



Wirral Community  
NHS Foundation Trust

# ANNUAL REPORT

2017/2018

♥ for you,  
with you



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**Wirral Community NHS Foundation Trust**  
**Annual Report and Accounts**  
**1 April 2017 - 31 March 2018**

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

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The Annual Report and a full copy of the Annual Accounts 2017-18 will be made available by **XX** September 2018 when it will be available on our website at [www.wirralct.nhs.uk](http://www.wirralct.nhs.uk). A limited number of printed copies will be sent to official statutory and non-statutory bodies. A summary of this report and accounts will be available as part of our Annual Members Meeting.

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

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

Your feedback will help us to improve the services we provide to everyone in our community.

If you have a compliment, comment, concern or complaint, please get in touch via:

- Tel: 0800 694 5530
- Email: [yourexperience@nhs.net](mailto:yourexperience@nhs.net)
- Or write to: FREEPOST-COMMUNITY NHS TRUST-PATIENT (no stamp needed).

# Performance Report

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## Performance overview from the Chief Executive - a review of our performance in 2017-18

Welcome to our Annual Report and Accounts 2017-18 which presents what we have achieved over the last year and demonstrates how we are continuing to develop a reputation for clinical excellence, high performance, focused service delivery, partnership working and innovation.

The performance overview provides a short summary on Wirral Community NHS Foundation Trust, our purpose, the key risks to the achievement of our objectives and how we have performed during the financial year 2017-18.

Wirral Community NHS Foundation Trust is a high performing and vital organisation within the health and care systems of Wirral and Cheshire. Our vision is to be the **outstanding provider of high quality, integrated care to the communities we serve.**

This is informed by our values:

- Health and wellbeing at the heart of everything we do
- Exceptional person-centred care
- Actively supporting each other
- Responsive, Professional, Innovative
- Trusted to deliver

We are intensely ambitious for the health and wellbeing of our communities. Our services, from 0-19 through to End of Life care services, provide care and support for people from birth to death, often in their own homes. We are at the heart of person-focused care.

During 2017/18 WCT has been integral to the development of a Place-Based Care model in Wirral, with many services to be provided and coordinated within 9 Neighbourhoods, each of up to ca. 50,000 people. This is part of a wider move towards providing better quality, more sustainable integrated care.

Over the past twelve months WCT directors and senior managers have been supporting the development of this model through groups such as the Healthy Wirral Partners Group and chairing of the Wirral Integrated Provider Partners group.

The most significant achievement of the last 12 months has been the transfer of around 230 social care staff from Wirral Council to the Trust, building a foundation for more integrated provision of health and social care services, reducing complexity and duplication and improving people's experience of services.

WCT continues to develop its Information Management & Technology (IM&T) and Business Intelligence (BI) infrastructure and capability. We have recently launched a tele-triage service for care homes, delivered through our Single Point of Access (SPA).

We have also launched a national exemplar Business Intelligence system (the Trust Information Gateway, TIG) that provides near real-time information about all aspects of care, from division to team and individual clinicians. We are partners in the development of the Wirral Care Record, which will provide a full longitudinal care record, created from data drawn from multiple health and care providers.

Our transformation programme has been initially focused on nursing, and we have aligned our nursing teams to the 9 Neighbourhoods identified within Wirral.

On an on-going basis, WCT has a central role in supporting other parts of the health and care system in Wirral. This includes streaming patients from the Arrowe Park Emergency Department and managing transitions of care between community and hospital, preventing unnecessary hospital admissions and improving discharges.

The financial environment continues to be challenging and we have worked hard to meet all of our statutory financial duties, achieve our efficiency programme and deliver a financial surplus at year-end in line with the control total set by our regulators NHS Improvement.

We continue to work closely with NHS Wirral Clinical Commissioning Group, Wirral Borough Council, Wirral University Teaching Hospital NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust. We have embraced the NHS Five Year Forward View and have fully engaged in the development of local Sustainability and Transformation Plans which will introduce a new approach to help ensure that health and care services are place-based and built around the needs of local populations.

Our staff have continued to deliver to the highest possible standards and we are delighted that their expertise and dedication has been recognised at a number of national awards. Similarly, our patients and their carers and families continue to support us with 90% of our patients, on average, recommending the trust to their family and friends.

On behalf of the Trust Board, I would like to thank all of our staff and volunteers for their dedication, energy and passion, in what has been a very successful year for Wirral Community NHS Foundation Trust.

As Accountable Officer, and on behalf of the Directors of the Trust, I confirm our responsibility in preparing the Annual Report and Accounts and that they are fair, balanced and understandable and provide the necessary information for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and strategy.

A handwritten signature in black ink, appearing to read 'Karen Howell', written in a cursive style.

**Karen Howell**  
**Chief Executive**

23 May 2018

## What our service users and their families have been saying about our services and our teams during 2017-18

*“Thank you so much for the kindness that you showed to Cedric whilst he was under your care. He thought so highly of you and was looking forward to coming home and tried so hard to do so. Sadly it was not meant to be. Special thanks to you and the therapists for your cards and to you for attending Cedric's funeral.”*

Community Therapy Team 1

*“I have found this therapy extremely helpful and the health trainers have been most thorough and considerate. I would recommend this clinic to anyone who is considering stopping smoking.”*

Livewell Stop Smoking, Cheshire East

*“Excellent, helpful and courteous. An absolute pleasure”*

Bladder and Bowel Service

*“Our School Nurse is an amazing resource and support. She is knowledgeable, understanding, empathetic, and extremely helpful. She has provided me with wonderful help in sometimes very difficult circumstances. She is skilled in navigating complex and emotional situations. The care she provides to the children and their families is second to none; we would be lost without her”*

Wirral 0-19 School Nursing Service

*“From the beginning she knew [he] had an allergy and backed me when no one else would listen. She gave me the inner confidence and strength I needed when I felt low. She went above and beyond her role and for that I am incredibly grateful”*

0-19 Health and Wellbeing Service, Cheshire East

*“I've just been to St Catherine's Health Centre Phlebotomy Service. It was massively busy but your reception staff and phlebotomists still managed a smile. It's a pleasure (as much as any trip to the hospital ever is) to go there. They were so good and so busy. They need to know it's appreciated and that they are a credit to the health centre. Please thank them all.”*

Phlebotomy Service

*“I wanted to write and thank you so much for all the support you and the team gave Neil and me. Your help allowed me to nurse him at home. I felt very supported and it was of great comfort to me. Please pass my thanks on to the 'sitters' they are truly wonderful caring people. Again thank you so much and to Alice who provided care for me”.*

Specialist Palliative Care

*“Wonderful service. Excellent advice & great programme. Very encouraging and professional. Know just when to push & correct to help improve movement. Many thanks.”*

MSK Physiotherapy VCH

*“Everything great, good service - Better booking online as can pick and choose day and time”*

Sexual Health Wirral

*“The service provided was fast and efficient. The Specialist Nurse was kind and polite and a pleasure to deal with. Excellent.”*

#### DVT Service

*“The patient’s wife called today to praise the doctor that visited to attend to her husband this morning (around 2:30 this morning). She wanted to compliment his professional manner and described him as 'lovely'. It was noted how reassuring he was to the patients wife about her husband’s condition. She wanted me to pass on her thanks.”*

#### GP Out of Hours

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

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

We had a revised version of our Establishment Order passed by Parliament in July 2013 which is referred to in the Trust's Annual Governance Statement.

