as within the Quality Strategy, which defines the Trust's quality objectives.

2.6. Learning from deaths

In September 2017, the Trust implemented the requirements outlined in the Learning from Deaths Framework (National Guidance on Learning from Deaths: A framework for NHS

Trusts and NHS Foundation Trusts on identifying, reporting, investigating and learning from deaths in care, March 2017) as part of the Trust's existing policies to learn and continually improve the quality of care provided to patients.

This supported the Trust to ensure all staff have a clear understanding and follow a standardised, consistent approach to learning from mortality.

2.6.1. Mortality reporting

During April 2018 to March 2019, 687 of North West Boroughs Healthcare NHS Foundation Trust patients died. This number relates to the number of deaths reported to the Datix system.

This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 171 in the first quarter
- 161 in the second quarter
- 181 in the third quarter
- 174 in the fourth quarter

The number of deaths reported significantly increases from January 2018 onwards due to a change in the reporting requirements for services to report each death, regardless of cause, to the Datix system.

This evidences that more deaths have been reported and the number which require a further investigation to understand whether gaps or lapses in care have occurred has increased.

During this quarter, the new systems and processes on mortality reporting devised from the National Quality Board and the recommendations from this were being embedded across the organisation which has seen an increase in the number of 72 hour reviews being requested for deaths. Of the 687 deaths reported within the financial year, 62 were categorised as suicide – either proven or suspected, 128 deaths were identified as unexpected, two were categorised as homicide and the remaining 495 were identified as expected deaths or deaths due to natural causes.

In the period 1 April 2018 to 31 March 2019, of the 687 deaths referred to above, 219 case record reviews and 49 investigations completed. (It can be noted that a case record review refers to a 72 hour review, and an investigation can be described as a concise or a comprehensive investigation in line with the NHS England Serious Incident framework).

Where the service user was under the care and treatment of learning disability services, details of the incident and any internal investigation are shared with the Learning Disabilities Mortality Review (LeDeR) programme.

The number of deaths in each quarter for which an investigation as described above was carried out was:

- 16 in the first quarter
- 18 in the second quarter
- 15 in the third quarter
- 19 in the fourth quarter

0 case record reviews and 26 investigations completed after 31 March 2018 which related to deaths which took place before the start of the reporting period.

2 case record reviews and 19 investigations have been carried forward into 2019/20 relating to deaths that occurred in 2018/19.

2.6.2. Thematic analysis

Thematic analysis has been carried out on 166 deaths reported in 2018/19 in line with the implementation of the Learning from Deaths Policy and Procedure.

Five, representing three percent of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter this consisted of:

- None of the deaths occurred for the first quarter.
- Three representing 60% for the second quarter.
- One representing 20% for the third quarter
- One representing 20% for the fourth quarter

These numbers have been estimated using a root cause and analysis method within comprehensive and concise investigations.

The learning which has been identified in relation to these cases has been:

- Response times to referrals due to team capacity and demand.
- Quality of risk assessment and risk formulation
- Risk management during periods of leave from inpatient services

In response to these identified themes, the following actions have been taken:

- **Response times to referrals due to team capacity and demand**– the Trust has commissioned a full review of the Assessment Team function which will include the team's capacity and demand and provide recommendations to support reduction of risk within this area.
- **Quality of risk assessment and risk formulation** – the Trust has introduced risk assessment training which supports the improvement in the quality of risk assessment and risk formulation for patients who are identified to be a risk to self.
- **Risk management during periods of leave from inpatient services** – the Trust's Least Restrictive Practice group is carrying out a review of the current practice with regards to pre and post leave risk assessments against the current practice in place. The purpose of this review is to provide appropriate guidance to inpatient staff to improve the robustness of risk management to support safe and effective leave from inpatient services.

In addition, the Trust has shared lessons learned communications with staff in support of each of the above areas.

161 representing 97% of patient deaths during the reporting period are judged to be more than likely not due to problems in the care provided to the patient.

In relation to each quarter this consisted of:

- 34 representing 21% of the deaths occurred for the first quarter
- 30 representing 19% for the second quarter
- 58 representing 36% for the third quarter
- 39 representing 24% for the fourth quarter

These numbers have been estimated using a combination of case record reviews, root cause and analysis method within comprehensive and concise investigations.

2.6.3. Duty of Candour

The care across the Trust has always aimed to be open, honest and transparent and the importance to apologise when harm has occurred is understood. In order to meet Statutory Duty of Candour requirements, there has been a drive to promote understanding at all levels of the organisation to ensure this is firmly embedded in practice.

During the past year we have continued to learn and improve the application of Duty of Candour and this has been evidenced through regular Duty of Candour audits.

All incidents reported which result in moderate harm, severe harm or death are discussed with the Trust's Risk Team to review whether appropriate measures have taken place to apply Duty of Candour and guidance on how to apply it if required. Incidents where Duty of Candour has been applied continue to be recorded on the Trust's incident reporting system, and all completed Duty of Candour letters are stored on this system to capture all instances where Duty of Candour is implemented.

The Trust has made the first steps in engaging with Making Families Count which will support improvement in the quality family engagement with the Trust following a serious incident through further training, peer review of the Being Open Policy and Procedure and the current Family Liaison Officer process embedded within the Trust.

Based on the existing work, we consider our services to be compliant with all statutory Duty of Candour requirements; however will continue to strive to improve our processes to ensure this requirement remains embedded within the delivery of quality care.

2.7. Freedom to Speak Up

Freedom to speak up has been embedded within the Trust through the work of the 'freedom to speak up guardian' and the numerous 'freedom to speak up champions' across both clinical and non-clinical services. The non-executive directors of the Trust completed a self-assessment in September 2018 and this has been submitted to NHS Improvement.

The Trust Board have implemented a freedom to speak up policy, procedure and strategy and receive bi-annual reports directly and also through the Quality Committee.

The guardian reports to an executive director and there is a non-executive director with a responsibility for freedom to speak up. There are regular meetings that take place between the guardian, Chief Executive, Chairman and the non-executive director responsible for freedom to speak up.

2.7.1. Ways of speaking up

The Trust has a dedicated phone number and email address that are accessible by the guardian only. Any member of staff can approach the guardian to arrange a phone call or

face to face meeting, and some choose to communicate through email. The guardian has developed an algorithm to ensure that issues that arise are addressed through the most appropriate route and this is discussed with staff at the time.

Staff can identify champions through the dedicated intranet page and approach them rather than go to the guardian if they feel more comfortable with that approach. The champions have a role in promoting freedom to speak up and to support the guardian.

Cases are not closed until the member of staff is fully satisfied with the outcome.

2.7.2. Feedback to staff

The Guardian will discuss with the staff member the approach that is most comfortable for them and this means it can be different every time. The guardian is flexible in that they will meet staff in neutral places, at their homes, a location within the Trust.

The guardian keeps thorough records that are stored in a protected area of the electronic drive and cannot be accessed by others.

Feedback can be given in writing formally, by email, face to face or over the phone depending on the staff member's preference.

2.7.3. Resolution of issues raised

The guardian reacts to the issues raised by staff and works closely with Human Resources, occupational health, and the leadership teams across the trust.

The guardian uses various methods to resolve issues including; mediation, meetings, discussion on behalf of staff. The aim is to resolve issues without the need for formal processes such as grievances, acknowledging that they are there if required.

Quality of care concerns are investigated fully to consider what has been raised and escalated appropriately. Patient safety concerns are immediately escalated to the Chief Nurse and Deputy Chief Executive.

Anonymous concerns are addressed in exactly the same way and whilst that limits the information available, and doesn't allow for direct feedback, outcomes are available on the intranet page in a non-identifiable way.

2.7.4. Learning from freedom to speak up

The guardian has a wealth of understanding about the issues that are raised within the Trust and as such is continuously developing proactive ways to address potential concerns.

Triangulation of information for staff from particular areas that may be raising concerns, attending occupational health and/or speaking with human resources is used to consider 'hot spots' within the Trust and enables a wider system review to take place and consider the reasons for this.

Freedom to speak up is part of Trust induction (permanent and temporary staff), the Joint Academic Forum and Induction for Junior Doctors.

Case studies are used as catalysts to improve Trust processes and systems as the learning can be used to prevent further staff from the same potential experience.

3. Other information

The past 12 months have seen significant changes in the way quality is delivered within the Trust. There have been changes in the leadership structures to introduce dedicated senior roles 'Head of Quality' into many services within the Trust. The Trust has made this commitment to ensure that services have enhanced leadership to ensure that they are safe, effective and that patients have a positive experience. The Head of Quality will work with the Assistant Clinical Directors and Matrons for Quality to ensure local quality is of the highest standard.

The Trust was reviewed under 'well led' by the Care Quality Commission from May to July 2018 and the result was that the Trust maintained our 'Good' overall rating. There are two particular areas where improvements were identified which were within inpatient Later Life and Memory services and within our inpatient Learning Disability service. The Trust has reviewed these services and used this learning to enhance our Least Restrictive Practice approach particularly within inpatient wards, with a focus on extending to the community next year. Training and development of staff in this area is a priority. We have also worked closely with NHS Improvement to embed a 'coaching for safety culture' approach within a pilot ward and will be developing this across the Trust.

The Trust has implemented local borough based patient safety panels, which are responsible for reviewing and triangulating incidents and serious reportable incidents, and taking local action to address this. These have been successful and our plans are to further strengthen this approach with the introduction of the Head of Quality roles.

Lessons are learned and shared through local Quality and Safety Meetings and borough-specific collaborative events, strengthening the borough-based leadership and delivery of learning, improving and reducing harm to patients.

The Trust launched our 2018-21 Quality Strategy this year with a focus on six priorities:

- Quality assurance
- Happy teams
- Positive patient experience
- Preventing harm
- Value-added care
- New models of care

Throughout 2018/19, we have delivered on a number of key objectives to ensure our quality definition continues to be brought to life. Our Culture of Care is fully embedded within the Trust's Our Stars staff recognition awards, including the monthly employee and team of the month. As a Trust we have introduced 'Our Behaviours' to support the Trust's values (these are detailed within section 1.6)

The embedding of values-based recruitment ensures we recruit the right people who are caring, compassionate and committed, in line with our Culture of Care, values and behaviours and is essential to providing good quality care.



Gail Briers
Chief Nurse and Deputy Chief Executive

3.1. Trust quality measures


In addition to the achievement of our quality priorities during 2018/19 and establishing our quality priorities for 2019/20 (part 2), the Trust has also established a set of quality measures.



When selecting the quality measures, we wanted to ensure we were measuring quality across our different client groups and used information from a range of sources.

The quality measures were established by the Chief Nurse and Deputy Chief Executive and the Director of Strategy and Organisational Effectiveness on behalf of the Trust Board, following feedback received from stakeholders for last year's Quality Account. The indicators remain the same as those reported in our previous Quality Account and provide a balanced and transparent view of quality and safety indicators used by the Trust. We continue to use the Commissioning for Quality and Innovation targets within our quality measures to provide further information about the Trust's performance.



These measures cover inpatient and community mental health and learning disabilities and community services across our business streams below – and fit to the same domains of patient safety, patient experience and clinical effectiveness.


Progress against the quality measures is routinely reported to the Trust Board. The following table shows our progress during 2018/19.

Domain	Indicator to be measured	Detailed definition	2018/19 in-year movement against previous year	2017/18 full year position	2018/19 full year position	Data source	Comments
Patient safety	Proportion of incidents with outcome of no harm	The percentage of incidents that had an outcome of no harm		69.8%	65%	Internal reporting of National Patient Safety Agency definition	<p>There has been a decrease in incidents reported that had an outcome of no harm meaning an increase in the proportion of harm. A deep dive into the data shows that in 2017/18 182 of the incidents of harm were expected or natural cause deaths compared to 495 in 2018/19. This is due to the implementation of the Learning from Deaths framework and all expected / natural cause deaths being logged as an incident.</p> <p>Excluding expected / natural cause deaths from the comparison shows 69% no harm in 2017/18; and 71% no harm in 2018/19 which is an improved position.</p>

Domain	Indicator to be measured	Detailed definition	2018/19 in-year movement against previous year	2017/18 full year position	2018/19 full year position	Data source	Comments
	Medicines reconciliation	Proportion of harm identified during medicines reconciliation reviews		0.75%	4%	Internal reporting of reconciliation reviews undertaken	<p>2017/18 266 incidents were reported with one resulting in low harm. In 2018/19 247 incidents were reported with 10 resulting in low harm.</p> <p>There is no correlation between teams or any themes identified. The patient safety team have delivered training to the medicines management team in 2018/19 to support the safety culture and reporting accuracy of incidents which may have increased reporting of harm.</p>
	Number of falls	Proportion of harm as percentage of falls		31.64%	37.1%	Internal reporting of National Patient Safety Agency and NICE guidance	<p>There has been an increase in the proportion of falls that have resulted in harm during 2018/19; An overall decrease in the number of falls has been seen, however a slight increase in low harm from</p>

Domain	Indicator to be measured	Detailed definition	2018/19 in-year movement against previous year	2017/18 full year position	2018/19 full year position	Data source	Comments
							212 to 249 has occurred. The Trust has been working with the NHS Improvement falls collaborative and continues to prioritise falls.
Patient experience	Number of compliments (Trust)	Expression of satisfaction received verbally or written in year	↑	1,886	2,232	Internal reporting	The number of compliments has increased during the 2018/19 year compared with the previous year
	Number of complaints (Trust)	Expression of dissatisfaction requiring a response that could not be resolved locally within 24 hours	↑	151	243	Internal reporting of Scottish Office; Citizens Charter definition	The number of complaints received by the Trust has increased
	Number of concerns (Trust)	A concern is defined as: <i>'Any anxiety or worry, regarding Trust services, expressed by service users, carers or their</i>	↑	479	529	Internal reporting	The Trust continues to adopt a local approach to capturing issues of concern

Domain	Indicator to be measured	Detailed definition	2018/19 in-year movement against previous year	2017/18 full year position	2018/19 full year position	Data source	Comments
		<i>representatives which they do not wish to be treated as a complaint'. Or an issue that cannot be resolved in 24 hours</i>					
Effectiveness	Readmissions	The percentage of patients who have been readmitted to hospital within 28 days of discharge		12.74%	10.89%	Internal reporting of Department of Health definition	There was a decrease in the percentage of patients who have been readmitted to hospital within 28 days of discharge in 2018/19
	Self-harm	Of all self-harm incidents, the proportion determined as harm		52.01%	39.6%	Internal reporting of National Patient Safety Agency and NICE guidance	There was a decrease in the percentage of self-harm incidents in 2018/19. The Trust continues to implement the self-injury pathway to support a reduction in harm as percentage of self-harm going forward

Domain	Indicator to be measured	Detailed definition	2018/19 in-year movement against previous year	2017/18 full year position	2018/19 full year position	Data source	Comments
	Violence and aggression	Of all violence and aggression incidents, the proportion determined as harm		35.7%	26.8%	Internal reporting of National Patient Safety Agency and NICE guidance	There has been a decrease in the percentage of violence and aggression incidents. The Trust has prioritised Least Restrictive Practice within inpatient services and as such the Least Restrictive Practice Group, and is working closely with Advancing Quality Alliance (AQuA) for the REsTRAIN programme, demonstrating a reduction in the use of least restrictive practices and harm from violence and aggression for both patients and staff.

Quality measures – Commissioning for Quality and Innovation targets 2018/19

The schemes are detailed below which shows early indication of progress and achievements at the end of the two-year period.

Improving staff health and wellbeing

The aim of this scheme was to improve the support available to NHS Staff to help promote their health and wellbeing in order for them to remain healthy and well. Led by our Occupational Health Team, a total of 78.26% of Trust staff received the flu vaccine, which achieved the target of 75%. A range of other initiatives were successfully implemented. This included the provision of healthy foods and snacks on sale, occupational health screening and wellbeing sessions, a range of healthy lifestyle and exercise programmes, access to gymnasium facilities and a range mental health and wellbeing support opportunities.

Improving physical healthcare to reduce premature mortality in people with serious mental illness

The aim of this scheme was to complete cardio metabolic assessment and treatment for patients with psychoses within Inpatient wards, community based mental health services for people subject to the Care Programme Approach with mental illness; for those within early intervention in psychosis services. Additionally this scheme was aimed at demonstrating positive outcomes in relation to BMI and smoking cessation for patients with early intervention by teams. The scheme required the Trust to participate in a national audit, with data being submitted for external scrutiny and moderation. It is expected these results will be published in June 2019; which will enable the end scheme position to be confirmed. However there is early indication that:

- Inpatient services have improved year on year since 2014 to 2019 and are now awaiting the national moderation of scores to indicate the level of success.
- Recovery teams have improved on year on since 2017/18 and are now awaiting the national moderation of scores to indicate the level of success.
- The early intervention teams have again improved from 2017/18 having achieved results above the national threshold.