Monitor, in exercise of the powers conferred by section 35 of the National Health Service 2006, and all other powers exercisable by Monitor, authorised Wirral Community NHS Trust to become an NHS Foundation Trust from (and including) 1 May 2016.

Wirral Community NHS Foundation Trust's Head Office is at:

Chief Executive's Office  
Wirral Community NHS Foundation Trust  
St Catherine's Health Centre  
Derby Road  
Birkenhead  
CH42 0LQ

Tel: 0151 651 3939  
[www.wirralct.nhs.uk](http://www.wirralct.nhs.uk)

The accounts for the year ended 31 March 2018 have been prepared by Wirral Community NHS Foundation Trust under section 232 (15) of the National Health Service Act 2006 in the form which the Secretary of State has, with the approval of Treasury, directed.

### Who we are

Located in Wirral in North West England, we provide high-quality primary, community and social care services to the population of Wirral and parts of Cheshire and Liverpool.

We play a key role in the local health and social care economy as a high-performing organisation with an excellent clinical reputation.

Our expert teams provide a diverse range of community health care services, seeing and treating people right through their lives both at home and close to home.

We employ almost 1,500 members of staff, 90% of who are in patient-facing roles. Our workforce represents close to 70% of the costs of the organisation and are our most important and valued resource. We have a turnover of £78.4m.

Our vision recognises the important role we play in delivering integrated care with partners in the local health economy.

Our vision is:

**To be the outstanding provider of high quality, integrated care to the communities we serve**

Our refreshed values;



Our ethos is captured in the motto: **For You, With You.**

This is a promise to our communities about how we work with them to provide exceptional community health services.

## What we do

Our services are local and community-based, provided from around 50 sites across Wirral, including our main clinical bases, St Catherine's Health Centre in Birkenhead and Victoria Central Health Centre in Wallasey. We are also commissioned to deliver podiatry services outside of Wirral by West Cheshire Clinical Commissioning Group and Liverpool Clinical Commissioning Group.

We also provide integrated 0-19 services in Cheshire East comprising health visiting, school nursing, family nurse partnership and breastfeeding support services from 13 bases.

In June 2017, we transferred a number of Adult Social Care services and staff from Wirral Council to our Trust. This means that Wirral is one of a handful of places in England to have begun a ground-breaking journey towards truly integrated health and care provision.

We have no inpatient beds; however we provide in-reach support into the local acute trust, residential and nursing homes across Wirral.

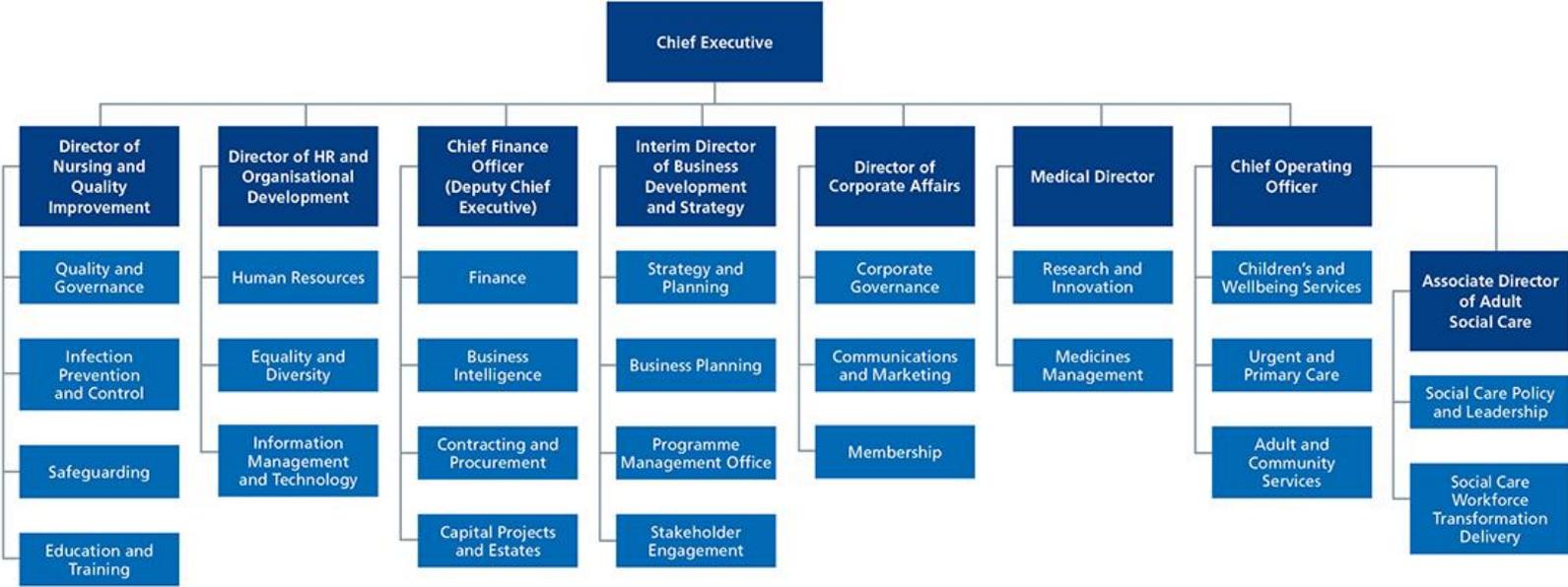
Our services collectively delivered around 1.1 million face to face contacts during 2017-18.