Improving services for people with mental health needs, who present to Accident and Emergency

The aim of this scheme in year one was to identify a cohort of frequent attenders and achieve a 20% reduction in attendances to A&E over the year. The scheme in year two for 2018/19 was to build on year one achievements and whilst maintaining the reductions achieved in year one, to identify a second cohort of frequent attenders and also reduce their attendance by 20%. This has required joint working with three acute Trusts including St Helens and Knowsley Teaching Hospitals NHS Trust, Warrington and Halton Hospitals NHS Foundation Trust and Wroughton, Wigan and Leigh NHS Foundation Trust. This work involved the respective mental health liaison teams working closely with other Trust teams, A&E's and wider partners and agencies to enable frequent attenders to develop alternative strategies when they are experiencing periods of crisis. Results are being published in three separate reports which have been jointly authored with the respective acute trusts. There is early indication through case studies and data that the elements of this scheme have been achieved; subject to commissioner validation.

Transitions of out of children and young people's mental health services

The aim of this scheme was to develop joint working collaboration of services in order to improve transition planning between sending and receiving services, for when children and

young people with identified needs are being transferred from children's to adult services. This work has been led by the Nurse Consultant with CAMHS who has undertaken audits, held focus groups and identified case studies to highlight service user experience. There is early indication of improvements having been made since 2017/18, with an increase of 22% to 98% of young people having had a meeting to prepare for transition. However the Trust has identified that more work is still being undertaken as part of the implementation of the THRIVE model for integrated care delivery of children's services across health and partner agencies; and across our children's and adult services to further improve on the successes already made.

Wound Care

The purpose of this scheme is to increase the number of full wound assessments for wounds which have failed to heal after 4 weeks. This CQUIN has required close working with St Helens and Knowsley Teaching Hospitals NHS Foundation Trust and has been focussed across the services provided by the Trust within St Helens and Knowsley boroughs. The Trust has undertaken a range of work including monitoring progress through audit. There is early indication and recognition that there have been areas of significant improvement. Of the sample audited, 100% had received an assessment; out of which around 98% of all areas of assessment having been completed. However areas for improvement have been identified, subject to discussion with partner providers and commissioners. It is also relevant that this scheme's actions remain part of a wider improvement initiative following a separate thematic analysis having been conducted within the Trust of incidents relating to tissue viability and pressure ulcers.

Personalised care and support planning

Activity will be focused on agreeing and putting in place systems and processes to ensure that the relevant patient population can be identified, the relevant workforce receive appropriate training, and that personalised care and support planning conversations can be incorporated into consultations with patients and carers. This CQUIN has required close working with St Helens and Knowsley Teaching Hospitals NHS Foundation Trust and has been focussed across the services provided by the Trust within St Helens and Knowsley boroughs.

Preventing ill health by risky behaviours – alcohol and tobacco

This improvement initiative has been focussed on inpatient mental health services across the Trust to undertake tobacco screening, brief advice, referral and medication offer. Additionally this CQUIN involved the undertaking of alcohol screening, brief advice or referral as needed for all service users. This work has been led by the Trust Smoke Free lead with the support of the Nurse Consultant for Dual Diagnosis. Work has included the training of staff in screening processes, brief interventions, prescription and provision of nicotine replacement therapy and referral pathways to specialist services. There is early indication of achievement of both the national targets and additional Trust-locally agreed stretch targets of 90% for each of the required elements.


Domain	Indicator name	Definition/goal	Q1-Q3 actual and Q4 forecast
Trust-wide mental health and community	NHS staff health and wellbeing	<ul style="list-style-type: none"> Improvement in two of the three NHS annual staff survey questions on health and wellbeing – MSK and stress 	Indicator met in Q1 Forecast to be met in Q4
		<ul style="list-style-type: none"> a) 70% of drinks lines stocked must be sugar-free b) 60% of confectionery and sweets do not exceed 250 calories c) At least 60% of pre-packed sandwiches and other savoury pre-packed meals available contain 400 calories (1680 kJ) or less per serving 	Forecast to be met in Q4
		<ul style="list-style-type: none"> Achieving an uptake of flu vaccinations by frontline clinical staff of 70% 	Forecast to be met in Q4
Trust-wide mental health only	Physical health of mental health patients	Cardio metabolic assessment for patients with schizophrenia	Indicator met in Q1 Forecast to be partially met in Q4
		Communication with primary care clinicians – alignment of SMI QOF and CPA registers	Indicator met in Q2 and Q3 Forecast to be met in Q4
Trust-wide mental health only	Improving services for people with mental health needs who present to A&E	Reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable	Indicator met in Q1, Q2 and Q3 Forecast to be met in Q4

Domain	Indicator name	Definition/goal	Q1-Q3 actual and Q4 forecast
Trust-wide mental health only	Transitions out of Children and Young People's Mental Health Services (CYPMHS)	<p>This Commissioning for Quality and Innovation (CQUIN) is constructed so as to encourage greater collaboration between providers spanning the care pathway. There are three components of this CQUIN:</p> <ul style="list-style-type: none"> • A case note audit in order to assess the extent of joint-agency transition planning • A survey of young people's transition experiences ahead of the point of transition (pre-transition / discharge readiness) • A survey of young people's transition experiences after the point of transition (post-transition experience) 	Indicator met in Q1 and Q2 Forecast to be met in Q4
Trust-wide mental health only	Preventing ill-health by risky behaviours – alcohol and tobacco	<p>To undertake tobacco screening, brief advice, referral and medication offer. Alcohol screening, brief advice or referral to all adult admissions. Baseline assessment in Q1 followed by incremental improvements Q2-Q4</p>	Indicator met in Q1, Q2 and Q3 Forecast to be met in Q4
Community services only	Supporting proactive and safe discharge	<ul style="list-style-type: none"> • Actions to map existing discharge pathways, rollout new protocols, collect baseline/trajectories • Increasing proportion of patients admitted via non-elective route discharged from acute hospitals to their usual place of residence within seven days of admission by 2.5% points from baseline (Q3 and Q4). Inappropriate, early discharge carries risks to patients and therefore providers and commissioners should carefully monitor readmission rate. 	Indicator met in Q2 Forecast to be met in Q4
Community services only	Improving the assessment of wounds	The indicator aims to increase the number of wounds which have failed to heal after four weeks that receive a full wound assessment.	Indicator met in Q2, forecast to be met in Q4

Domain	Indicator name	Definition/goal	Q1-Q3 actual and Q4 forecast
Community services only	Personalised care and support planning	Activity will be focused on agreeing and putting in place systems and processes to ensure the relevant patient population can be identified, the relevant workforce receive appropriate training, and that personalised care and support planning conversations can be incorporated into consultations with patients and carers.	Indicator met in Q2 and Q3 Forecast to be met in Q4
Fairhaven (tier 4)	CAMHS transition pathway	To improve transition or discharge for young people reaching adulthood to achieve continuity of care through systematic client-centred robust and timely multiagency planning and coordination.	Indicator met in Q1, Q2 and Q3 Forecast to be met in Q4

3.2. Achievements against Single Oversight Framework 2018/19

On a monthly basis throughout 2018/19, the Trust reported progress against the Risk Assessment Framework and the Single Oversight Framework. Our performance is as follows:

Single Oversight Framework 2018/19			Threshold	Full year 2018/19
Monitor mental health and learning disability targets reported throughout the year				
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral*			50%	81.9%  Quarterly average below
Q1	Q2	Q3	Q4	
81.82%	87.5%	76.92%	81.48%	
Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas: a) inpatient wards b) early intervention in psychosis services c) community mental health services (people on care programme approach)			90% 90% 65%	This will be measured by the CQUIN audit

Improving access to psychological therapies (IAPT): a) proportion of people completing treatment who move to recovery (from IAPT dataset) b) waiting time to begin treatment (from IAPT minimum dataset): i. within 6 weeks of referral ii. within 18 weeks of referral	75% 50%	99.3% 51.46%
Care programme approach (CPA) follow-up: proportion of discharges from hospital followed up within seven days	95%	97.3%
Admissions to adult facilities of patients under 16 years old		0%
Inappropriate out-of-area placements for adult mental health services		2018/19 – 980 days / quarterly average 245 days Ⓐ

Ⓐ This indicator has been audited.

The local quality indicator selected by our Governors for 2018/19 is the community adult nursing Did Not Attend (DNA) rate.

The local indicator was selected by the Governors as DNA rates are an area of focus for improvement in 2019-20. It was felt that choosing this as an indicator would ensure that the Trust's baseline data was accurate and therefore any improvements made were clearly captured through our monthly reporting processes.

The audit has been completed with Grant Thornton to ensure that activity recorded on the clinical system Rio reflects DNA percentages and activity levels being reported. The following table shows the 2018/19 DNA rates for all community teams pre-booked appointments following a referral to the service:

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
DNA%	10.81	10.40	10.65	10.48	10.28	10.21	10.43	10.06	9.74	9.52	9.65	9.19	10.12

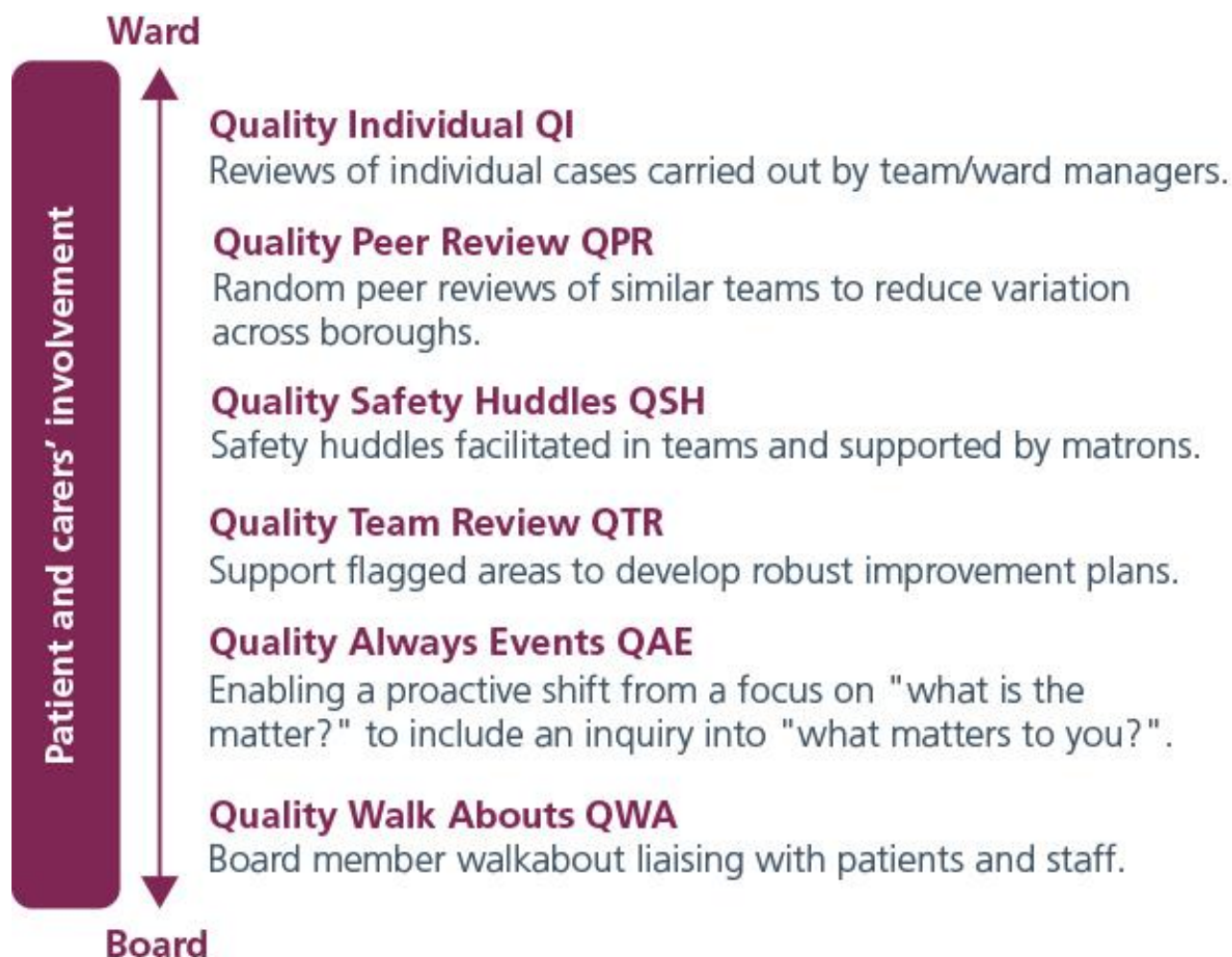
The Trust is committed to improve this percentage which is demonstrated through schemes such as text message reminders, and so will improve the quality of its services. We will closely monitor the impact of such schemes and the data quality reporting at team-level and individual patient and practitioner level. Early warnings are issued by the performance team and exceptions are reported at borough and Trust-level within the monthly Quality and Performance Report to Trust Board.

3.3. Trust-wide achievements

This section represents quality and safety achievements for the Trust realised throughout 2018/19.

3.3.1. Assessing the quality of our services

The Trust is expected to maintain its registration with the Care Quality Commission to undertake the regulated activities it provides. The Trust is routinely visited by the Care Quality Commission, including monitoring visits to inpatient areas in respect of the Mental Health Act, as part of their programme of inspections. The Trust continually assesses itself against the fundamental standards, reporting monthly as part of the performance report. Assurances are provided through the Quality Strategy and clinical assurance cycle and incorporate the Quality Assurance Framework:



- **Quality Peer Review and Quality Team Review** – a programme of internal inspections of teams undertaken by either peer teams or subject matter expert teams, incorporating staff and service user or carer volunteers against the standards of quality and safety and Trust policy.
- **Safety walkabouts** – visits undertaken by executive and non-executive directors. A total of 43 have taken place between April 2018 and March 2019. Following each visit, the Trust Board member feeds back the findings and recommendations to the Trust Board. Following safety walkabouts, local managers are encouraged to act on issues identified.

The following table shows the Trust's rated year-end position for 2018/19 against each of the Fundamental Standards which were introduced in April 2015.

Fundamental Standard Regulations		
Regulation	Accountable director	March 2018
5 - Fit and Proper Person – directors	Simon Barber	Green
9 - Person-centred care	Gail Briers	Green
10 - Dignity and respect	Gail Briers	Green
11 - Need for consent	Sandeep Ranote	Green
12 - Safe care and treatment	Gail Briers	Green
13 - Safeguarding service users from abuse and improper treatment	Gail Briers	Green
14 - Meeting nutritional and hydration needs	Gail Briers	Green
15 - Premises and equipment	John Heritage	Green
16 - Receiving and acting on complaints	Gail Briers	Green
17 - Good governance	Gail Briers	Green
18 - Staffing	Tracy Hill	Green
19 - Fit and proper persons employed	Tracy Hill	Green
20 - Duty of Candour	Gail Briers	Green

The Trust uses a three point rating scale of red, amber, green to show the level of compliance with each of the Fundamental Standards. A key to each of the indicators used follows:

Red	Major issues	The system for providing assurance/evidence has not been designed effectively and is not operating effectively. Evidence is limited by ineffective system design and significant attention is needed to address the controls. Might be indicated by one or more priority one recommendations and fundamental design or operational weaknesses in the standard (i.e. the weakness or weaknesses identified have a fundamental and immediate impact preventing achievement of the standard or result in an unacceptable exposure to reputation or other risks)
Amber	More issues with higher priority recommendations for action	This means both the design of the system of assurance/evidence and its effective operation need to be addressed by management. Indicated by a number of high-level recommendations that taken cumulatively suggest a weak control environment (i.e. the weakness or weaknesses

		identified have a significant impact preventing achievement of the standard or result in an unacceptable exposure to reputation or other risks)
Green	Minor or no issues	The systems are generally well designed to capture evidence and assurances, however only low or minor improvements have been identified. Actions have been identified to address minor weaknesses or to achieve best practice which could improve the efficiency or effectiveness of the standard

3.3.2. Care Quality Commission inspections

During 2018/19, there have been a total of 10 inspections of the Trust by the Care Quality Commission not including the Well-led inspection. Of these, 7 were unannounced Mental Health Act monitoring inspections.