The number of patient contacts by service and division during 2017-18 are shown below;

Division	Service	Contacts 2017/18
Adult & Community Services	Integrated Continence	6,970
	Community Nursing/Matrons	356,649
	Community discharge team	1,703
	Integrated Specialist Palliative Care	8,396
	Parkinson/Alzheimers	720
	Tissue Viability	558
	Heart Services (Heart Failure, Intermediate Heart Centre, Cardiac Rehabilitation)	14,226
	Speech and Language Therapy	5,244
	Community Physiotherapy & MSK	36,458
	Podiatry	50,597
	Dietetics	5,769
	Wheelchairs (West Cheshire)	987
	Wheelchairs (Wirral)	2,150
	Urgent & Primary Care	Phlebotomy
Single Point of Access (Telephone Contacts)		18,797
Deep Vein Thrombosis		12,984
Intermediate Care		11,217
Walk-in Centre		81,082
Dental Service		7,803
Ophthalmology		3,472
GP Out of Hours		41,439
Integrated Children's	Health Visitors & Family Nurse Partnership – Wirral	51,334
	Health Visitors & Family Nurse Partnership – East Cheshire	59,171
	School Nursing – Wirral	47,488
	School Nursing – East Cheshire	27,403
	Sexual Health	16,416
	Paediatric Nutrition & Dietetics	2,156
	Paediatric Speech and Language Therapy	12,958
	Paediatric Continence	1,769
Social Care	Birkenhead ICCT	5,681
	South Wirral ICCT	2,797
	Wallasey ICCT	5,241
	West Wirral ICCT	3,707
	Rapid Community Response Team	1,825
	CADT	1,617
	First Contact	1,363
	Integrated Discharge Team	2,547
	Occupational Therapy	1,892
	POPIN	908
	Visual Impairment	339
	Operational Support	700
	STAR	4,254
<b>Total</b>		<b>1,130,327</b>

The current structure of the organisation, including its corporate functions, is shown below.

# Organisational structure



## Who we serve

Wirral is home to around 321,000 people. Despite a small geographical footprint, life expectancy varies by 12 years for men and 10 years for women between the most and least deprived areas. Although it has areas of great affluence, Wirral remains one of the 20% most deprived districts in England, with nearly one quarter of children living in low income families.

Wirral's Joint Strategic Needs Assessment projects an increasing number of people living with long-term conditions and persistent health inequalities.

Funding for health and care services is not expected to meet this demand with current provision. Wirral is facing the challenge of reconfiguring services to meet projected increases in demand within available resources.

Cheshire East faces a similar set of circumstances, with demographic pressure and the health and care consequences of an ageing population, plus very constrained finances.

These pressures are felt nationwide. Recognising the increasing pressures of demography, finance and demand, the Five Year Forward View (2014 and 2017) highlighted the need for greater integration of health and care services to achieve:

- better care quality
- increased equity of health outcomes
- better value provision

Nationally, there is now a move towards creating Integrated Care Systems in which commissioners and providers agree a shared responsibility for using their collective resources to benefit local populations. They aim to:

- create more robust cross-organisational arrangements to tackle systemic challenges
- support population health management, e.g. recognising and supporting those at risk of developing acute illness and hospitalisation
- deliver more care through re-designed community-based and home-based services, in partnership with social care and the community and voluntary sector
- take collective responsibility for performance and health outcomes

These principles are reflected in the development of local Place-Based Care systems across Wirral and Cheshire.

## Our business environment

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

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

- NHS Wirral CCG
- NHS England (through the Local Area Team)
- Wirral Borough Council
- Cheshire East Council

Whilst the integration agenda and place-based planning have been and will continue to be, key business drivers, the trust has also considered the potential challenge in the development of the contestable market, including;

- block contracts
- outcome-based commissioning
- tender and procurement practices
- commissioner led ‘any qualified provider’ initiatives

We have considered the competition we face from other organisations including neighbouring NHS trusts and private providers. We have also calculated the risk to our trust based on potential loss of services. No services judged at high risk pose a threat to the Trust’s on-going sustainability.

## Our strategy for 2017-18

Our vision and values, our assessment of population need and our understanding of local and national priorities have informed our strategic themes and priorities.

Our strategic themes and objectives are highlighted below.

♥ Our Patients and Community			
<b>Objective</b>	To be an outstanding trust, providing the highest levels of safe and person-centred care.		
<b>Goals</b>	We will deliver outstanding, safe care every time.	We will provide more person-centred care.	We will improve services through integration and better coordination.
<b>I will...</b>	<b>be outstanding.</b>	<b>listen to patients and encourage feedback.</b>	<b>work smarter with internal and external colleagues.</b>

♥ Our People			
<b>Objective</b>	To value and involve skilled and caring staff, liberated to innovate and improve services.		
<b>Goals</b>	We will improve staff engagement.	We will advance staff wellbeing.	We will enhance staff development.
<b>I will...</b>	<b>listen and get involved.</b>	<b>invest in my wellbeing.</b>	<b>look for ways to develop myself.</b>

♥ Our Performance			
<b>Objective</b>	To maintain financial sustainability and support our local system.		
<b>Goals</b>	We will grow community services across Wirral, Cheshire and Merseyside.	We will increase efficiency of corporate and clinical services.	We will deliver against contracts and financial requirements.
<b>I will...</b>	<b>promote my service.</b>	<b>suggest ways to make my service more efficient.</b>	<b>understand my service targets and help achieve them.</b>

## Strategic and operational risk

The Trust's corporate strategy for risk management is preventative, aimed at influencing behaviour and developing a culture within which risks are recognised and addressed.

Strategic risks affecting the Trust are identified and managed through the Board Assurance Framework (BAF), which is aligned to the Risk Management Framework, and linked to the organisation's Performance Management Framework.

The strategic risks noted against each strategic theme are detailed in the Annual Governance Statement.

During 2017-18, the Board of Directors had oversight of the following major risk areas;

- The scale and pace of organisational and system transformational change regionally through the Cheshire & Merseyside Health and Care Partnership and locally through the Healthy Wirral programme
- Commissioning intentions and contracting decisions limiting organisational and system development
- Cultural transformation within the workforce (including the integration of health and adult social care)

## Going Concern

The Trust Board has reviewed the financial performance in 2017-18 and after making enquiries have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

# Performance Analysis

Wirral Community NHS Foundation Trust measures and monitors its performance against three domains which are derived from and aligned to the organisation's strategic objectives, Board Assurance Framework, statutory reporting requirements and contractual commitments.