In addition, there were two joint Ofsted and CQC visits focused on safeguarding children and SEND, and a focused CQC inspection about child safeguarding. Monitoring of the progress against the action plan is through the Quality Committee on behalf of the Trust Board.

The table below details the inspections undertaken by the Care Quality Commission during 2018/19.

Month of visit	Ward/area visited and borough	Type of visit	Areas Covered
April 2018	Chesterton Ward Warrington	Routine unannounced	Domain 2 Detention in hospital
May 2018	Marlowe Ward Warrington	Routine unannounced	Domain 2 Detention in hospital
June 2018	CAMHS Wigan	Routine unannounced	Ofsted and CQC joint inspection of local areas' effectiveness in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities
July 2018	Sefton	Routine unannounced	CQC inspection of local areas' quality and effectiveness of the arrangements to ensure children are safeguarded, and how services promote the health and wellbeing of looked after children and care leavers
September 2018	Tennyson Ward Warrington	Routine unannounced	Domain 2 Detention in hospital

Month of visit	Ward/area visited and borough	Type of visit	Areas Covered
November 2018	Bridge Ward Halton	Routine unannounced	Domain 2: Detention in hospital
November 2018	Golborne Ward Wigan	Routine unannounced	Domain 2: Detention in hospital
December 2018	Warrington CAMHS	Ofsted and Care Quality Commission joint SEND (Special Educational Needs and Disability) inspection	CQC inspection of local areas' effectiveness and arrangements in meeting the needs of children and young people who have special educational needs and/or disabilities.
January 2019	Westleigh Ward Wigan	Routine unannounced	Domain 2: Detention in hospital
February 2019	Kingsley Ward Warrington	Routine unannounced	Domain 2: Detention in hospital

Following the Well-Led and core services inspections undertaken by the Care Quality Commission between 30 May 2018 and 11 July 2018 the Trust has been rated as 'good' overall. Ratings for the domains of Safe, Effective, Caring and Well-Led have remained as 'good' with the rating for Responsive as 'Requires Improvement'. Eleven of the thirteen core services are rated as 'good' with a rating of 'Requires Improvement' for Wards for people with learning disabilities or autism and a rating of 'Inadequate' for Wards for older people with mental health problems.

The formal report was published in October 2018 and the Trust received requirement notices in relation to 20 breaches of regulatory requirements across three core services:-

Wards for older people with mental health problems
Wards for people with a learning disability or autism
Community-based mental health services for adults of working age

A Report of Actions was submitted to the Care Quality Commission on 30 November 2018 outlining actions the Trust would take to ensure compliance with the regulations.

An action plan was developed and actions implemented to address the breaches; this is monitored on a monthly basis by the Quality Committee with the latest update presented to the committee on 12 March 2019.

Ratings

Overall rating for this trust		Good ●
Are services safe?		Good ●
Are services effective?		Good ●
Are services caring?		Good ●
Are services responsive?		Requires improvement ●
Are services well-led?		Good ●

The table at Annex 5 shows the Care Quality Commission ratings for each of the core services provided by the Trust.

The annual report contains further details of how the Trust is working with the NHS Improvement Well Led framework.

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

3.3.3. Guardian of safe working hours

Under the 2016 terms and conditions for doctors and dentists in training introduced by the Department of Health, there is a requirement for the guardian of safe working hours to submit an aggregated annual report to the Trust Board (delegated to the Quality Committee). The annual report is also required to be included in the Trust's annual Quality Account.

Under the 2016 terms and conditions, each NHS Trust is required to appoint a guardian of safe working hours. The guardian is a senior appointment and the appointee should not hold any other role within the management structure of the Trust. The guardian ensures issues of compliance with safe working hours are addressed by the doctor or Trust as appropriate.

The guardian role supports safe care for patients through these protection and prevention measures to stop doctors working excessive hours. The guardian has the power to levy financial penalties against departments where safe working hours are breached.

From 01/04/18 to 31/03/19 the Trust received 103 doctors under the 2016 terms and conditions of service.

The Trust has four out-of-hours rotas staffed by junior doctors. All rotas meet 2002 and 2016 Junior Doctors Contracts and Working Time Regulations for hours of work and rest by design. The doctors on 2002 contract have their rotas monitored for compliance every six months and the doctors on 2016 contract are able to raise any concerns via an electronic exception reporting system.

From 01/04/18 to 31/03/19, four exception reports were received. These related to three regarding Hours/Rest, and one regarding education.

There were no requests for work schedule reviews during the year. Monitoring activity and exception reports have not highlighted any issues with shift lengths, rest or breaks and the rotas have been compliant.

3.3.4. Safety walkabouts

From 1 April 2018 to 31 March 2019, there have been 43 safety walkabouts across the Trust. The visits have taken place across a variety of community teams and inpatient wards. This has been well received by the staff as it has increased the visibility of directors, provided staff with the opportunity to meet and discuss achievements and challenges with directors, and has provided clarity about the function and role of the non-executive directors.

The reporting template continues to be reviewed in line with Trust priorities and this year, as a result of Freedom To Speak Up a question has been added and in relation to IT, an additional question regarding the Information Management Platform has been added. Smaller specialist teams and teams who are new to NWBH have been added to the Safety Walkabouts Schedule.

The safety walkabouts will continue under the refreshed Quality Strategy for 2018-2021.

3.3.5. Least Restrictive Practice

The Trust Least Restrictive Practice Group developed a work plan for 2018-19 which was approved by the Trust Quality & Safety Meeting.

Within the work plan it was agreed that during 2018-2019 the group would concentrate on ensuring policies and procedures relating to restrictive practice would be reviewed to ensure they were current and fit for purpose. To date we have reviewed and/or rewritten the following;

- Observation and Engagement
- Section 17 Leave
- Absent Without Leave
- Escort
- Self-Harm

In addition the group has developed and written a new overarching Least Restrictive Practice Policy and Least Restrictive Practice Intervention Procedure. It is planned that over the next year existing policies such as Observation and Engagement and Preventing and Managing Violence and Aggression will be removed and replaced with procedures to support the Least Restrictive Practice agenda.

The introduction of the No Force First Bill in November has meant further changes will be needed to the reporting of restraint particularly where there is police involvement. The chair and Trust Governance Team have started to review gaps to Datix to support future reporting requirements. The chair of the group has also been identified as the Trust Lead which is a requirement under the Bill.

The main body of work for the group has been the development of an inpatient model, initially for the Adult Acute Wards but with a remit to extend this to Later Life and Memory Services, Secure Services and Learning Disability. A Trust wide Positive Behaviour Support Strategy will be developed which will see the work extending in to the community.

3.3.6. National award winners

We have enjoyed another year of awards success, having won and been shortlisted for a number of national awards.

In June 2018, our Trust, State of Mind Sport, Offload Rugby League and Warrington Wolves joined forces to break the world record and raise awareness of mental health by hosting the world's largest mental health awareness lesson.

The four organisations now officially hold the new world record, after 857 people attended to support the challenge. The previous world record was 688 people and was achieved in Chennai in India earlier in 2018. The mental health lesson was led by nurse consultant Dr Phil Cooper (MBE), along with former and current rugby league players.

In June 2018, the Occupational Health Team won the Healthcare People Management Association (HPMA) Vivup award for wellbeing. The award was for delivering a successful workplace cognitive behavioural therapy (CBT) and exercise-based stress management programme.

In June 2018, St Helens Cares – a partnership of local health and care organisations aimed providing an integrated approach to supporting people to live well – topped the Care and Health Integration category at the Municipal Journal (MJ) Achievement Awards.

In July 2018, Kealy Wheatcroft, Health Liaison and Diversion Facilitator, won the Rising Star Award at the Greater Manchester Health and Care Champions Awards. She was recognised for the passion she demonstrates to her role and the integral part she played in raising the profile of the Criminal Justice Liaison and Diversion Service with the police and other agencies, leading to a significant increase in referrals to the service.

During the award ceremony, special recognition was given to Greater Manchester's 280,000+ unwaged carers. One of the winners of the Outstanding Carer Award was John Chiocchi, Highly Specialist Peer Support Worker. John has been a carer for his eldest son for many years which is what led him to volunteer for our Trust, leading to paid employment.

In September 2018, our Integrated Anti-Stalking Unit service won the Working in Partnership award at Cheshire Police's Achieving Cheshire Excellence (ACE) Awards. The award recognised the innovative partnership working between Cheshire Police and our Trust to minimise risks associated with stalking and keep victims of stalking safer.

In September 2018, the Building Attachment and Bonds Service (BABS) received the National Maternal Mental Health Alliance 2018 Award for Best Family Focused Service for the work they do in supporting parents to build secure attachments and loving bonds with their babies, whilst breaking negative life cycles.

The specialist community-based service supports parents, infants, families and professionals in Knowsley.

In October 2018, our Halton Later Life and Memory Service Care Home Liaison Team was awarded a Halton Borough Council Just Do It award for the work they do with care homes and GP practices to facilitate more effective partnership working and improve patient care.

In November 2018, the eating disorder charity Beat presented our Medical Director, Professor Sandeep Ranote, with an Innovation in Eating Disorders award for her work helping provide eating disorder training and prevention measures for schools across the North West.

In November 2018, Melissa Brown, Resourcing Team Leader, won the Rising Star Award at the Healthcare People Management Association (HPMA) North West Awards.

In March 2019, Michelle Tasci, Acting Human Resources Advisor, and Jurgita Smith, Business Administration Apprentice, both won Apprentice of the Year for their category of study at the South and West Cheshire Colleges' Students Award Ceremony.

3.3.7. Infection prevention and control

The Trust continues to maintain compliance with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (updated 2015), and also adheres to national cleaning standards.

The organisational framework for the oversight for delivery of infection prevention and control is through the Trust Infection Prevention and Control Committee and the approved annual work plan. This includes education, audit and a monitoring programme to prevent healthcare associated infections within the Trust.

The Infection Prevention and Control Team has continued promoting Sepsis awareness, working with our Education department and specialist nurses to incorporate Sepsis into training such as Tissue Viability, Continence, basic Life support and immediate Life support. Including Sepsis into existing mandatory training ensures all staff of all grades across the organisation have an awareness of the symptoms of Sepsis. Building further on this agenda the team have contributed to designing a sepsis alert and prompt on the trust RIO system in response to NEWS2 scores. The aim is to promote early recognition of this life-threatening condition and ensure prompt action to secure the best outcome for patients.

The team has continued to deliver the responsibilities under our service level agreement with Knowsley Clinical Commissioning Group and Knowsley Council. This has included the provision and delivery of providing support, advice, auditing and education to Knowsley GPs, Practice nurses, dentists, schools, care homes, nurseries and the general public. In addition to this work the team are currently working on delivery of 30 root cause analyses on Gram Negative Blood stream infection cases. This work will enable Knowsley Public Health and CCG to target reduction strategies appropriately, supporting the Gram Negative Blood stream infection reduction action plan.

An Infection Prevention and Control award system was introduced last year to highlight the achievements of our staff and in particular the infection prevention and control link practitioners within operational services. The Infection Prevention and Control Team continues to undertake quality assurance spot-checks involving our service user involvement representatives; whose continued support is invaluable to delivery of this important agenda. Wards that achieve an extremely high score in their first unannounced infection control audit are awarded gold, silver or bronze awards for excellent infection prevention and control standards and practice. This year our inpatient wards have achieved a higher level of award than last year, with seven wards achieving gold, six wards silver and two were presented with bronze awards.

The Infection Prevention and control team has faced challenges regarding staffing and skill mix versus increased work load this year. The role of an Infection Prevention and Control nurse is highly specialised and requires a lengthy period of learning in practice to gain adequate exposure to complex and varied situations/incidents and gaining the recognised professional qualification. There is a recognised shortage of Infection Prevention and Control Nurses nationally. Therefore action has been taken to address this by 'growing our own' and with succession planning. Two newly appointed staff from our Mental health services have joined the team in the last year, beginning their path into a career in infection prevention and control, working towards ensuring a future supply of required specialist talent in this essential field.

The Infection Prevention and Control Team has supported Occupational Health with the influenza campaign for the four year running which has been a great success and has increased the Trust workforce resilience and health, in turn, protecting many of our service users and families.

Significant progress has been made this year in the uptake of Inpatient Influenza vaccination. We have nearly doubled the amount of vaccines given to our inpatients from last year's figures, providing valuable protection to our most vulnerable service users. We aim to continue to increase these numbers in the next Flu season with continued joined up working, education and support offered to our flu champions within the inpatient wards.

Weekly surveillance continues to be undertaken by the Infection Prevention and Control Team, enabling quick identification of infections occurring on wards within the Trust. Further enhanced surveillance is now being collected to allow a more detailed analysis of diagnosis and prescribing patterns regarding urine infections which will further assist in the Trust's antimicrobial resistance agenda.

The Infection Prevention and Control Team remain vigilant in the surveillance and monitoring of emerging multi-drug resistant organisms such as Carbapenemase Resistant Enterobacteriaceae. The antimicrobial resistance agenda continues to be of upmost importance and is one of the biggest threats to the public's health in recent times. The team is working closely with local partners and the medicines management team to deal with the rising concerns over anti-microbial prescribing and emerging multi-drug resistant organisms.

The Trust continues to report on healthcare associated infections as part of the national mandatory return which currently includes Clostridium Difficile Infection, bloodstream infections due to Methicillin-Resistant Staphylococcus Aureus, Methicillin Sensitive Staphylococcus Aureus and Escherichia Coli. There have been no reported Blood stream infections and no Clostridium Difficile infections attributed to the trust.

The Infection Prevention and Control Team continue to respond to all reports of infectious diseases and conditions both in community and inpatient areas. The team also monitors local epidemiology and surveillance reports to predict areas of risk and level of responses required. The team works closely with Public Health England, clinical commissioning groups and the respective local authorities to ensure information, advice and support is readily available for staff and public.

The Infection Control and Prevention Team is now finalising plans for delivery of the service during 2019/20 to provide assurance that the Trust's high standards around infection prevention and control are maintained across all services.

3.3.8. Coaching programme

During 2018/19, the Trust continued to develop the Trust's coaching capacity with 26 senior leaders holding professional coaching qualifications to support the delivery of the Trust's coaching strategy, and five coach supervisors.

This strategy focuses on the continuous development of a coaching culture across the Trust to improve performance and to enable staff at all levels to take personal accountability, encourage them to take responsibility, make their own decisions and take action to deliver quality improvements for staff, patients and service users.

A range of coaching sessions have been facilitated by members of our executive and non-executive directors to support development of leadership within the organisation.

3.3.9. Business development

North West Boroughs Healthcare NHS Foundation Trust Board and Council of Governors have reaffirmed their commitment to the Trust's overall purpose, and strategic priorities which were first determined in the Trust Strategy for 2018/21. These priorities continue to remain fit for purpose and have been central to developing and delivering services, either directly or in partnership with other organisations.

During 2018-19, the Trust has continued to demonstrate its success in bidding and winning new services, and retaining existing services in partnership with other NHS providers, third sector partners and independent sector providers. These new and retained services have continued to enhance care pathways, supported new service developments and contributed to delivering the Trust's vision to deliver whole person care services.

Working in partnership has been a key focus for the Trust over the financial year in line with our strategy. This approach is one of the ways in which the Trust sets apart within the system and positions the Trust positively in the future likely landscape.

In line with the planning assumption noted at the start of 2018-19, the number of new business opportunities during the year has been fewer than the previous year (2017-18).

Following a successful partnership bid with Greater Manchester Mental Health NHS Foundation Trust to deliver Community Child and Adolescent Mental Health Services (CAMHS) in Bolton, the service went live on 1 April 2018. Over 40 members of staff were seamlessly transferred to the partnership arrangement between the two Trusts. Since that time, the Partnership has been working with the Bolton CAMHS team to implement delivery of the new Thrive model of care which is a new conceptual framework where need is measured under five categories: thriving; getting advice; getting help; getting more help; and, risk support. The model has been used to organise services and to help children and young people with mental health problems, their families, carers and professionals access the most effective interventions.

From June 2018, the Trust commenced delivering Occupational Health services to employees of Knowsley Council. Services include monitoring sickness absence referrals, medical examinations, health surveillance, protection against infectious diseases and a podiatry service. These services are similar to existing provision the trust already provides to Halton Borough Council employees.

Since the spring of 2018, the Trust has been delivering a “No Wrong Door” transformation initiative in three residential homes in the borough of Wigan. The initiative aims to meet the needs of vulnerable children and young people, and enhancing the current CAMHS and Looked After Children (LAC) service in the borough. This service comprises of a multi-disciplinary team working in partnership with residential staff, outreach workers, police, mental health professionals, education and accommodation support officers.