The three domains, known as the '3 Ps' are;

- **Our Patients & Community** - focusing on quality goals and patient experience measures
- **Our People** - workforce and staff experience related measures
- **Our Performance** - focuses on national and local performance measures as well as financial sustainability

The 3 Ps form the cornerstone of performance monitoring. KPIs from each domain are monitored together at Board level in order to provide a holistic view of how the organisation is performing. They are reviewed in detail at each of the Board's three assurance committees as follows;

Our Patients & Community	Quality & Safety Committee
Our People	Education & Workforce Committee
Our Performance	Finance & Performance Committee

Along with viewing the performance against the relevant domain each committee begins with a review of relevant risks in order to set the context and triangulate against monthly and YTD performance and trends. Where uncertainty exists, which has not yet crystallised into a defined risk, it is detailed within each committee's principal reports.

In order to support an enhanced understanding of how the organisation is doing and the identification of underlying performance factors, an electronic dashboard solution has been put in place. This is currently available for members of the Board and for the Finance & Performance Committee and will be expanded to the other two committees during 2018-19. Additionally a performance framework is already in place that enables tracking of performance from individual service to Board level.

In addition to the KPIs monitored at Board under the 3 Ps, the Board also receives a dashboard based upon NHSI's Single Outcomes Framework. This uses the methodology detailed by NHSI and provides the Board with the latest published performance of the organisation.

The next section of this report provides a summary of performance followed by a series of case studies of projects and initiatives completed during the financial year 2017-18.

## Our Patients and Community

The first of our strategic themes focuses on our patients and community and is monitored in detail by the Quality & Safety Committee. The committee review a range of performance measures as set out by the organisation's annual Quality Goals. The committee is primarily concerned with assuring performance on clinical quality, outcomes, safety and patient experience along with any recognised risks or uncertainties.

Five key performance metrics under the responsibility of this committee are reviewed at Board level and detailed in the table below.

The Annual Quality Report also includes further information on performance against these metrics.

Our Patients & Community	2017-18	Thresholds		
		Red	Amber	Green
Avoidable Grade 3 & 4 Pressure Ulcers per 10,000 contacts	0.93 (rate)	1.23	0.82-1.23	0.82
CQUIN Performance	94%	<90%	90-99%	100%
Friends & Family Test (patients)	94.36%	<85%	85-90%	>90%
Missed Medication	0.48 (rate)	1.14	0.65-1.14	0.65
Zero Never Events	100%	99%		100%

## Social Care Integration

In June 2017, we transferred a number of Adult Social Care services and staff (*including social workers, unqualified social care assessors, occupational therapists and reablement officers*) from Wirral Council to our Trust. This means that Wirral is one of a handful of places in England to have begun a ground-breaking journey towards truly integrated health and care provision.

In March 2018 the Chief Social Worker for Adults, Lynn Romeo published her fourth annual report referencing the Trust's journey. In this report '*From strength to strength; strengths-based practice and achieving better lives*' the drivers for the integration in Wirral were well summarised as;

- The national recognition of the need for integration across health
- Recognition that services were fragmented
- The demographic data around increased demand
- Financial pressures

The report also recognised that equally important were;

- A shared desire to improve and ensure better outcomes for individuals
- Evidence of increased quality
- New models of care with less duplication, more cohesion, greater coordination and system wide value
- The overarching need to be person-centred, safe, effective and sustainable

- The ability to provide the right care and support, at the right time, in the right place to deliver better outcomes for residents
- Care at home - reducing hospital admissions or care home moves wherever possible
- Coordinating health and social care around an individual in a way that feels like one service

The graphic below illustrates the successful journey to integration



To mark this significant milestone and welcome more than 200 adult social care staff to the organisation, we held a welcome breakfast event for new staff and Trust colleagues. Over 100 people attended and feedback was hugely positive, with social care staff reporting it had facilitated a smooth transition and fostered enthusiasm and excitement for the new integrated working.

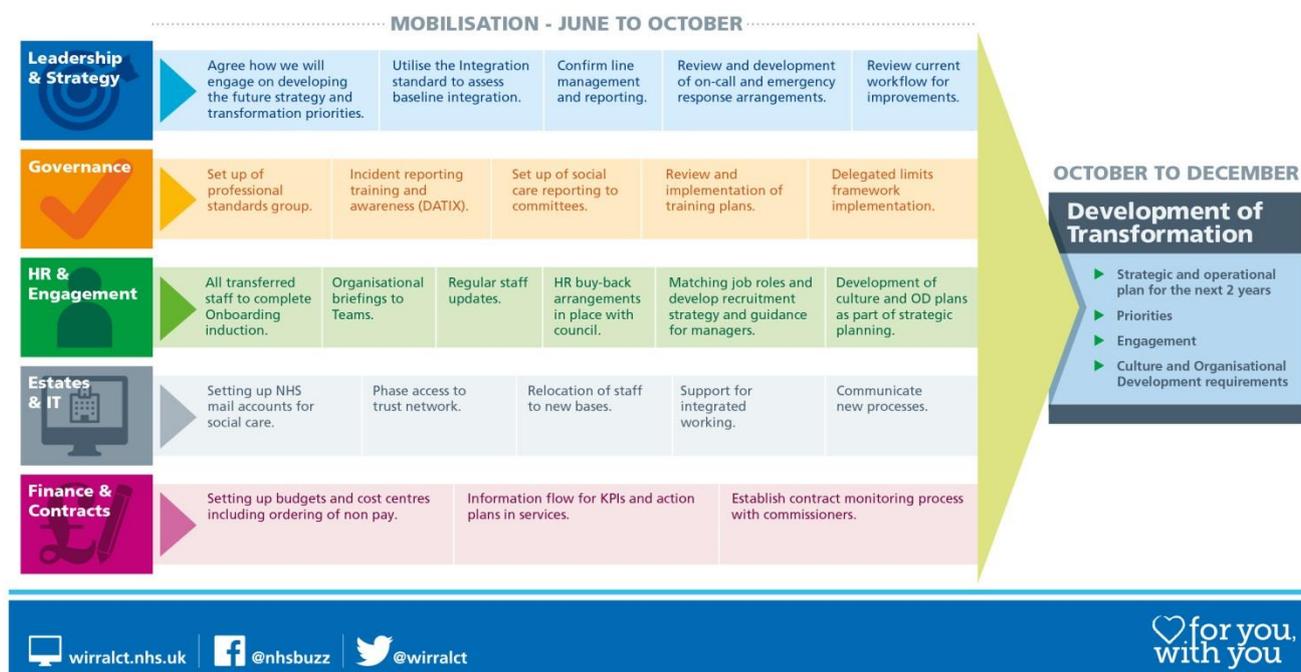
Since the transfer in June 2017, the Trust has performed well against the agreed contractual KPIs and feedback from commissioners, staff and local Wirral citizens has been positive.

We implemented a 100-day plan to address immediate priorities and to achieve our aim of a safe transfer, followed by stabilisation and ultimately opportunities for transformation. We successfully delivered this plan whilst delivering strong contractual performance and an improved user experience.

In February 2018 we were also delighted to be part of a Social Work Conference in Wirral attended by the Chief Social Worker for Adults focusing on integration and safeguarding.

# A new era in Health and Social Care Integration - 100 day plan

Our 100 day plan addresses immediate priorities and lays the foundation for the longer term development of truly integrated health and social care in Wirral, following the transfer of adult social care assessment and care planning services to WCT on 1 June 2017.



Between June 2017 and March 2018 we received over 31,000 social care contacts from local residents and provided holistic social care support to over 20,000 people. We also introduced one single telephone number to make it easier for local residents and professionals to access services and advice.

Working closely with key partners across the system including Wirral Council, the Acute Trust, GPs, mental health services, care providers and local community services, we have seen the percentage of people we are supporting who remain at home 91 days after a hospital admission rise to 85% (the national average is 82%) and an increase in the number of hospital admissions being avoided.

We have also reduced the number of care home placements being made by 12%, (supporting people to live at home whenever possible) and delayed hospital discharges fell from 6.4% in June 2017 to 1.3% in February 2018.

We are extremely proud of our integration journey and our performance during 2017-18. Here are some very important words from our commissioners, staff and most importantly the Wirral citizens we are committed to support.

### Wirral Local Authority commissioners

*“Really good KPI progress noted”*

*“Demonstrates a continued good evidence of robust approach to professional standards and compliance, linking with clinical governance”*

*“First contract quarter review, unanimously agreed - good progress”*

### Feedback from staff

*"I feel that we have been welcomed with open arms and are considered a valuable asset to the Trust"*

*"Relationships with health colleagues have improved significantly"*

*"I do feel this is already encouraging better integrated team working across therapies, nursing, and social care"*

*"I feel proud to be a member of Wirral Community NHS Foundation Trust and thank them for the warm welcome and support received. I look forward to what the future unveils"*

### Feedback from Wirral citizens

*"I was pleased that I didn't get passed from pillar to post and that I had 1 worker to deal with, thank you as it has reduced the stress"*

*"the simple things like putting my clothes on was a struggle but now I have had a STAR service, they worked with me and I can now do it again with aids to support me"*

*"It was a really good service, I had visits from enablers, office staff and Occupational Therapists, who all ensured I was able to manage"*

*"My mum came out of Hospital and as a family we took care of her over the weekend, her first care visit was last night and the team have been just Absolutely brilliant. this is all new to us and we were desperate to get Mum home. Once again, thank you so much for all your help and the advice and information you gave me"*

### GP Out Of Hours rated as good by the CQC

The CQC conducted an inspection of the Trust's GP OOHs service in March 2018 with the final report confirming an overall rating of **Good**.

The inspection report, available on the Trust and CQC website comments that;

- The provider had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The provider routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- We saw that staff treated patients with compassion, kindness, dignity and respect.

The CQC also completed an inspection of the Trust's core services in early March 2018 and a further well-led inspection at the end of March 2018. The reports from these inspections have not yet been prepared by the CQC but initial feedback from the inspection team at the end of the process indicated that they had found the Trust to be caring and open with professional and compassionate staff across all clinical and corporate services.

We look forward to receiving draft reports during May/June 2018.

### Outstanding Care Accreditation

In 2017-18 the Trust launched an exciting new initiative to enable teams to be recognised for the outstanding care they deliver. The initiative was developed by clinicians and invites teams to complete a

self-assessment of their compliance against CQC fundamental standards and rate themselves according to an internal accreditation scoring system.

The process also includes a peer review of the self-assessment evidence followed by a ratification visit from an internal review team. We are looking forward to rolling the accreditation programme out across the whole organisation during 2018-19.

### **Teletriage**

In 2017 we launched a project to provide healthcare advice to care homes. This project allowed care homes in the pilot to contact a senior nurse if they had concerns about a patient any time of day or night. The nurses are able to see the patient via the use of an i-pad and Skype technology and complete a rapid assessment to determine what action is required.

The service supports un-well patients within their care home rather than facing the frightening and disruptive prospect of ambulances and hospital departments and has now been rolled out across Wirral.

### **Community Sepsis**

During 2017-18 a number of sepsis mandatory training workshops were delivered to community nursing staff across the Trust. Delivered by senior community matrons, the workshops were very well received and staff expressed a greater awareness of the signs and symptoms of sepsis. This has given staff greater confidence for referring for a further urgent assessment for a possible sepsis patient.

These workshops have significantly enhanced patient safety and quality of care within community nursing. Nurses are now contacting the community matrons for more clinical advice and support with complex cases, as well as escalating unwell patients.

Delivering such workshops has enabled the matrons to support staff in being more proactive with their care of complex patients, rather than reactive crisis management. By proactively managing the community nursing caseloads, it is hoped that acute hospital admissions are avoided.

### **Bladder and bowel service**

The team has delivered excellent bladder and bowel care through partnership working with industry, private sector and other NHS providers. Significant changes have been made through partnership working by improving the home delivery service for containment products and improving the patient journey along the way.

Partnership working has also enhanced care for urology and stoma patients by offering services closer to home. This has enabled a cross fertilisation of clinical skills within the team and benefits the quality of care for the patient.

The team has also worked in partnership with Chester University and is very proud to have developed and produced a urology and continence module that is nationally recognised.

### **‘Always Events®’ - Forget Me Not stickers**

Always Events® is a tried and tested improvement methodology using co-production and ensures that patients and families are true partners in designing improvements to services. In the Trust’s Quality Strategy 2017-20, the ambition to embed the principles of the Institute for Health Improvement (IHI) Always Event Framework into the engagement methodology and pathway design around what matters to people was described. All services across the Trust were set a goal during 2017-18 to undertake an in-depth review of a pathway or intervention; further information on this can be found in the Trust’s Quality Report.

The Trust’s Dementia Lead welcomed this goal and secured funding for packs of ‘Forget Me Not’ stickers which are now being successfully used and placed on the inside of patient’s front doors who have

dementia. The logo of the forget me not flower is commonly recognised as the symbol to represent dementia and the stickers help health and social care professionals who may be visiting the property but unaware of the person's dementia to understand the situation that they may be responding to or assessing.