Wigan Borough Council awarded a contract to the Trust to deliver a School Link Service in the borough of Wigan. Qualified mental health professionals work closely with an agreed number of school’s Special Educational Needs Coordinators (SENCO), pastoral teams and mental health champions to provide advice, support and training for professionals working with children and young people. The team is an extension of the CAMHS Single Point of Access Team acting as the first point of contact for professionals who have concerns about a child / young person’s emotional needs and mental health within the school environment.

Due to the success of the Cheshire and Merseyside Specialist Perinatal Mental Health service, which was responsible for 20% of the national increase in the number of women seen, the Trust was successful in receiving additional NHS England Transformation Funding to extend the service operating across the Trust’s footprint and which is part of the Cheshire and Merseyside service delivered with the Trust’s partners.

The Trust secured two contracts within Greater Manchester, both in partnership with other providers across Greater Manchester. The first provides a Youth Justice support programme in partnership with the Strategic Clinical Network for Greater Manchester and Eastern Cheshire and the Greater Manchester Health and Social Care Partnership. Another opportunity, building on our already successful partnership with Greater Manchester Mental Health NHS Foundation Trust, provides a Rapid Response Team across Bolton and Wigan for young people in crisis and at risk of admission to Specialist Child and Adolescent Mental Health services.

The Trust has received non-recurrent funding to pilot two services from the NHS England Transforming Care Partnership. During 2018-19 and into the next year, the Trust will pilot a new approach to supporting adults with a learning disability who are at risk of admission to hospital with intensive community support. The second bid focuses on reducing waiting times for assessment for autistic spectrum disorder and supporting the development of a post-diagnostic service, with a view to securing investment for the future.

On 1 August 2018, the Trust, as lead provider, working with Greater Manchester Police, Pennine Care NHS Foundation Trust and Greater Manchester Mental Health NHS Foundation Trust launched the Greater Manchester Triage service. The service is commissioned by Greater Manchester Combined Authority and the 10 Greater Manchester Clinical Commissioning Groups. The service provides trained Mental Health practitioners, based at the new Police communications Centre at Clayton Brook, to provide telephone support to uniformed officers across Greater Manchester who come into contact with people with a suspected mental health issue.

In December, the Trust commenced delivering a Work Wise project in St Helens with funding from the Work and Health Unit (funded by the Department of Work and Pensions and the Department of Health and Social Care). The project aims to enhance the self-management resources helping people with musculoskeletal conditions accessing the St Helens Musculoskeletal Service to remain in work, or return to work.

The Learning Disability Training Alliance, hosted by the Trust, secured non-recurrent funding from the Cheshire and Merseyside Transforming Care Partnership, for the development and delivery of a training package for parents and front line carers to support people with Learning Disabilities and / or Autism, focusing particularly on Equality, Diversity and Inclusion.

The Trust has collaborated with the University of Liverpool to develop, publish, and disseminate a best practice guidance and case study series on mental health care in a maternity and neonatal setting that includes best practice principles and recommendations. This will guide service development and guide staff in best practice, including obstetric and neonatal doctors, sonographers, midwives, neonatal nurses and maternity support workers, to deliver high-quality care that supports the mental health and emotional wellbeing of women and their families in the maternity and neonatal settings.

3.3.10. Medicines supply service with Rowlands Pharmacy

In 2017, the Trust launched a new medicines supply service, with Rowlands Pharmacy as the sole provider of medicines. The new service delivery model focused on strengthening the medicines management infrastructure to further improve the accessibility of medicines for our service users and carers.

The Rowlands medicine supply service is now established bringing consistencies and other benefits across the Trust; these include; twice daily inpatient deliveries to minimise missed doses, a seven day service and improving access to medicines through the utilisation of the Rowlands Community Pharmacy chain. The same initiative also led to the formation of the Medicines Management out of hours advisory service to support clinical decision making 24 hours a day.

3.3.11. Health and wellbeing

The Trust's Health and Wellbeing Strategy has been implemented. The Trust has an established yearly calendar of health and wellbeing events and initiatives such as Nutrition and Hydration Week, Stress Awareness Month, Dry January, the NHS Games, Work Out at Work Day, Sport Relief and World Mental Health Day. The Trust is proud to continue support of the national State of Mind charity and campaign to improve mental health and wellbeing within sports and leisure. The Trust has implemented a Why Weight programme, to support our staff with health and weight management. This programme launched in January 2019, and was well received by our staff.

Staff have 24-hour access to free health and wellbeing centres within Knowsley, Warrington and Wigan, containing a fully equipped gym and a virtual exercise class facilities, enabling staff to choose and perform a wide variety of exercise classes. In addition, free weekly instructor-led classes are offered including Pilates, circuit training and yoga.

The Health and Wellbeing Strategy aims to improve the opportunity for both staff and service users to increase their physical activity and consequently improve their health and wellbeing. The Trust understands that promoting a healthy lifestyle and encouraging physical activity benefits both the physical and mental health of our service users.

The Trust has achieved its CQIN targets for flu vaccinations, and is within the top ten mental health and community Trusts for flu vaccination uptake.

Mental health and emotional wellbeing remains a top priority in terms of staff health and wellbeing. As such, the Trust offers staff an eight-week mindfulness programme which has demonstrated positive results. The stress management programme devised and delivered by Occupational Health has also produced very positive outcomes, resulting in a case study being published in a national occupational health journal. The occupational health department for this programme won the health and wellbeing category for the Health Care People Managers Association national award in June 2018 for this innovative programme.

The occupational health department was inspected as part of the SEQOSH accreditation. This was a detailed inspection of how the service was delivered. This resulted in the service being classified as highly commended with no recommendations. The department was then featured in a number of publications.

A fitness facilitator's course was developed and introduced in 2017 and continues to enable our staff to facilitate gym sessions with service users. This has seen an increase in both staff and service user use of the gym facilities across the various gyms throughout the Trust and will positively impact on service user experience.

3.3.12. NHS Improvement reporting requirements 2018/19

NHS Improvement is the sector regulator for health services in England. Its role is to protect and promote the interests of patients and ensure care organisations are well-led and run efficiently so they can continue delivering quality services for patients in the future.

NHS Improvement requires the Trust to include the following in our Quality Report:

- The director's statement of responsibility at Annex 2
- The external assurance on the content of the Quality Report. This is the report of an audit undertaken by an independent organisation on both the content of the Quality Report and assurance for indicators 1 and 2 below:
 1. Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral
 2. Inappropriate out-of-area placements for adult mental health services

Details of the criteria for indicators 1 and 2 are included within Annex 9.

Grant Thornton undertook the audit on the above elements. Their external assurance statement is included at Annex 7.

3.4. Engagement and responsiveness

3.4.1. Council of Governors

As a foundation trust, local people can become members of our Trust and can elect governors. One of the roles of the governors is to represent the interests of members and the public. The Council of Governors and the Trust Board work together to determine the future strategy and forward plan of the Trust.

The Council of Governors and the Governors' Assurance Committee have contributed to the Quality Account through:

- Influencing and agreeing the quality priorities for the year ahead
- Receiving regular reports detailing progress against the Quality Account
- Providing a supporting statement for the Quality Account (Annex 1)

- Choosing a quality indicator to be externally audited
- Receiving the external assurance statement in the form of a governors' report from the Trust external auditors

3.4.2. Involving service users in patient safety

Patients, service users and carers are seen as a vital component of the Patient Safety Framework. They are involved in the following ways:

- Membership of the Quality Committee – a committee of Trust Board
- Membership of the Lessons Learned Forum
- Collaborative quality visit review teams
- Patient-led assessments of the care environment inspection teams
- Safeguarding Panel

By involving service users in the patient safety framework and taking into account their insight and experience, the Trust has been able to improve the quality of the actions implemented to enhance patient safety within the services provided.

3.4.3. Trust service user and carer forums

Forums are a crucial part of our work in involving communities in the business of the Trust. Forums enable members of the community, irrespective of whether or not they have had any engagement with the Trust previously or currently, to raise queries and have conversations with the most senior members of the organisation, including the Chief Executive and Chairman.

During 2018/19, 15 service user and carer forums have taken place across the Trust. Our service user and carer forums and events have been successfully held over the past year which included 'take it to the top' sessions led by our Chief Executive and Chairman, and benefit from the consistent support of foundation trust governors.

The Trust runs monthly service user and carer forums across the Trust designed to:

- Increase engagement with the wider community
- Increase knowledge of our activity within a locality
- Promote North West Boroughs NHS Foundation Trust
- Enable local people to ask questions directly to senior leaders within the Trust

Our key partners all have robust connections within their communities and they support the forums by attending and publicising across their membership. This includes all our local Healthwatch organisations and carers centres, plus local service user representative and peer support groups.

The list below is not exhaustive, but is representative of our third sector partners who regularly participate in their borough forum:

- Healthwatch
- Carers' centres
- Local Speak Out/Up learning disability groups
- MIND
- Clinical commissioning group engagement leads (as central liaison with patient participation groups)
- Alzheimer's Society
- Age Concern

Trust representation includes:

- Chief Executive and/or Chairman
- Borough leadership team representative(s)
- Council of Governors

3.4.4. Trust Involvement Scheme

The Trust is committed to involving patients, service users, carers and volunteers in a wide range of our business. We acknowledge and appreciate the unique contribution they make by sharing their experience of living with a health problem and using health services personally or in a caring role. This form of 'experts by experience' is not available from any other source.

In recognition, the Trust has developed an Involvement Scheme designed to provide a safe and efficient process to enable volunteers to become involved in all stages of designing, delivering and monitoring Trust services. Recent work undertaken by volunteers includes:

- Ward activities – volunteers assist staff on inpatient units across Halton, Knowsley, St Helens, Warrington and Wigan. They carry out a wide of activities including; music sessions, reading newspapers, walking basketball, taking a dog on wards and general social interaction.
- Face Forward – service users are trained and supported to design and deliver a wide range of activities covering health, art, and social activities to fellow service users, carers and members of the public in Knowsley.
- Criminal Justice Liaison Team – two people, both previously volunteers with the Involvement Scheme, who have lived experience of the Criminal Justice and Mental Health systems have gained employment within the team. They are now supporting others to volunteer within the Criminal Justice Liaison Team.
- Gardening project – volunteers work with service users from community teams and inpatients tending an area of raised beds and a copse at our Peasley Cross site.
- Smoke free – volunteers visit inpatient wards to promote the benefits of going smoke free and support service users to access inpatient and community based smoke free resources.
- Managing emotions sessions – have been co-designed and are co-delivered by volunteers with lived experience in Wigan.
- Membership on editorial committee to produce Reflect magazine.
- Sharing personal experiences of using services with students in Edge Hill University.
- Medical Devices committee- we have a service user representative on this committee
- Lessons Learned Groups – each localities Lessoned Learnt Group includes a member of the Involvement y Scheme in order to ensure the voice of service users and carers is heard and to demonstrate transparency.
- Recruitment panels – Service users and carers have continued to take part in staff recruitment panels. This has included training groups of young people in Sefton and people with Learning Disabilities from Knowsley and St Helens in Values Based Interviewing and supporting them to design their own questions and scoring systems.
- Supporting volunteers to establish or relaunch independent community groups such as Halewood Health Forum, Wigan People's Voice and Halton Carers Group with the Trust also supporting Halton Carers Group to obtain accommodation free of charge from Widnes Vikings.

Comments received from volunteers regarding the Involvement Scheme include:

- “Volunteering has meant that I have been able to work with people suffering similar problems as my family member. ... It has also given me power to work through very difficult times.”
- “I feel honoured for that chance thank you very much.”
- “It has given me the chance to give back something, which has helped me. Also it has trained and developed me to seek employment and give me back my independence.”

During the year, the Involvement Scheme Team has supported eleven service users and carers to obtain paid employment. Support has included assistance in completing application forms and providing individuals with mock interviews. Group training sessions have also been run to provide insight into the recruitment process and an opportunity to practice answering interview questions. As well as nine posts in our Trust, Involvement Scheme members gained paid employment with neighbouring care providers, Bridgewater NHS Trust and Imagine.

3.4.5. Annual involvement events

The Trust’s annual involvement scheme event – Ignite Your Life – was held on 11 July 2018 and was attended by more than 150 patients, service users, carers, volunteers, staff and representatives from local third sector organisations.

The celebration of the past year’s involvement began with joint presentations from service users, carers and staff describing the involvement opportunities carried out over the last 12 months and the difference they have made.

The event also included the presentation of 100 Hours Recognition Awards to 50 volunteers.

The Harry Blackman Memorial Trophy for 2017 was presented to David W who had been in services for many years. David carried out a number of innovative activities including physical activities on wards and a community cycling group. Some months after winning the award, David gained paid employment in the Trust working directly with service users.

There were a number of interactive and creative workshops delivered by Trust staff, third sector organisations and Involvement Scheme members. These included, flower arranging, creating “comfort cushions”, chair based yoga, song writing, match box wellbeing reminders and furniture painting. There was also a performance by the Halton Learning Disability Samba Band.

Feedback from both those who ran the workshops and those who attended was overwhelmingly positive.

3.4.6. Working with local Healthwatch groups

During the year, we have worked closely with six local Healthwatch groups, this included attending and speaking at events. Healthwatch members are actively involved in our patient-led assessment of the care environment inspection teams. They also attend meetings of the Trust’s Patient and Public Involvement Working Group.

3.4.7. Patient experience

The Trust recognises that feedback from patients, service users, carers and families can – when gathered and used appropriately – form evidence to inform service improvements and share good practice. Overall, it can lead to improved experience and quality of care.

We produce reports from feedback captured from:

- NHS Friends and Family Test
- Service user and carer forums
- Patient Advice Liaison Services (PALS)
- Compliments, complaints and incidents
- Other feedback (Healthwatch, National Patient Survey)

A number of consultations with service users and carers were carried out across the Trust including as part of “Always Events” and Patient Flow projects. There was also a range of consultations on publicity and service user information.

There were ten Service User Carers Forums held over the year which rotated around boroughs. The first hour consists of an open question and answers session, ‘Take it to the Top’, which provides service users and carers with an opportunity to share experiences and question an Executive Director, usually the Chief Executive.

There were also eight forums on Secure Wards. These also begin with a Take it to the Top Session; these are fronted by a Non-Executive Director, usually the Chairman.

3.4.8. Friends and Family Test

Over the past 12 months, feedback from service users and their carers has shown that they are more likely to recommend the care we provide to their friends and family if they needed similar care or treatment.

The NHS Friends and Family Test provides every patient with an opportunity to feed back on the care provided to them, supporting us as a Trust to understand where people accessing our services are happy with the care provided or whether there are improvements needed.

The NHS Friends and Family Test consist of two sections:

- A single question asking patients whether they would recommend the NHS service they have received to their friends and family if they needed similar care or treatment.
- Open question(s) designed to ascertain the patients’ reasons for their decision.

Between April 2018 and March 2019, the Trust received 16 207 responses to the first question. See Annex 4 for tables highlighting results from Friends and Family Test for April 2018 and March 2019.

3.4.9. Carers Training, Education, Support Programme

We have developed a Training, Education Support programme (TES) for carers of people with a serious mental illness, including personality disorder. This is delivered by a carer with lived experience of caring for someone with mental health difficulties and frequent crisis behaviour. At the Greater Manchester Health and Care Awards 2018, the carer trainer was recognised with the “Outstanding Carer Award”.

An evaluation study paper has been published in the Journal of Mental Health Training, Education and Practice. This shows TES making real measurable clinical improvements for carer's mental wellbeing and ability to care.

Carers have been referred onto the course by recovery teams from St Helens, Warrington, Wigan, as well as Carers Centres in Halton, St Helens and Wigan.

3.4.10. Equality analysis

The Trust takes an integrated approach to equality, diversity and human rights analysis ensuring that all policies, service redesign and cost improvement plans have equality analysis review. In order to continually develop we have sort feedback from the users of the equality analysis forms and are reviewing the processes to make them more intuitive.

As part of the Cost Improvement Process and new Excel template has been developed with sections specifically for equality analysis, supporting the manager to go through each step of the process.

3.4.11. Equality Delivery System 2

The Equality Delivery System 2 benchmarking tool was published at the end of 2013. The changes to the tool now allow a more integrated approach with services and give trusts the opportunity (in partnership with their key stakeholders) to identify particular areas for priority and tailor the analysis to meet the needs of individual trusts.

Corporate services worked with the boroughs for examples of equality and diversity covering each aspect of the EDS2 process. To discuss the evidence with the third sector, commissioners and peers we held an event in Wigan. Senior management presented on the active role of the Board, Clinical Services and HR in furthering equality and diversity. This included a recent programme by HR to celebrate being a diverse employer. At the meeting we were also extremely pleased to have attendees from a learning disabilities organisation. To be inclusive we presented a pictorial agenda, had a variety of evidence in different formats, and utilised the easy guide grading systems, that was used by everyone. The discussions generated, and evaluation was incorporated into a Report and Action Plan. The Trust graded itself as 'developing' with areas of achieving.

Equality Delivery System 2 grading key

Excelling	Standards are delivered for all or nearly all of the protected characteristics
Achieving	Standards are delivered for five or more of the protected characteristics
Developing	Standards are delivered for three or more of the protected characteristics
Undeveloped	Standards are delivered for two or fewer of the protected characteristics

4. Annexes

Annex 1 – Supporting statements from NHS England or relevant clinical commissioning groups, Healthwatch groups and overview and scrutiny committees

St Helens and Knowsley Clinical Commissioning Groups


St Helens Clinical Commissioning Group


Knowsley
Clinical Commissioning Group

Nutgrove Villa
Westmorland
Road Huyton
Liverpool
Merseyside
L36 6GA

0151 244 4126

24th May 2019

Simon Barber
Chief Executive
North West Boroughs Healthcare NHS Foundation Trust
Hollins Park House, Hollins Lane
Winwick, Warrington
WA28WA

Dear Simon

North West Boroughs Healthcare NHS Foundation Trust Quality Account 2018/19

NHS Knowsley Clinical Commissioning Group and NHS St Helens Clinical Commissioning Group welcome the opportunity to comment on the North West Boroughs Healthcare NHS Foundation Trust Quality Account for 2018/19.

The CCGs acknowledge the progress made against the 2018/19 quality priorities:

- Priority 1: Always Events (second year)
- Priority 2: Safety Huddles
- Priority 3: Team Clinical Supervision
- Priority 4: Service User and Carer Involvement

The CCGs note that each of the priority areas were met during 2018/19 and that both development of an delivery of priorities included service users and involvement scheme members.

Looking forward to 2019/20 the priorities have continued to show commitment to safety, effectiveness and experience.

- Priority 1: Clinical Supervision
- Priority 2: Lived Experience Peer Support Worker Roles
- Priority 3: Being Open
- Priority 4: Recognising and Managing the Physically Deteriorating Patient

The Clinical Supervision, Lived Experience Peer Support Worker Roles and Being Open priorities all build upon the work of previous quality priorities. The review of the draft quality accounts led to a suggestion that further narrative could be included to explain how the Peer Support Worker Roles would work and the specific benefits expected.

Chair: Dr Andrew Pryce

Chief Executive: Dianne Johnson

Knowsley.CCGCommunications@knowsley.nhs.uk

The Being Open priority was discussed at the stakeholder workshop and the use of team culture assessment was explored. Whilst the trust is still evaluating this option following pilot work, it may be an opportunity to align team cultural assessment to this priority during the year.

The Recognising and Managing the Physically Deteriorating Patient priority supports the system wide sepsis prevention and management work.

In addition the CCGs are aware of the improvements made during 2018/19 following concerns raised about Serious Incident investigation and learning. There is limited reference to this within the Quality Accounts and could further demonstrate the commitment to learning.

Moving to 2019/20 the Trust has planned to improve the transition from learning lessons following Serious Incidents to implementing improvements in patient care. This again is limited in the narrative of the Quality Account.

NHS Knowsley Clinical Commissioning Group and NHS St Helens Clinical Commissioning Group will continue to monitor North West Boroughs Healthcare NHS Foundation Trust through the Quality, Safety and Safeguarding (QSSG) 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



DIANNE JOHNSON
CHIEF EXECUTIVE
NHS KNOWSLEY
CLINICAL COMMISSIONING GROUP



LISA ELLIS
CHIEF NURSE
NHS ST HELENS CLINICAL
COMMISSIONING GROUP



Mr S Barber
Chief Executive
North West Boroughs Healthcare
NHS Foundation Trust
Hollins Park House
Hollins Park Hospital,
Hollins Lane,
Winwick,
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WA2 8WA

Second Floor
Arpley House
110 Birchwood Boulevard
Birchwood
Warrington
WA3 7QH

01925 843636

24th May 2019

Dear Simon,

Re: Quality Accounts 2018 - 2019

I am writing to express my thanks for the submission of North West Boroughs NHS Foundation Trust Quality Account Report for 2018-2019 and for the presentation given by Gail Briers, 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:

Safety

- **Always Events (year two); and Safety Huddles**
We heard that during the year 2018/19, this quality priority was realigned to the National NHS Improvement programme 'Always Events'. There have been some changes to the structure of how the priority was delivered, however the milestones set at the beginning of the year have been successfully completed. The work continues to be a priority for the Trust and will be monitored by the Quality Committee as part of the Quality Strategy implementation.
- **Safety huddles** have been successfully implemented in all boroughs of the Trust during 2018/19 and have been well received by staff at all levels. Each Borough were given the principles of safety huddles and has taken these forward in ways that are tailored to the services locally. The next phase of safety huddles is to collate a framework and model, based on the evaluation of safety huddles and ensure best practice across the Trust.

Effectiveness

- **Clinical Supervision** All milestones have been met for this priority, culminating in the launch of the Trusts electronic platform 'MySupervision' to all staff in March 2019. This quality priority will continue on to a second year to focus on the impact on quality and safety of effective supervision

Experience

- **Service user and carer involvement** all milestones have been met for this priority. In 2018/19 the Trust also had an objective set for 2018-21 to increase the number of peer support worker roles employed by the Trust and this will form a second year priority for 2019/20.

Stakeholders acknowledged that there had been some challenges in year in regard to:

- Compliance with serious incident framework
- Children and young people's in-patient unit.
- Delivering an ADHD NICE concordat model
- Thematic reviews
- Hot spots clinical vacancies particularly psychology
- Mental health Assessment Teams

Stakeholders expressed their congratulations on the Trust receiving an overall Good rating awarded by the Care Quality Commission (CQC) and commend staff for all the hard work and dedication in achieving this. The areas requiring improvement in regard to in-patient learning disability services and in-patient Older People services are subject to an action plan which will be monitored with commissioner's oversight at contract meetings.

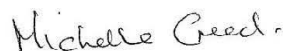
NHS Halton & NHS Warrington CCGs noted the Trusts Improvement Priorities for 2019 - 2020

1. Safety – Recognising and managing the deteriorating patient
2. Safety – Being Open
3. Effectiveness – Team Clinical Supervision (year two)
4. Experience – Peer Support Worker Roles (with lived experience)

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 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
Chief Nurse

Cc
Gail Briers
Dr Andrew Davies



Wigan Borough Clinical Commissioning Group

Wigan Borough Clinical Commissioning Group Response the North West Boroughs Healthcare NHS Foundation Trust Quality Account 2018/19

Wigan Borough Clinical Commissioning Group (the CCG) welcomes the opportunity to comment on the tenth Quality Account for North West Boroughs Healthcare NHS Foundation Trust.

Notable successes in relation the 2018/19 quality priorities have included:

- The implementation of safety huddles
- Improvements to clinical supervision including the launch of the electronic platform 'MySupervision' to all staff in March 2019
- Support for service users, carers and those with lived experience to work with the Trust to enhance quality, safety and effectiveness

Whilst we recognise that the Trust has made considerable improvements across a number of areas during 2018/19 there have also been challenges in the Wigan Borough. Examples include the performance of the Wigan Assessment Team and Child and Adolescent Mental Health Service (CAMHS). The CCG has and continues to work with the Trust to support improvements in both areas.

During 2018/19 the CCG has worked closely with the Trust to support the development of a new Suicide Prevention Strategy and work plan that was published in January 2019. We will monitor progress with the work plan during the coming year and await the outcome of the recently commissioned thematic review of suicides to further support the suicide prevention agenda.

We note that the Trust received an overall rating of 'Good' following the inspection that took place in June 2018, however wards for older people with mental health problems were rated as 'Inadequate'. We have monitored the Trusts improvement work in this area via the Quality, Safety and Safeguarding Group and will continue to do so during 2019/20.

The CCG was pleased to have the opportunity to contribute to development of the 2019/20 quality priorities at the Quality Account Stakeholder Event held in January 2019 and welcomes the Trusts plans to focus on:

- Recognising and managing the physically deteriorating patient
- Implementing Lived Experience Peer Support Worker roles
- Being Open, including strengthening the Family Liaison Officer role
- Further enhancing clinical supervision

Compliance with Care Programme Approach (CPA) also remains a priority area for improvement for the CCG and we will continue to review the Trusts actions to improve compliance during 2019/20.

The CCG will continue work in partnership with the Trust and other stakeholders during 2019/20 to ensure the continuous focus upon improvement in order to provide the best possible care for our patients.

Dr Tim Dalton, Chairman, Wigan Borough Clinical Commissioning Group
24 May 2019



Simon Barber
Chief Executive
North West Boroughs Healthcare NHS
Foundation Trust
Hollins Park House
Hollins Lane
Winwick, Warrington
WA3 BWA

Our Ref EST/NWB

If you telephone 0151 511 7398
Please ask for: Emma Sutton-Thompson

Date 16th May 2019

E-Mail address Emma.Sutton-Thompson@halton.gov.uk

Dear Simon,

Quality Accounts 2018 - 2019

Further the Joint Quality Accounts event held on 10th May 2019 that your colleagues Gail Briers and Charlie Garvey attended to present a summary of your Quality Accounts, I am writing with the Health Policy and Performance Board comments. The Health Policy and Performance Board particularly noted the following key areas:

During the year 2018/19 the Board were pleased to note that North West Boroughs Healthcare NHS Foundation Trust (NWB) made progress against the following areas:

- Leadership review and the introduction of 'Head of Quality';
- 'Good' overall CQC rating maintained in the well-led inspection; and
- Fully met Safety - Always Events and Safety Huddles, Effectiveness - Clinical Supervision and Experience - Service User and Carer involvement.

The Board noted that the Trust have experienced some in-year challenges including CQC highlighting areas for improvement regarding inpatient LLAMS and LD Services and look forward to hearing about progress with these services in due course.

It's all happening IN HALTON

People Directorate
Town Hall, Heath Road, Runcorn, Cheshire WA7 5TD
Tel: 0151 511 6941





The Board are pleased to note the following Improvement Priorities for 2019 – 2020:

- **Safety** - Recognising and managing the deteriorating patient and Being Open;
- **Effectiveness** - Team Clinical Supervision (year two); and
- **Experience** - Peer Support Worker Roles (with lived experience).

The Board would like to thank NWB for the opportunity to comment on these Quality Accounts.

Yours sincerely,

PP

Councillor Joan Lowe
Chair, Health Policy and Performance Board

It's all happening IN HALTON

People Directorate
Town Hall, Heath Road, Runcorn, Cheshire WA7 5TD
Tel: 0151 511 6941



Annex 2 – Statement of directors’ responsibility 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.

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) 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 period April 2018 to April 2019
 - Papers relating to quality reported to the Board over the period April 2018 to April 2019
 - Feedback from the commissioners dated 16 and 24 May 2019
 - The Trust’s complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, to be published 28 May 2019
 - The 2017 national patient survey published 22 November 2018
 - The 2018 national staff survey published 8 October 2018
 - The Head of Internal Audit’s annual opinion over the Trust’s control environment dated 22 May 2019
 - Care Quality Commission inspection report dated 10 October 2018
- 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.
- The Quality Report has been prepared in accordance with NHS Improvement’s annual reporting manual and supporting 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.



Helen Bellairs, **Chairman**
24 May 2019



Simon Barber, **Chief Executive**
North West Boroughs Healthcare NHS Foundation Trust
24 May 2019

Annex 3 – National Patient Survey results 2018

Background

Each year, since 2004, all NHS trusts providing mental health services have taken part in the Care Quality Commission National Patient Survey designed to gather information about service user experiences and assess how trusts are performing.

Response rate

At the end of 2017, 813 randomly selected service users who had been in contact with our Trust were contacted. A total of 195 service users from the Trust responded, representing 24 per cent of those sampled. This figure is lower than the national average (28 per cent).

Interpreting the report

For each question in the survey, the individual responses were converted into scores on a scale of 0 to 10. A score of 10 represents the best possible response. The Care Quality Commission asks that we note that a score of 8/10 does not mean 80 per cent of people who have used services in the Trust have had a particular experience (e.g. ticked 'yes' to a particular question), it means the trust has scored eight out of a maximum of 10.

A comparison is also given to show how the Trust compares to other mental health service providers.

Category	Ranking	Comparison with other trusts
Health and social care workers	7.2 / 10	About the same as other Trust
Organising care	8.4 / 10	About the same as other Trust
Planning care	6.7 / 10	About the same as other Trust
Reviewing care	7.4 / 10	About the same as other Trust
Changes in who people see	6.6 / 10	About the same as other Trust
Crisis care	6.9 / 10	About the same as other Trust
Medicines	6.7 / 10	About the same as other Trust
NHS Therapies	7.3 / 10	About the same as other Trust
Support and wellbeing	Too few responses to allow	
Overall views and experiences	6.9 / 10	About the same as other Trust
Overall experience	6.8 / 10	About the same

Annex 4 – Friends and Family Test

Monthly responses as a percentage who said they were ‘extremely likely’ or ‘likely’ to recommend our services.

Metrics	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Total responses	2151	2039	889	2242	996	1396	1233	1088	1057	1272	670	1174
% recommended (extremely likely and likely)	92.5	92.9	90.8	94.5	97.3	97.1	94.2	94.7	97.4	95.2	94.8	95.3
% non-recommended (unlikely and extremely unlikely)	1.4	1.9	4.5	1.4	0.8	1.0	2.9	2.7	0.8	1.2	1.9	1.0

Annex 5 – Care Quality Commission ratings table

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good ↑ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018
Forensic inpatient or secure wards	Good	Good	Good	Good	Good	Good
Child and adolescent mental health wards	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018
Wards for older people with mental health problems	Inadequate ↓ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018	Requires improvement ↓ Oct 2018	Inadequate ↓↓ Oct 2018	Inadequate ↓↓ Oct 2018
Wards for people with a learning disability or autism	Requires improvement ↓ Oct 2018	Requires improvement ↓ Oct 2018	Requires improvement ↓ Oct 2018	Requires improvement ↓ Oct 2018	Requires improvement ↓ Oct 2018	Requires improvement ↓ Oct 2018
Community-based mental health services for adults of working age	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018	Requires improvement ↓ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018
Mental health crisis services and health-based places of safety	Good Nov 2016	Good Nov 2016	Not rated	Good Nov 2016	Good Nov 2016	Good Nov 2016
Specialist community mental health services for children and young people	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Community-based mental health services for older people	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Community mental health services for people with a learning disability or autism	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Overall	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018	Requires improvement ↓ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018
Community health services for children and young people	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Community end of life care	Good Nov 2016	Good Nov 2016	Outstanding Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Overall*	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018	Good →↔ Oct 2018

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Annex 6 – Complaints Report 2018/19

Compliant with Regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

During the period 1 April 2018 to 31 March 2019:

- We received 221 complaints

Of the 221 complaints received:

- We closed 185 complaints; some were carried forward from the previous year

Of the 185 closed complaints:

- 181 (97%) complaints were acknowledged in three days or under following receipt
- 4 (2%) complaints were acknowledged over three days following receipt

Of these 185 closed complaints:

- 66 (36%) had none of the issues complained about upheld.
- 87 (47%) were well-founded (some or all of the issues complained about upheld).
- 32 (17%) were withdrawn or not progressed by the complainant.

During the reporting period, we were informed of 11 complaints which were referred to the Parliamentary and Health Service Ombudsman.

In total, the Ombudsman investigated two of the 11 complaints; one was partly upheld with recommendations and one is still under investigation.

Of the remaining nine complaints, three were closed with no investigation and no further contact has been received from the Ombudsman regarding the remaining six complaints.

The Ombudsman also concluded their investigation of one complaint which was carried forward from the previous year, this was upheld with recommendations.

Breakdown of themes of complaints (top five):

Previous year (2017/18):		2018/19	
Care issues	42%	Care	28%
Staff attitude	29%	Attitude of staff	18%
Communication	25%	Appointments/referrals/discharge	11%
Medication	11%	Communication	9%
Appointments/referrals/discharge	10%	Clinical treatment	6%

Please note, complaints can have more than one theme, consequently, the breakdown of themes can equate to more than 100 per cent. During 2018/19:

- We received **2,049** compliments
- We received **30** Members of Parliament enquiries
- We received **529** concerns

Annex 7 – Criteria for mandated indicators tested

1) Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral

Detailed descriptor

The proportion of people experiencing first episode psychosis or 'at risk mental state' who wait two weeks or less to start NICE-recommended package of care.