This initiative was the winner of a HEART Award for Exceptional Care at our annual staff awards ceremony in March 2018 and Emma Taylor, the Trust's Dementia Lead has been chosen as the regional winner in The Care and Compassion Award category for the NHS70 Parliamentary Awards and has been shortlisted for a national award.

## Wheelchair Service Quality Improvements

During 2017-18 the Wheelchair Service worked with service users and implemented a new pathway for the provision of powered wheelchairs. The new process is more streamlined and enables people eligible for a powered wheelchair to receive it on the same day as their clinical assessment. Historically, there had been lengthy waits with multiple steps in the process for provision.

This new way of working has led to a significant reduction in waiting times with the average number of days from referral to handover of wheelchair reduced by 200 days. The service has seen a more positive service user experience *"Thank you for the fantastic service, my chair is fantastic. I was impressed with the care taken"* and it has also freed up time for the team to see people who are waiting for an appointment and delivered cost efficiencies to the service.

## 'The Jigsaw Programme'

We were proud to be part of the 'The Jigsaw Programme' during 2017-18, delivered in partnership with Cheshire East Council and Barnardos. The programme is a therapeutic programme for children who have experienced domestic abuse and encourages them to talk about their experiences with other children in a safe, non-threatening environment and provides compassionate care, with kindness and empathy. Support is also given to the mothers of the children, so they can build these relationships which have often been damaged.

After attending the programme the children reported feeling more settled at school, more able to focus and concentrate and to build healthy relationships.

## Membership & Governors

The Trust continues to have a strong and representative membership through 8,211 members, both public and staff. During 2017-18 we were delighted to have our Adult Social Care workforce join our staff membership and value the contribution and perspective they bring to our engagement activities.

The Council of Governors is keen to identify opportunities to engage with members and in 2017-18 the Your Voice group was re-launched to include governor representation alongside patients, service users and Wirral citizens to support the Trust in effective service user engagement and to shape the future membership strategy for the Trust.

During 2017-18 the Council of Governors have participated in leadership walkrounds with Non-Executive Directors providing another opportunity to engage with Trust members and service users. These have been well received and a programme is in development for 2018-19.

Our younger membership continues to grow and we are delighted to have developed a positive and rewarding working relationship with the 'Young Chamber' in Wirral and have had significant membership recruitment success at recent careers events during 2017-18.

The Trust is committed to improving the health and wellbeing of patients and staff, ensuring it contributes positively to the lives of the local communities.

This was illustrated in 2017-18 with some of the following key activities;

- An electronic staff bulletin is issued to all staff on a weekly basis providing information on the trust and wider community news and information. A weekly CEO blog is also circulated sharing good news from across the organisation and local, regional and national developments relevant to Trust staff.
- The Trust worked closely with the Wirral Chamber of Commerce supporting Young Chambers careers events throughout the year.
- An Art Exhibition at St Catherine's Health Centre, opened by The Mayor of Wirral, featuring work by pupils from St Marys Catholic College
- A successful programme of work experience placements in partnership with 4 local schools for students primarily aged 14 -18. In 2017-18 the Trust welcomed 22 students across 15 different services and teams, both clinical and non-clinical. The Trust was also delighted to have received the Fair Train Bronze Award for the Work Experience Programme.
- An active cohort of 80 volunteers working across 10 services and teams providing valuable support to our patients and service users, their families and the local communities we serve. The Trust recognises the value and benefits of volunteering giving members of the local community a sense of purpose and in many cases reducing social isolation. In 2017-18, we have been working with a number of our volunteers who have been gaining valuable experience to support them returning to the workplace. Their placements have given them greater confidence with one volunteer actively working to gain a place at University and others expressing an interest in future apprenticeship opportunities. We recognise the invaluable work of our volunteers and celebrate their support each June during Volunteers Week.
- At our Annual Staff HEART Awards we are always proud to present an award to our Volunteer of the Year and in 2017-18 this was presented to Kevin Garrod who has been working with the Cardiac Care Team at Wirral Heart Support for over two and a half years and has been a real asset to the team. Kevin had attended the cardiovascular rehabilitation programme and wanted to give something back to the service; Kevin now assists patients in the gym helping them to gain confidence and sharing his own patient experience.
- An annual Patient Choice Award, as part of our Annual Staff HEART Awards showcasing inspiring and insightful stories of the patients we serve. Patients, families and carers nominate individuals or a team who they feel deliver outstanding care. In 2017-18 Phil Rhodes from the Wirral Children and Wellbeing Team won this coveted award following a nomination from a service user whose experience had been so positive.

## Our People

The second strategic theme of the balanced scorecard focuses on the people and staff of Wirral Community NHS Foundation Trust and is monitored for assurance at the Education & Workforce Committee. Monitoring of performance at the committee is centred on the organisation's People Strategy which includes a range of metrics with 4 KPIs reported to the Board for monitoring.

In total the Trust employs around 1,700 staff, 90% of whom are patient and service user facing and 90% of whom are women. The largest staff groups are nursing, physiotherapists and clinical support.

Our workforce represents close to 70% of the costs of the organisation, and is therefore our most important and valued resource.

In June 2017 the Trust was delighted to welcome more than 200 Adult Social Care Staff (including social workers, unqualified social care assessors, occupational therapists and reablement officers) transferred from Wirral Borough Council.

Our People	2017/18	Thresholds		
		Red	Amber	Green
Mandatory Training Compliance	84%	>75%	75-90%	<90%
Sickness & Absence	5.22%	<4.8%	4-4.8%	>4%
Staff Turnover	15.08%	<14.5%	12-14.5%	>12%
Vacancy Rate	3.09%	<12%	10-12%	>10%

Further information on sickness absence and staff turnover is detailed in the Staff Report.

## Staff Flu Campaign

Our 2017-18 staff seasonal flu campaign was the most successful to date. With a target of 70% of eligible staff required to get the job, the Trust achieved 71.2% which was a 12.5% increase on the previous year.

This was an enormous achievement and ranked us among the best performing community trusts in the country. The success of the campaign was driven by improvements in the operational delivery of the vaccine to teams across a wide geographical area, accompanied by an integrated internal communications campaign using staff as advocates for why they were getting the job.

The campaign was also boosted by the 'Jab for a Job' message where the Trust donated 10 tetanus vaccinations to UNICEF for every member of staff who had the flu jab.

We were proud to receive recognition at a national level for the success of our campaign.