Numerator

The number of referrals to and within the Trust with suspected first episode psychosis or 'at risk mental state' that start a NICE-recommended care package in the reporting period within two weeks of referral.

Denominator

The number of referrals to and within the Trust with suspected first episode psychosis or at 'risk mental state' that start NICE-recommended care package in the reporting period.

Accountability

Achieving at least a 50 per cent rate of people with first episode psychosis treated with a NICE-approved package of care within two weeks of referral.

More detail about this indicator and the data can be found within the mental health community teams' activity section of the NHS England website.

2) Inappropriate out-of-area placements for adult mental health services

Detailed descriptor

Total number of bed days patients have spent inappropriately out-of-area. In *Detailed requirements of quality reports* we have specified that the indicator should be stated as a monthly average.

Data definition

An out-of-area placement for acute mental health inpatient care happens when: A person with assessed acute mental health needs who requires adult mental health acute inpatient care is admitted to a unit that does not form part of the usual local network of services.

Numerator

The number of out-of-area placements to the Trust's acute wards during the reporting period.

Denominator

The number of out-of-area placements to the Trust's acute wards during the reporting period.

Detailed guidance

More detail about this indicator and the data can be found in the out-of-area placements in mental health services for adults in acute inpatient care guidance on the governance services and information website gov.uk.

Annex 8 – Auditor's opinion on the Quality Report

Independent Practitioner's Limited Assurance Report to the Council of Governors of North West Boroughs Healthcare NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of North West Boroughs Healthcare NHS Foundation Trust to perform an independent limited assurance engagement in respect of North West Boroughs Healthcare NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and additional supporting guidance in the 'Detailed requirements for quality reports 2018/19' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- Early Intervention in Psychosis: people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE) approved care package within two weeks of referral;
- Inappropriate out-of-area placements for adult mental health services.

We refer to these national priority indicators collectively as "the indicators".

Respective responsibilities of the directors and Practitioner

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance issued by NHS Improvement.

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 is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance and the six dimensions of data quality set out in 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 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance 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 inconsistent with:

- Board minutes for the period 1 April 2018 to 28 May 2019;
- papers relating to quality reported to the Board over the period 1 April 2018 to 28 May 2019;
- feedback from commissioners dated 16 and 24 May 2019;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009, to be published on 28 May 2019;

- the national patient survey dated 22 November 2018;
- the national staff survey dated 8 October 2018;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 22 May 2019;
- the Care Quality Commission's inspection report dated 10 October 2018; and
- any other information obtained during our limited assurance engagement.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 (Revised) and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of North West Boroughs Healthcare NHS Foundation Trust as a body, to assist the Council of Governors in reporting North West Boroughs 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 North West Boroughs Healthcare NHS Foundation Trust for our work or this report, except 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'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is narrower 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 that can result in materially different measurements

and can affect 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 of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by North West Boroughs Healthcare NHS Foundation Trust.

Our audit work on the financial statements of North West Boroughs Healthcare NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as North West Boroughs Healthcare NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to North West Boroughs Healthcare NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to North West Boroughs Healthcare NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of North West Boroughs Healthcare NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than North West Boroughs Healthcare NHS Foundation Trust and North West Boroughs Healthcare NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2018/19'; and
- the indicators in the Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2018/19' and supporting guidance.

Grant Thornton UK LLP
Chartered Accountants
1 Whitehall Riverside,
Leeds
LS1 4BN
28 May 2019

Auditor's Report

Independent auditor's report to the Council of Governors of North West Boroughs Healthcare NHS Foundation Trust

Report on the Audit of the Financial Statements

Opinion

Our opinion on the financial statements is unmodified

We have audited the financial statements of North West Boroughs Healthcare NHS Foundation Trust (the 'Trust') for the year ended 31 March 2019 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Accounts Directions issued under the National Service Act 2006, the NHS foundation trust annual reporting manual 2018/19 and the Department of Health and Social Care group accounting manual 2018/19.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2019 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care group accounting manual 2018-19; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Material uncertainty related to going concern

We draw attention to note 1.2 in the financial statements which indicates that there is an element of risk within the Trust's operational plan for 2019/20 which will result in a cash shortfall if the risk materialises. This cash shortfall will be mitigated by obtaining loans from the Department of Health and Social Care. However, the timing is such that the loan funds have not been confirmed as committed by the Department of Health and Social Care at the date of our report. These events or conditions, along with the other matters explained in note 1.2 to the financial statements, indicate that a material uncertainty exists that may cast significant doubt about the Trust's ability to continue as a going concern. Our opinion is not modified in respect of this matter.



Overview of our audit approach

Financial statements audit

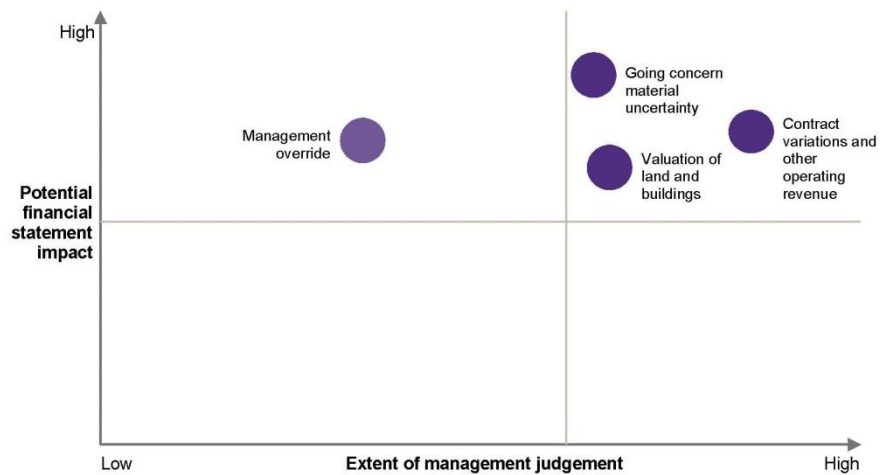
- Overall materiality: £3,183,000, which represents 1.69% of the Trust's gross operating costs (consisting of operating expenses and finance expenses);
- Key audit matters were identified as:
 - Going concern material uncertainty
 - Occurrence and accuracy of contract variations and other operating revenue.
 - Valuation of land and buildings.

Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

- We identified one significant risk in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources regarding the Trust's financial sustainability (see Report on other legal and regulatory requirements section).

Key audit matters

The graph below depicts the audit risks identified and their relative significance based on the extent of the financial statement impact and the extent of management judgement.



Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that 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 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. In addition to the matter described in the Material Uncertainty Related to Going Concern section, we have determined the matters described below to be the key audit matters to be communicated in our report.

Key Audit Matter

Risk 1: Occurrence and accuracy of contract variations and other operating revenue and existence of associated receivable balances

Approximately 90% of the Trust's income is from patient care activities and contracts with NHS commissioners and other NHS bodies. These contracts include the rates for and level of patient care activity to be undertaken by the Trust. We have rebutted this presumed risk for the revenue streams of the Trust that are principally derived from contracts that are agreed in advance at a fixed price. We have determined these to be income from:

- Block contract income element of patient care revenues
- Education & training income

We have not deemed it appropriate to rebut this presumed risk for all other material streams of patient care income specifically:

- contract variations
- other operating revenue.

The block contracts include the rates for and level of patient care activity to be undertaken by the Trust. The Trust recognises patient care activity income during the year based on the completion of these activities. Patient care activities provided that are additional to those incorporated in these contracts (e.g. contract variations) are subject to verification and agreement by the commissioners and may include estimates. As such, there is the risk that income is recognised in the accounts for these additional services that is not subsequently agreed to by the commissioners.

We have therefore identified the occurrence and accuracy of contract variations and other operating revenue (excluding education and training income) and the existence of associated receivable balances as a significant risk, which was one of the most significant assessed risks of material misstatement and a key audit matter.

Risk 2: Valuation of land and buildings

The Trust re-values its land and buildings on a regular basis to ensure that the carrying value is not materially different from current value in existing use. This represents a significant estimate by management in the financial statements.

We therefore identified valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement.

How the matter was addressed in the audit

Our audit work included, but was not restricted to:

- evaluating the Trust's accounting policy for recognition of income from patient care activities for appropriateness and compliance with the Department of Health and Social Care (DHSC) group accounting manual 2018/19
- updating our understanding of the Trust's system for accounting for income from patient care activities and evaluate the design of the associated controls
- agreeing on a sample basis income from contracts with commissioners to signed contracts
- agreeing a sample of any contract variations to supporting evidence
- assessing the Trust's estimates and judgments taken in order to arrive at the income recorded in the accounts
- examining variances in income and expenditure and receivables and payables between the Trust and other NHS Bodies of £300k and above
- agreeing income to NHSI notifications in respect of Provider Sustainability Funding.

Key observations

We obtained sufficient audit evidence to conclude that:

- the Trust's accounting policies for recognition of contract income and other operating revenue comply with the DHSC group accounting manual 2018-19 and have been applied appropriately
- income from patient care activities and other operating income and the associated receivable balances are not materially misstated.

Our audit work included, but was not restricted to:

- Evaluating management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work;
- Evaluating the competence, capabilities and objectivity of the Trust's valuation expert;
- Discussing with the Trust's valuer the basis on which the valuations were carried out and challenging the key assumptions applied;
- Challenging the information used by the valuer to assess completeness and consistency with our understanding;
- Testing, on a sample basis, revaluations made during the year to ensure they have been recorded accurately in the Trust's asset register;
- Evaluating the assumptions made by management for any assets not revalued during the year and how management has satisfied themselves that carrying value is not materially different to current value in existing use.

The Trust's accounting policy on valuation of land and buildings is shown in note 1.6 to the financial statements and related disclosures are included in note 15.

Key observations

We obtained sufficient audit evidence to conclude that

Key Audit Matter	How the matter was addressed in the audit
	<ul style="list-style-type: none"> the basis of the valuation of land and buildings was appropriate, and the assumptions and processes used by management in determining the estimate were reasonable; the valuation of land and buildings disclosed in the financial statements is reasonable.

Our application of materiality

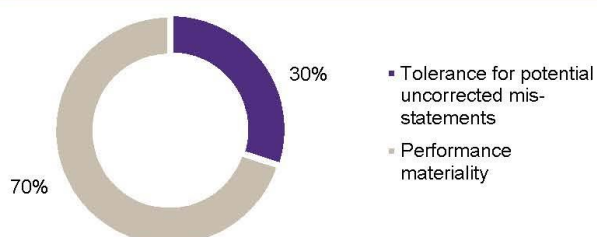
We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

Materiality was determined as follows:

Materiality Measure	Trust
Financial statements as a whole	£3,183,000 which is 1.69% of the Trust's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how the Trust has expended its revenue and other funding.
Performance materiality used to drive the extent of our testing	70% of financial statement materiality
Specific materiality	The senior officer remuneration disclosure in the Remuneration Report has been identified as an area requiring specific materiality of £5,000 based on the disclosure bandings, due to its sensitive nature.
Communication of misstatements to the Audit Committee	£159,000 and misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.

Overall materiality – Trust



An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the Trust's business, its environment and risk profile. It included an evaluation of the Trust's internal controls including relevant IT systems and controls over key financial systems.

The scope of our audit included:

- undertaking a review of the predecessor auditor's work from the prior year in order to gain assurance over the Trust's opening balances as at 1 April 2018;
- obtaining supporting evidence, on a sample basis, for all of the Trust's material income streams of the Trust's revenues;

- obtaining supporting evidence, on a sample basis, of the Trust's operating costs;
- obtaining supporting evidence, on a sample basis, for property plant and equipment and the Trust's other material assets and liabilities.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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 such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in 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 the other information, we are required to report that fact.

We have nothing to report in this regard.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance – the statement given by the directors that they consider the Annual Report and financial statements taken as a whole is 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 obtained in the audit; or
- Audit Committee reporting in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance – the section describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2018/19 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Our opinion on other matters required by the Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2018/19 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure that was unlawful, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2018/19, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust without the transfer of the Trust's services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Qualified conclusion

On the basis of our work, having regard to the guidance issued by the Comptroller & Auditor General in November 2017, except for the effects of the matter described in the basis for qualified conclusion section of our report, we are satisfied that, in all significant respects the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

Basis for qualified conclusion

Our review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources identified the following matters:

- The Trust originally planned to make a surplus of £1 million in 2018/19. In order to meet this target the Trust planned to make cost improvements of £6.5 million. The Trust struggled to deliver the planned cost improvements and in December 2018 it revised its financial target for 2018/19 to a £2 million deficit. By 31 March 2019, the Trust had only delivered £3.8 million (58 percent) of its planned cost improvements for the year.
- The Trust has a planned breakeven target for 2019-20 which includes delivery of £6.1 million of cost and income generation improvements. The under-achievement of the planned cost improvements for 2018/19 makes the delivery of the 2019/20 cost improvements more challenging.

These matters identify weaknesses in the Trust's arrangements for planning and delivering its cost improvement programmes. This matter is evidence of weaknesses in proper arrangements for sustainable resource deployment in planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.

Significant risks

Under the Code of Audit Practice, we are required to report on how our work addressed the significant risks we identified in forming our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Significant risks are those risks that in our view had the potential to cause us to reach an inappropriate conclusion on the audited body's arrangements. The table below sets out the significant risks we have identified. These significant risks were addressed in the context of our conclusion on the Trust's arrangements as a whole, and in forming our conclusion thereon, and we do not provide a separate opinion on these risks.

Significant risks forming part of our qualified conclusion	How the matter was addressed in the audit
Financial sustainability The Trust continues to operate under significant financial pressures. A forecast deficit position was forecast at month 9 of £2 million compared to an original planned surplus of £1 million. The deficit is primarily driven by the under-delivery of the cost improvement programme which was forecast to under-deliver for the financial year by approximately £3 million at month 9. The Trust was expecting to carry an underlying deficit into 2019-20 and was likely to forecast an operational deficit. As a result of this deficit position, the Trust anticipates that it will require cash support during 2019/20 in order to meet its operational responsibilities.	Our audit work included, but was not restricted to: <ul style="list-style-type: none">• monitoring the Trust's financial position throughout 2018/19• evaluating the delivery of the Trust's cost improvement programme for 2018/19 and the viability of its 2019/20 programme• assessing the adequacy of the Trust's cash resources in the context of its 2019/20 budget. Key findings We have qualified our conclusion in respect of this risk, as set out in the basis of qualified conclusion section of the report.

Responsibilities of the Accounting Officer

The Accounting Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report 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 review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of North West Boroughs Healthcare NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Gareth D Mills

Gareth Mills, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Leeds

24 May 2019

Annual Accounts

Foreword to the accounts

These accounts for the year ended 31 March 2019 have been prepared by the Trust in accordance with paragraphs 24 and 25 of Schedule 7 within the National Health Service Act 2006.

A handwritten signature in blue ink, appearing to read 'S Barber', is positioned above the printed name and title.

Simon Barber, **Chief Executive**
23 May 2019

Statement of Comprehensive Income

1 April 2018 – 31 March 2019

	Note	2018/19 £000	2017/18 £000
Operating income from patient care activities	3	178,490	173,527
Other operating income	3.3	7,969	7,861
Operating expenses	5, 7	(187,938)	(176,846)
Operating surplus / (deficit) from continuing operations		(1,479)	4,542
Finance income	10	50	22
Finance expenses	11	(655)	(687)
PDC dividends payable		(1,297)	(1,338)
Net finance costs		(1,902)	(2,003)
Other gains	12	33	40
Gains arising from transfers by absorption		-	960
Surplus / (deficit) for the year from continuing operations		(3,348)	3,539
Surplus / (deficit) for the year		(3,348)	3,539
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(2,926)	(2,058)
Revaluations	15	-	1,184
Total comprehensive income / (expense) for the year		(6,274)	2,665

The surplus / (deficit) and total comprehensive income / (expense) recorded above is all attributable to the owners of the parent.

Memorandum information:		
Surplus / (deficit) for the year	(3,348)	3,539
Net impairments of property, plant and equipment ¹	3,346	(352)
Gains arising from transfers by absorption	-	(960)
Surplus / (deficit) before impairments and transfers	(2)	2,227

The Statement of Comprehensive Income records the Trust's income and expenditure in summary form in the top part of the statement and any other recognised gains and losses taken through reserves under other comprehensive income. It includes cash-related items such as income from commissioners of our services and expenditure on staff and supplies. It also includes non-cash items such as depreciation and other changes in value of our land and buildings.