Between Oct-Dec 2017 our Cheshire East 0-19 Service also vaccinated over 15,500 children against Flu



## Wellbeing Week

The Trust held a 'Wellbeing Week' in May 2017 which provided lots of opportunities to engage in activities to improve wellbeing for staff across the Trust. This was supported by a cohort of over 30 enthusiastic wellbeing champions from teams across both clinical and non-clinical services.

## Annual Staff Awards

To recognise the exceptional work of staff and volunteers from across the Trust, we held our sixth annual HEART Awards in March 2018. Almost 150 nominations were received for individuals and teams across award categories, including Exceptional Care, Volunteer of the Year and the People's Heart Award, in which patients, families and carers nominated individuals or teams for outstanding care and patient experience that went beyond their expectations.

The event was enjoyed by all and was a real celebration of the high quality care delivered by our teams.

## Appraisals

We maintained our strong track record with annual appraisals during 2017-18 with 97.66% of staff receiving an appraisal.

## Leadership for All Event

Our Annual Leadership for All Event was held in November 2017, with a waiting list for places!

This year we streamed live on Facebook for the first time, enabling our teams in Cheshire East to participate and submit questions to our guest speakers.

"Fab Change Week" was also launched at the event with staff making pledges on what simple changes they wanted to make that could make a big difference.

## Coaching programme

In 2017 the Trust launched an internal coaching programme, aiming to empower staff to make their own decisions in the workplace rather than just telling them what to do.

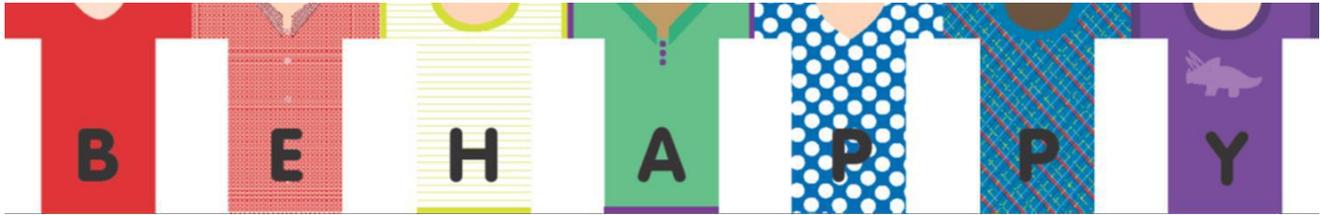
Nearly 70 senior managers received coaching training and support to begin to embed a coaching culture across the organisation. A 'trio facilitator' model has been established, providing on-going support for the new coaches.

## 'Be Happy' tool

Improving the emotional health and wellbeing of children and young people is a vital part of the School Nurse role. Following a bid for funding to the Trust's Innovation Fund, the 'BE HAPPY' tool was developed for School Nurses to help young people look after their mental and emotional health and wellbeing.

During 2017-18 the 'BE HAPPY' tool was piloted with School Nurses in Cheshire East with the aim of rolling it out to other Trust services and it was awarded an NHS Fab Award.

Each letter in the tool covers an issue that contributes to some of the difficulties young people can face using the acronym 'BE HAPPY.'



- B** - Breakfast - having breakfast can enhance concentration and reduce obesity
- E** - Enjoy - we need to do more of what makes us 'feel good'
- H** - Healthy - being physically healthy has a direct link to being emotionally healthy
- A** - Achieve - recognising achievements makes us feel good
- P** - Positive - it's important to concentrate on what makes a 'good' day rather than a 'bad' day
- P** - Praise - everyone is good at something
- Y** - You - it is important to be encouraged to be yourself

The feedback received from our staff using the tool has been overwhelmingly positive and the aim is to get it in school nurses' tool boxes on a national level to help promote the positive mental health and wellbeing of our children and young people.

*"Promoted conversation with young people who have previously been difficult to engage"*

*"Can be used in stages over several weeks and is great to use in group settings to help self-esteem"*

*"Fantastic way of talking with children and exploring how they are doing, I use it with my safeguarding families and young people who self-harm"*

*"Very versatile - great for a whole range of age groups"*

## Celebrating our achievements

During 2017-18 staff across our organisation were recognised locally, regionally and nationally through awards, publications and successful applications to prestigious scholarship programmes. We are proud of the skills and achievements of our staff and are committed to enhancing opportunities for staff development.

- One of our newly qualified Health Visitors was awarded 'Health Visiting Student of the Year' at the Journal of Health Visiting Awards 2017
- A member of the Children Looked After Team was nominated by a Care Leaver for the Wirral Children's Services 'Listen To Me' Awards
- The Deputy Director of Nursing was awarded an AQuA Leadership for Improvement Fellowship
- Members of the Quality & Governance Service were successful in having an abstract accepted for poster presentation at the National Infusion and Vascular Access Society (NIVAS) 6<sup>th</sup> Annual Conference
- Our Senior Infection Prevention & Control Nurse delivered a poster presentation at the Infection Prevention Society Conference 2017 in Manchester
- The Tissue Viability Lead Specialist Nurse had an article accepted for publication in Wounds UK in November 2017
- One of our Infection Prevention and Control Nurses had a research article published in relation to the Pseudomonas Aeruginosa outbreak in 2016 in the Public Library of Science (PLOS)
- The Head of Nursing and Patient Safety was offered a place on the National Director of Nursing Talent Scheme starting in February 2018
- Two applications to the Florence Nightingale Emerging Leaders Scholarship Programme were successful, with one of the applicants offered an Aspiring Director Scholarship

- One of our Health Visitors was successful in an application to become a Fellow of the Institute of Health Visiting (FiHV)
- We were the first Community Trust in the North West to attain the skills development networks Excellence in Informatics Level 1 award
- We were nominated for an NHS Sustainability Award
- We hosted a Quality Improvement Network event with Mersey Internal Audit Agency in October 2018 to discuss the quality implications of health and social care integration

## Freedom to Speak Up Champions

The Trust's Raising Concerns Policy makes it as easy as possible for staff to have the freedom to speak up and raise concerns.

Our 'Freedom To Speak Up Champions' play an important role in encouraging staff to raise any concerns they may have at the earliest opportunity. All staff are encouraged to speak to any of the champions if they have any comments or issues about raising a concern.

During 2017-18 we were pleased to increase the number of champions across the organisation to almost 40; these champions act as ambassadors for the Trust's policy and receive training to support them in their role.

## Training and Development

In October 2017 the Trust welcomed its first 3 apprentices in Business Intelligence, IT and Finance. An additional 5 apprenticeships for existing staff were also supported. Apprenticeships provide an opportunity to earn money, gain work experience and achieve nationally recognised qualifications.