¹ Impairments are a non-cash expense which represent a reduction in value of the Trust's assets beyond any relevant balances held in revaluation reserves.

Statement of Financial Position
31 March 2019

	Note	31 March 2019 £000	31 March 2018 £000
Non-current assets:			
Intangible assets	13	2,996	1,541
Property, plant and equipment	14	75,416	82,253
Total non-current assets		78,412	83,823
Current assets:			
Inventories	16	977	1,003
Trade and other receivables	17	4,357	4,955
Non-current assets for sale	18	-	275
Cash and cash equivalents	19	7,957	5,909
Total current assets		13,291	12,161
Current liabilities:			
Trade and other payables	20	(14,586)	(12,309)
Borrowings	22	(1,759)	(1,621)
Provisions	23	(357)	(983)
Other liabilities	21	(416)	(264)
Total current liabilities		(17,118)	(15,177)
Total assets less current liabilities		74,585	80,807
Non-current liabilities:			
Trade and other payables	20	(7)	(7)
Borrowings	22	(27,768)	(29,389)
Provisions	23	(1,826)	(1,894)
Total non-current liabilities		(29,601)	(31,290)
Total assets employed		44,984	49,517
Financed by:			
Public dividend capital		47,370	45,629
Revaluation reserve		8,727	11,653
Other reserves		10	10
Merger reserve		130	130
Income and expenditure reserve		(11,253)	(10,672)
Total taxpayers' equity		44,984	49,517

The Statement of Financial Position provides a snapshot of the Trust's financial position at a specific date – 31 March 2019. In simple terms, it lists the assets (what the Trust owns or is owed), liabilities (what the Trust owes) and taxpayers' equity (public funds invested in the Trust). At any given time, the Trust's total assets less total liabilities must equal taxpayers' equity. The notes starting on page 199 form part of these accounts.



Simon Barber, Chief Executive
23 May 2019

Statement of Changes in Equity

1 April 2018 – 31 March 2019

	Public dividend capital	Revaluation reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total taxpayers' equity
	£000	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2018 – brought forward	45,629	11,653	10	130	(7,905)	49,517
(Deficit) for the year	-	-	-	-	(3,348)	(3,348)
Impairments	-	(2,926)	-	-	-	(2,926)
Public dividend capital received	1,741	-	-	-	-	1,741
Taxpayers' equity at 31 March 2019	47,370	8,727	10	130	(11,253)	44,984

Statement of Changes in Equity

1 April 2017 – 31 March 2018

	Public dividend capital	Revaluation reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total taxpayers' equity
	£000	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2017 – brought forward	45,579	11,755	10	130	(10,672)	46,802
-	-	-	-	-	-	-
Taxpayers' equity at 1 April 2017 – restated	45,579	11,755	10	130	(10,672)	46,802
Surplus for the year	-	-	-	-	3,539	3,539
Transfers by absorption: transfers between reserves	-	772	-	-	(772)	-
Impairments	-	(2,058)	-	-	-	(2,058)
Revaluations	-	1,184	-	-	-	1,184
Public dividend capital received	50	-	-	-	-	50
Taxpayers' equity at 31 March 2018	45,629	11,653	10	130	(7,905)	49,517

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.

Merger reserve

This reserve reflects balances formed on merger of NHS bodies.

Income and expenditure reserve

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

Statement of Cash Flows
1 April 2018 – 31 March 2019

	Note	2018/19 £000	2017/18 £000
Cash flows from operating activities:			
Operating (deficit) / surplus		(1,479)	4,542
Non-cash income and expense:			
Depreciation and amortisation	5	1,872	1,691
Net impairments	6	3,346	(352)
Decrease / (increase) in receivables and other assets		743	(502)
Decrease / (increase) in inventories		26	(923)
Increase in payables and other liabilities		2,736	2,824
Decrease / (increase) in provisions		(698)	640
Other movements in operating cash flows		-	(4)
Net cash generated from operating activities		6,546	7,916
Cash flows from investing activities:			
Interest received		49	19
Purchase of intangible assets		(1,545)	(1,104)
Purchase of property, plant and equipment		(1,351)	(2,350)
Sales of property, plant and equipment		330	320
Net cash used in investing activities		(2,517)	(3,115)
Cash flows from financing activities:			
Public dividend capital received		1,741	50
Movement on loans from the Department of Health and Social Care		(1,621)	(1,622)
Other interest paid		(660)	(696)
PDC dividend paid		(1,441)	(1,495)
Net cash used in financing activities		(1,981)	(3,763)
Increase in cash and cash equivalents		2,048	1,038
Cash and cash equivalents at 1 April – brought forward		5,909	4,883
Prior period adjustments		-	-
Cash and cash equivalents at 1 April – restated		5,909	4,883
Cash and cash equivalents transferred under absorption accounting		-	(12)
Cash and cash equivalents at 31 March	19.1	7,957	5,909

The Statement of Cash Flows summarises the cash flows in and out of the Trust during the accounting year. It analyses these cash flows under the headings of operating, investing and financing cash flows. The Statement of Cash Flows differs from the Statement of Comprehensive Income by focusing on the cash implications of the actions taken by the Trust during the year. The statement is useful in assessing whether the Trust has enough cash to be able to pay its bills as they fall due.

Notes to the accounts

1. Accounting policies and other information

1.1. Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the accounts 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 accounts 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 judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of land and buildings.

1.2. Going Concern

These accounts have been prepared on a going concern basis. This is as directed by the Department of Health and Social Care Group Accounting Manual 2018/19 whereby, unless the Trust expects that its services will cease to be provided to the public sector, the going concern basis for the preparation of the financial statements is assumed.

We are also required to disclose any material uncertainties in respect of events or conditions which cast significant doubt about the Trust's ability to continue as a going concern.

There is an element of risk within the Trust's operational plan for 2019/20 which will result in a cash shortfall if the risk materialises. This cash shortfall will be mitigated by loans from the Department of Health and Social Care. However, the timing is such that the loan funds will not be confirmed as committed by the Department of Health and Social Care at the time of approval of these accounts. This represents a material uncertainty about the Trust's ability to continue as a going concern.

The Board, having made appropriate enquiries, has reasonable expectations the Trust will have access to adequate resources to continue its operational existence for the foreseeable future – being a period of at least 12 months from the date of approval of the accounts. On this basis, the Trust has adopted the going concern basis for preparing its financial statements. The accounts do not include any adjustments which would result if the Trust was unable to continue as a going concern.

1.3. Income

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 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 and services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods and 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 which 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 healthcare services. A performance obligation relating to delivery of a spell of healthcare 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 which 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.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

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.

1.3.3. 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.

1.4. Expenditure on employee benefits

1.4.1. 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.

1.4.2. Pension costs

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme which covers NHS employers, general practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The scheme is not designed in a way which 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 operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

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.

1.6. Property, plant and equipment

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 a cost of at least £5,000
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had

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

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 frontline services or back office functions) are measured at their current value in existing use. Assets which were most recently held for their service potential, but are surplus with no plan to bring them back into use, are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those which 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.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, furniture and fittings, and plant and machinery 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 Trust 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 which 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 economic 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' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease which 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 which 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 which arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances which gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

1.6.3. 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, ie:
 - 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'

- 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.

1.6.4. Useful lives of property, plant and equipment

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

	Minimum life (years)	Maximum life (years)
Buildings, excluding dwellings	1	90
Plant and machinery	5	10
Information technology	3	15
Furniture and fittings	5	10

1.7. Intangible assets

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.

Internally generated intangible assets

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

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- The project is technically feasible to the point of completion and will result in an intangible asset for use
- The trust intends to complete the asset and use it
- The trust has the ability to use the asset
- How the intangible asset will generate probable future economic or service delivery benefits – usefulness of the asset
- Adequate financial, technical and other resources are available to the Trust to complete the development and use the asset
- The Trust can measure reliably the expenses attributable to the asset during development

Software

Software which is integral to the operation of hardware (such as an operating system) is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware (such as application software) is capitalised as an intangible asset.

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 or 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 economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.7.3. Useful economic lives 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 below.

	Minimum life (years)	Maximum life (years)
Information technology	3	10
Development expenditure	3	10
Software licences	2	10

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 reasonable approximation to fair value due to the high turnover of stocks.

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 which mature in three months or less from the date of acquisition and which 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 which are repayable on demand and which form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.10. Financial assets and financial liabilities

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 which, 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.

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 are 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).

Expected credit losses are determined by assessing the likelihood of payment for each individual receivable.

For financial assets which 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.

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.

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.

1.11.1. The Trust as lessee

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.

1.12. Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount for which it is probable 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.

1.12.1. 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 24, but is not recognised in the Trust's accounts.

1.12.2. 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.

1.13. 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 trust. HM Treasury has determined 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 which relate to a short-term working capital facility
- 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 of the audit of the annual accounts.

1.14. Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.15. Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

1.16. 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 Financial Reporting Manual.

1.17. 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 which 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 individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.18. Critical judgements in applying accounting policies and sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities which are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors considered relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Where such judgements or estimations have been made, these have been referenced in the relevant notes to the accounts.

1.19. Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

1.20. Standards, amendments and interpretations in issue but not yet effective or adopted

Below is a list of recently issued IFRS Standards and amendments which have not yet been adopted within the Financial Reporting Manual, and are therefore not applicable to Department of Health and Social Care group accounts in 2018/19.

- IFRS 16 – Leases
- IFRS 17 – Insurance contracts
- IFRIC 23 – Uncertainty over income tax treatments

2. Operating segments

IFRS 8 requires disclosure of the results of significant operating segments.

The Trust has concluded that a single segment of healthcare should be reported in the accounts on the basis that clinical services operate under the same regulatory framework and within the core business of healthcare within the same economic environment.

Clinical services are reported to the Trust Board as one segment and the divisions are considered to meet the aggregation tests under the standard.

The Trust's revenues derive mainly from healthcare services provided to patients under contracts with commissioners within England.

The main commissioners of services from the Trust, accounting for 94% of healthcare revenues, are:

- NHS Knowsley Clinical Commissioning Group (23%)
- NHS Wigan Borough Clinical Commissioning Group (16%)
- NHS St Helens Clinical Commissioning Group (14%)
- NHS Warrington Clinical Commissioning Group (10%)
- NHS Halton Clinical Commissioning Group (9%)
- NHS England (5%)
- St Helens and Knowsley Hospitals NHS Trust (5%)
- Knowsley Council (4%)
- Sefton Council (3%)
- Mersey Care NHS Foundation Trust (3%)
- St Helens Council (2%)

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.

3.1. Income from patient care activities (by nature)

	2018/19 £000	2017/18 £000
Acute services		
Other NHS clinical income	15,232	14,667
Mental health services		
Cost and volume contract income	643	767
Block contract income	114,826	112,565
Other clinical income from mandatory services	906	1,328
Community services		
Community services income from CCGs and NHS England	28,964	27,908
Income from other sources (eg local authorities)	15,200	16,073
All services		
Agenda for Change pay award central funding	2,423	-
Other clinical income	296	219
Total income from activities	178,490	173,527

3.2. Income from patient care activities (by source)

	2018/19 £000	2017/18 £000
Income from patient care activities received from:		
NHS England	9,603	11,055
Clinical commissioning groups	130,492	128,148
Department of Health and Social Care	2,423	
Other NHS providers	17,368	15,357
NHS other	43	16
Local authorities	16,052	17,181
Injury cost recovery scheme	196	218
Non-NHS: other	2,313	1,552
Total income from activities	178,490	173,527
Of which:		
Related to continuing operations	178,490	173,527

3.3. Other operating income

	2018/19 £000	2017/18 £000
Other operating income from contracts with customers:		
Research and development (contract)	170	142
Education and training (excluding notional apprenticeship levy income)	3,918	3,628
Non-patient care services to other bodies	332	179
Provider sustainability / sustainability and transformation fund income (PSF / STF)	2,022	2,227
Income in respect of employee benefits accounted on gross basis	555	273
Other contract income	847	1,412
Other non-contract operating income		
Education and training - notional income from apprenticeship fund	125	15
Total other operating income	7,969	7,861
Of which:		
Related to continuing operations	7,969	7,861

3.4. Additional information on revenue from contracts with customers recognised in the period

	2018/19 £000
Revenue recognised in the reporting period which was included within contract liabilities at the previous period end	100

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed.

3.5. Income from activities arising from commissioner requested services

Under the terms of its provider licence, the Trust is required to analyse the level of income from activities that have arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below.

	2018/19 £000	2017/18 £000
Income from services designated as commissioner requested services	178,194	173,308
Income from services not designated as commissioner requested services	296	219
Total	178,490	173,527

4. Profits and losses on disposal of property, plant and equipment

During 2018/19, the Dudley Wallis Unit was sold for £330,000, realising a net profit after selling costs of £33,000. This property was identified as surplus to operational requirements following the Knowsley borough team reorganisation.

5. Operating expenses

	2018/19 £000	2017/18 £000
Purchase of healthcare from NHS and DHSC bodies	282	194
Purchase of healthcare from non-NHS and non-DHSC bodies	2,262	1,720
Staff and executive directors costs	148,837	142,805
Remuneration of non-executive directors	127	119
Supplies and services – clinical (excluding drugs costs)	5,370	3,809
Supplies and services – general	2,488	2,584
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,560	1,662
Consultancy costs	115	178
Establishment	1,770	1,958
Premises	10,248	11,022
Transport (including patient travel)	2,327	2,358
Depreciation on property, plant and equipment	1,782	1,647
Amortisation on intangible assets	90	44
Net impairments	3,346	(352)
Movement in credit loss allowance: contract receivables / contract assets	463	22
Movement in credit loss allowance: all other receivables and investments	-	-
Audit fees payable to the external auditor		
Audit services – statutory audit	53	70
Other auditor remuneration (external auditor only)	7	
Internal audit costs	105	127
Clinical negligence	796	700
Legal fees	235	225
Insurance	162	185
Education and training	844	466
Rentals under operating leases	3,542	2,472
Redundancy	(419)	1,240
Car parking and security	90	79
Hospitality	1	12
Losses, ex gratia and special payments	143	126
Other services, eg external payroll	521	507
Other	791	867
Total	187,938	176,846
Of which:		
Related to continuing operations	187,938	176,846

5.1. Limitation on auditors' liability

The limitation on auditor's liability for external audit work is £2 million (2017/18: £1 million).

6. Impairment of assets

Cushman and Wakefield (independent professional valuer) conducted a full valuation of the Trust's owned land and buildings as at 31 March 2018. They conducted a further desktop valuation exercise as at 31 March 2019. The net impairments recorded below are a consequence of this exercise.

	2018/19 £000	2017/18 £000
Net impairments charged to operating surplus / deficit resulting from:		
Other	3,346	(352)
Total net impairments charged to operating surplus / deficit	3,346	(352)
Impairments charged to the revaluation reserve	2,926	2,058
Total net impairments	6,272	1,706

7. Employee benefits

	2018/19 Total £000	2017/18 Total £000
Salaries and wages	119,488	114,401
Social security costs	10,745	10,156
Apprenticeship levy	789	544
Employer's contributions to NHS pensions	14,179	13,522
Termination benefits	256	1,157
Temporary staff (including agency)	3,687	4,236
Total gross staff costs	149,144	144,016
Recoveries in respect of seconded staff	-	-
Total staff costs	149,144	144,016
Of which:		
Costs capitalised as part of assets	51	54

7.1. Early retirements due to ill-health

During 2018/19, there were six early retirements from the Trust agreed on the grounds of ill-health (four in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £422,000 (£252,000 in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority – Pensions Division.

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 which 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 which 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 accounts do not differ materially from those which 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.

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 at 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 scheme actuary report, 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.

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 their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published 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 has recently laid scheme regulations confirming the employer contribution rate will increase to 20.6 per cent 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.

9. Operating leases

9.1. North West Boroughs Healthcare NHS Foundation Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where the Trust is the lessee.

	2018/19 £000	2017/18 £000
Operating lease expense		
Minimum lease payments	<u>3,542</u>	<u>2,472</u>
Total	<u><u>3,542</u></u>	<u><u>2,472</u></u>

	31 March 2019 £000	31 March 2018 £000
Future minimum lease payments due:		
Not later than one year	3,421	2,524
Later than one year and not later than five years	10,794	7,943
Later than five years	<u>26,647</u>	<u>20,174</u>
Total	<u><u>40,862</u></u>	<u><u>30,641</u></u>
Future minimum sublease payments to be received	-	-

The majority of the leases are property leases with Community Health Partnerships and NHS Property Services.

10. Finance income

Finance income represents interest received on assets and investments in the year.

	2018/19 £000	2017/18 £000
Interest on bank accounts	<u>50</u>	<u>22</u>
Total	<u><u>50</u></u>	<u><u>22</u></u>

11. Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2018/19 £000	2017/18 £000
Interest expense:		
Loans from the Department of Health and Social Care	<u>655</u>	<u>687</u>
Total interest expense	<u><u>655</u></u>	<u><u>687</u></u>
Total finance costs	<u><u>655</u></u>	<u><u>687</u></u>

12. Other gains / (losses)

	2018/19 £000	2017/18 £000
Gains on disposal of assets	<u>33</u>	<u>40</u>
Total gains on disposal of assets	<u>33</u>	<u>40</u>
Total other gains / (losses)	<u><u>33</u></u>	<u><u>40</u></u>

13. Intangible assets

13.1. Intangible assets – 2018/19

	Software licences	Internally generated information technology	Development expenditure	Intangible assets under construction	Total
	£000			£000	£000
Valuation / gross cost at 1 April 2018 – brought forward	233	-	-	1,529	1,762
Additions	180	90	180	1,095	1,545
Reclassifications	360	180	360	(900)	-
Valuation / gross cost at 31 March 2019	773	270	540	1,724	3,307
Amortisation at 1 April 2018 – brought forward	221	-	-	-	221
Provided during the year	90	-	-	-	90
Amortisation at 31 March 2019	311	-	-	-	311
Net book value at 31 March 2019	462	270	540	1,724	2,996
Net book value at 1 April 2018	12	-	-	1,529	1,541

13.2. Intangible assets – 2017/18

	Software licences	Internally generated information technology	Development expenditure	Intangible assets under construction	Total
	£000			£000	£000
Valuation / gross cost at 1 April 2017 – as previously stated	233	-	-	425	658
Prior period adjustments	-	-	-	-	-
Valuation / gross cost at 1 April 2017 – restated	233	-	-	425	658
Additions	-	-	-	1,104	1,104
Valuation / gross cost at March 2018	233	-	-	1,529	1,762
Amortisation at 1 April 2017 – as previously stated	177	-	-	-	177
Prior period adjustments	-	-	-	-	-
Amortisation at 1 April 2017 – restated	177	-	-	-	177
Provided during the year	44	-	-	-	44
Amortisation at 31 March 2018	221	-	-	-	221
Net book value at 31 March 2018	12	-	-	1,529	1,541
Net book value at 1 April 2017	56	-	-	425	481

14. Property, plant and equipment

14.1. Property, plant and equipment – 2018/19

	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture and fittings £000	Total £000
Valuation / gross cost at 1 April 2018 – brought forward	6,296	107,838	136	1,403	25	4,274	2,895	122,867
Additions	-	426	52	181	-	505	24	1,188
Impairments	-	(2,926)	-	-	-	-	-	(2,926)
Reclassifications	-	136	(136)	-	-	-	-	-
Valuation / gross cost at 31 March 2019	6,296	105,474	52	1,584	25	4,779	2,919	121,129
Accumulated depreciation at 1 April 2018 – brought forward	212	35,282	-	421	25	2,336	2,309	40,585
Provided during the year	-	1,297	-	65	-	339	81	1,782
Impairments	-	2,501	-	1,098	-	-	-	3,599
Reversals of impairments	-	(253)	-	-	-	-	-	(253)
Accumulated depreciation at 31 March 2019	212	38,827	-	1,584	25	2,675	2,390	45,713
Net book value at 31 March 2019	6,084	66,647	52	-	-	2,104	529	75,416
Net book value at 1 April 2018	6,084	72,556	136	982	-	1,938	586	82,282

14.2. Property, plant and equipment – 2017/18

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2017 – as previously stated	5,486	108,421	804	435	25	3,477	2,895	121,543
Prior period adjustments	-	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2017 – restated	5,486	108,421	804	435	25	3,477	2,895	121,543
Transfers by absorption	220	740	-	-	-	-	-	960
Additions	-	435	136	164	-	797	-	1,532
Impairments	-	(2,058)	-	-	-	-	-	(2,058)
Reversals of impairments	552	(552)	-	-	-	-	-	-
Revaluations	46	1,138	-	-	-	-	-	1,184
Reclassifications	-	-	(804)	804	-	-	-	-
Transfers to/from assets held for sale	(8)	(286)	-	-	-	-	-	(294)
Valuation / gross cost at 31 March 2018	6,296	107,838	136	1,403	25	4,274	2,895	122,867
Accumulated depreciation at 1 April 2017 – as previously stated	212	34,287	-	373	25	2,159	2,234	39,290
Prior period adjustments	-	-	-	-	-	-	-	-
Accumulated depreciation at 1 April 2017 – restated	212	34,287	-	373	25	2,159	2,234	39,290
Provided during the year	-	1,347	-	48	-	177	75	1,647
Impairments	-	1,083	-	-	-	-	-	1,083
Reversals of impairments	-	(1,435)	-	-	-	-	-	(1,435)
Accumulated depreciation at 31 March 2018	212	35,282	-	421	25	2,336	2,309	40,585
Net book value at 31 March 2018	6,084	72,556	136	982	-	1,938	586	82,282
Net book value at 1 April 2017	5,274	74,134	804	62	-	1,318	661	82,253

14.3. Property, plant and equipment financing – 2018/19

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019							
Owned – purchased	6,084	66,647	52	-	2,104	529	75,416
NBV total at 31 March 2019	6,084	66,647	52	-	2,104	529	75,416

14.4. Property, plant and equipment financing – 2017/18

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018							
Owned – purchased	6,084	72,556	136	982	1,938	586	82,282
NBV total at 31 March 2018	6,084	72,556	136	982	1,938	586	82,282

15. Revaluations of property, plant and equipment

Cushman and Wakefield (independent professional valuer) conducted a full valuation of the Trust's land and buildings as at 31 March 2018. For the valuation as at 31 March 2019, they provided a desktop update valuation by indexing the 31 March 2018 values using the RICS Building Costs Information Service 'All In' Tender Price Index.

16. Inventories

	31 March 2019 £000	31 March 2018 £000
Consumables	108	97
Other	869	906
Total inventories	977	1,003

Inventories recognised in expenses for the year were £3,568,000 (£2,352,000 in 2017/18).
Write-down of inventories recognised as expenses for the year were £0 (£0 in 2017/18).

17. Trade and other receivables

17.1. Trade receivables and other receivables

	31 March 2019 £000	31 March 2018 £000
Current		
Contract receivables*	3,663	-
Trade receivables*	-	1,734
Accrued income*	-	2,263
Allowance for impaired contract receivables / assets*	(489)	-
Allowance for other impaired receivables	-	(26)
Prepayments (non-PFI)	92	105
Interest receivable	5	4
PDC dividend receivable	334	190
VAT receivable	374	255
Other receivables	378	430
Total current trade and other receivables	4,357	4,955
Of which receivables from NHS and DHSC group bodies:		
Current	2,946	2,447

* 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.

17.2. Allowances for credit losses 2018/19

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 April 2018 – brought forward		(26)
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	26	(26)
New allowances arising	463	-
Allowances as at 31 March 2019	489	(52)

17.3. 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 – as previously stated	
Prior period adjustments	(6)
Allowances as at 1 April 2017 – restated	(6)
Transfers by absorption	
Increase in provision	(24)
Amounts utilised	2
Unused amounts reversed	2
Allowances as at 31 March 2018	(26)

17.4. Exposure to credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables as disclosed in the trade and other receivables note.

18. Non-current assets held for sale

	2018/19 £000	2017/18 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	294	275
Prior period adjustment	-	-
NBV of non-current assets for sale and assets in disposal groups at 1 April – restated	294	275
Assets classified as available for sale in the year	-	294
Assets sold in year	(294)	(275)
NBV of non-current assets for sale and assets in disposal groups at 31 March	-	294

The Dudley Wallis Unit was identified as surplus to operational requirements following the reorganisation of teams in Knowsley and was transferred into 'assets held for sale' in February 2018. The property was sold in December 2018.

19. Cash and cash equivalents

19.1. 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 £000	2017/18 £000
At 1 April	5,909	4,883
Prior period adjustments	-	-
At 1 April – restated	5,909	4,883
Transfers by absorption	-	(12)
Net change in year	2,048	1,038
At 31 March	7,957	5,909
Broken down into:		
Cash at commercial banks and in-hand	70	78
Cash with the Government Banking Service	7,887	5,831
Total cash and cash equivalents as in Statement of Financial Position	7,957	5,909
Total cash and cash equivalents as in Statement of Cash Flows	7,957	5,909

19.2. Third party assets held by the Trust

The Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2019 £000	31 March 2018 £000
Bank balances	93	109
Total third party assets	93	109

20. Trade and other payables

	31 March 2019 £000	31 March 2018 £000
Current		
Trade payables	9,250	5,035
Capital payables	544	707
Accruals	1,530	3,516
Social security costs	1,663	1,588
Other taxes payable	1,300	1,136
Accrued interest on loans*	-	144
Other payables	299	183
Total current trade and other payables	14,586	12,309
Non-current		
Accruals	7	7
Total non-current trade and other payables	7	7
Of which payables from NHS and DHSC group bodies:		
Current	1,925	1,434
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.

21. Other liabilities

	31 March 2019 £000	31 March 2018 £000
Current		
Deferred income: contract liabilities	416	264
Total other current liabilities	416	264

22. Borrowings

22.1. Borrowings

	31 March 2019 £000	31 March 2018 £000
Current		
Loans from the Department of Health and Social Care	1,759	1,621
Total current borrowings	1,759	1,621
Non-current		
Loans from the Department of Health and Social Care	27,768	29,389
Total non-current borrowings	27,768	29,389

Analysis of Department of Health and Social Care loans

	Original value	Agreement date	Interest rate	Term (years)
Loan 1 – Atherleigh Park phase1	£19,000,000	19/12/2014	2.28%	25
Loan 2 – Atherleigh Park phase 2	£11,900,000	25/09/2015	2.18%	25
Loan 3 – Informatics schemes	£3,500,000	25/09/2015	1.42%	10

22.2. Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Total £000
Carrying value at 1 April 2018	31,010	31,010
Cash movements:		
Financing cash flows – payments and receipts of principal	(1,621)	(1,621)
Financing cash flows – payments of interest	(660)	(660)
Non-cash movements:		
Impact of implementing IFRS 9 on 1 April 2018	144	144
Application of effective interest rate	654	654
Carrying value at 31 March 2019	29,527	29,527

23. Provisions

23.1. Provisions for liabilities and charges analysis

	Current 31 March 2019 £000	Non-current 31 March 2019 £000	Current 31 March 2018 £000	Non-current 31 March 2018 £000
Pensions – early departure costs	21	99	22	115
Pensions – injury benefits	94	1,618		
Other legal claims	242	110	286	1,779
Restructurings	-	-	675	-
Total	357	1,826	983	1,894

	Pensions – early departure costs £000	Pensions – injury benefits* £000	Legal claims £000	Restructuring £000	Total £000
At 1 April 2018	138	1,794	271	675	2,877
Arising during the year	-	-	185	-	185
Utilised during the year	(18)	(82)	(50)	-	(150)
Reversed unused	-	-	(54)	(675)	(729)
At 31 March 2019	120	1,712	352	-	2,183

Expected timing of cash flows:					
Not later than one year	21	94	242	-	357
Later than one year and not later than five years	88	374	110	-	572
Later than five years	11	1,244	(0)	-	1,254
Total	120	1,712	352	-	2,183

Pensions relating to early departure costs

These are based on figures provided by the Benefits Agency.

Other legal claims

£1,712,000 relates to permanent injury benefits and £274,000 for pre-retirement benefits, both as advised by NHS Resolution.

There is also a further £78,000 relating to employment tribunals.

23.2. Clinical negligence liabilities

At 31 March 2019, £1,053,000 was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North West Boroughs Healthcare NHS Foundation Trust (£4,457,000 at 31 March 2018).

24. Contractual capital commitments

	31 March 2019 £000	31 March 2018 £000
Property, plant and equipment	70	13
Intangible assets	252	609
Total	322	622

25. Financial instruments

25.1. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role 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 the Trust has with clinical commissioning groups and the way those clinical commissioning groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

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 interest rate on the Trust's borrowing is fixed at the point the loan agreement is signed. The Trust therefore has no exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2019 are in receivables, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are predominantly incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament. The Trust presently funds its capital expenditure from a combination of loans from the Department of Health and Social Care and internally generated funds. The Trust stringently monitors its liquidity position on a routine basis.

25.2. 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	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2019 under IFRS 9				
Trade and other receivables excluding non-financial assets	3,552	-	-	3,552
Cash and cash equivalents at bank and in-hand	7,957	-	-	7,957
Total at 31 March 2019	11,509	-	-	11,509

	Loans and receivables	Assets at fair value through the I&E	Held to maturity	Available -for-sale	Total
	£000	£000	£000	£000	£000
Carrying values of financial assets as at 31 March 2018 under IAS 39					
Trade and other receivables excluding non-financial assets	4,401	-	-	-	4,401
Cash and cash equivalents at bank and in-hand	5,909	-	-	-	5,909
Total at 31 March 2018	10,310	-	-	-	10,310

25.3. Carrying value 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	Held at fair value through the I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9			
Loans from the Department of Health and Social Care	29,527	-	29,527
Trade and other payables excluding non-financial liabilities	11,630	-	11,630
Provisions under contract	352	-	352
Total at 31 March 2019	41,509	-	41,509

	Other financial liabilities £000	Held at fair value through the I&E £000	Total book value £000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39			
Loans from the Department of Health and Social Care	31,010	-	31,010
Trade and other payables excluding non-financial liabilities	9,592	-	9,592
Provisions under contract	2,065	-	2,065
Total at 31 March 2018	42,667	-	42,667

25.4. Fair values of financial assets and liabilities

Book value (carrying value) is a reasonable approximation of fair value.

25.5. Maturity of financial liabilities

	31 March 2019 £000	31 March 2018 £000
In one year or less	13,624	11,492
In more than one year but not more than two years	1,733	1,736
In more than two years but not more than five years	4,869	5,209
In more than five years	21,283	24,230
Total	41,509	42,667

26. Losses and special payments

	2018/19		2017/18	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Bad debts and claims abandoned	24	30	7	3
Total losses	24	30	7	3
Special payments				
Ex-gratia payments	10	6	17	9
Total special payments	10	6	17	9
Total losses and special payments	34	36	24	12
Compensation payments received	-	-	-	-

27. Initial applications

27.1. 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 £144,000 and trade payables correspondingly reduced.

27.2. 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 which occurred before the date of implementation (1 April 2018).

28. Related parties

The Department of Health and Social Care is the parent body of the Trust. The main entities within the public sector the Trust has had dealings with are:

- Aintree University Hospitals NHS Foundation Trust
- Mersey Care NHS Foundation Trust
- St Helens and Knowsley Hospitals NHS Trust
- NHS Halton Clinical Commissioning Group
- NHS Knowsley Clinical Commissioning Group
- NHS St Helens Clinical Commissioning Group
- NHS Warrington Clinical Commissioning Group
- NHS Wigan Borough Clinical Commissioning Group
- NHS England
- NHS Property Services
- Community Health Partnerships
- HM Revenue and Customs
- NHS Pension Scheme
- Knowsley Council
- Sefton Council
- St Helens Council

Transactions with these bodies are in the normal course of business and are conducted on an arm's length basis.

Any transactions conducted between directors and related parties have been conducted on an arm's length basis.

28.1. Related party transactions

	2018/19		2017/18	
	Revenue £000	Expenditure £000	Revenue £000	Expenditure £000
Value of transactions with other related parties:				
Charitable funds	2	-	8	-
Other bodies or persons outside the whole of government accounting boundary	1,751	10	1,109	60
Total	1,753	10	1,117	60

28.2. Related party balances

	2018/19		2017/18	
	Receivables £000	Payables £000	Receivables £000	Payables £000
Value of balances with other related parties at 31 March:				
Charitable funds	35	-	78	-
Other bodies or persons outside the whole of government accounting boundary	168	-	224	-
Total	203	-	302	-

29. Events after the reporting date

There are no events which require disclosure after the reporting date.

Contact us

To find out more about North West Boroughs Healthcare NHS Foundation Trust, visit our website at: www.nwbh.nhs.uk

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