The Trust was also awarded bronze level accreditation by Fair Train for its work experience programme. The Work Experience Quality Standard is a national accreditation which provides external quality assurance for high quality work experience and employability programmes.

The Trust also supported 7 Trust staff to undertake a work-based two-year Nursing Associate Programme in conjunction with The University of Chester. The new Nursing Associate roles sit alongside existing nursing care support workers and fully-qualified registered nurses to deliver person-centred care, supporting both the physical and mental health needs of patients. The trainees spend time on placements with a range of services within the Trust and with partner organisations locally.

## Our Performance

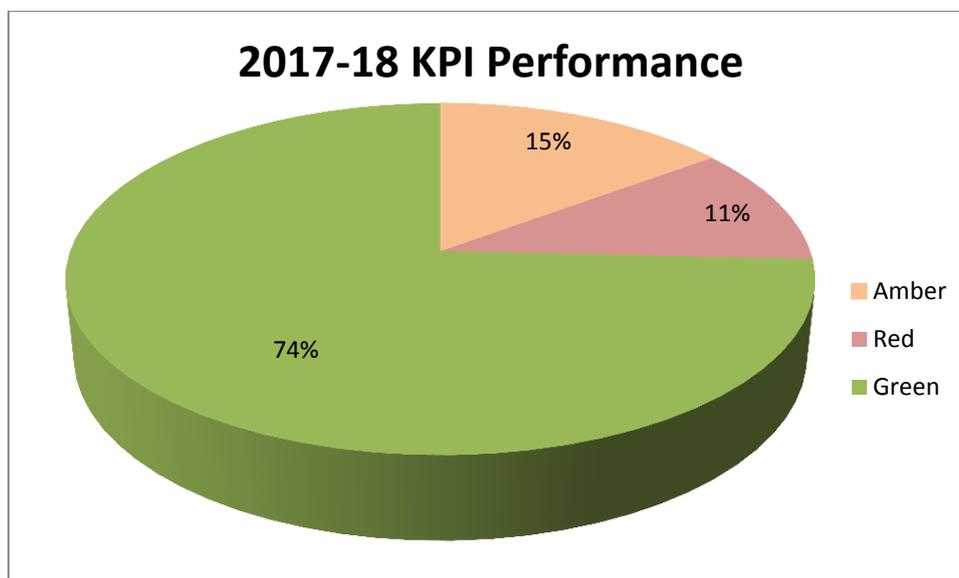
The final strategic theme of the Trust's balanced scorecard covers the monitoring of all the organisation's contractual performance KPIs along with financial performance and performance against the organisation's Cost Improvement Programme (CIP) along with associated risks. 'Our Performance' is overseen by the Finance & Performance Committee.

Financial performance monitoring is driven by Use of Resources Risk Ratings as set by NHSI along with CIP progress. All contractual KPIs, of which there are almost 100, are presented to the Committee each month and reviewed in detail where exceptions exist (i.e. amber or red rated performance). Exception reports triangulate to known risks or uncertainties as does the review of financial performance. 8 KPIs under 'Our Performance' are reviewed at Board level as shown below.

Our Performance	2017/18	Thresholds		
		Red	Amber	Green
6 Week Diagnostic Wait	99.88%	>99%		<99%
A&E 4 hour wait	99.19%	>90%	90-95%	<95%
Agency Cap (% under plan)	-2.23%	<10%	0-10%	0%
CIP v Plan	100%	>95%	95-98%	<98%
Finance v Plan (Control Total)	7.89%	<-5%	0-5%	0%
KPI Performance (% KPIs that are Green or Amber)	89.13%	>80%	80-90%	<90%
Referral to Treatment Time	100%	>85%	85-92%	<92%
Use of Resources	1	3	2	1

In 2017-18 the Trust performed well against its contracts with commissioners and demonstrated an overall improvement from 2016-17 with the large majority of key performance indicators demonstrating Green / Satisfactory performance.

Of the 100+ KPIs tracked and monitored across clinical and corporate divisions, 74% were reported as green, 15% as amber and 11% as red at the end of 2017-18. KPIs which are RAG rated as Amber or Red have action plans in place to support improvements in the service area and are monitored via the Finance & Performance Committee on a monthly basis.



The Trust uses a performance management framework to track operational performance within its clinical and social care divisions and reports on underperformance and actions to improve through to committees of the Board.

The Trust's clinical and social care services are commissioned by Wirral CCG, Wirral Local Authority - Public Health, Wirral Local Authority - Social Care, East Cheshire Local Authority and NHS England.

Wirral CCG commended the Trust on overall good and improved performance in 2017-18 and Wirral Local Authority have also given positive feedback following the award of the contract for the provision of Adult Social Care since June 2017.

The Integrated Children's Division have secured agreement to a 2-year contract extension to 2020 for Cheshire East 0-19 services and demonstrated improvements in delivery of 0-19 services in East Cheshire.

In respect of financial performance, the Trust performed well during 2017-18, exceeding its set control total of £1.57m by £125,000. This resulted in further STF income of £1.353m and a final surplus of £3.049m (based on the NHSI control total criteria). The Trust achieved its overall CIP target of £2.8m with £2.2m identified as recurrent savings.

Overall the Trust received a Use of Resources rating of 1 (the highest available). This rating consists of 5 constituent parts. Individually the Trust received a rating of 2 for both 'I&E Margin: distance from plan' and 'Agency Cap'. The I&E margin rating of 2 is simply due to the fact that the Trust took on the provision of Adult Social Care from 1 June 2017. The addition of Adult Social Care increased the Trust's turnover but did not impact on the planned surplus at year end. The Trust exceeded its Agency Cap for 2017-18 due to the impact of winter funding initiatives which required additional agency staffing. The Trust was also set a target to limit its medical agency costs and comfortably achieved this throughout the year.

The table below details the Trust's performance against NHSI Use of Resources Rating for 2017-18.

NHSI Risk Ratings	2017-18
Capital Service Cover rating	1
Liquidity rating	1
I & E Margin rating	1
I & E Margin: distance from plan rating	2
Agency rating	2
Overall Rating	1

The Trust met all of its statutory financial duties for 2017-18, our seventh successful year of operations as a standalone NHS Trust. The following table details the financial performance that resulted in an overall control total surplus of £3,049k.

	2017-18 £'000
Net deficit for the year	(5,296)
<b>Adjustment for items not included in the control total:</b>	
Impairment of land and buildings	374
Transfer of Merseyside Pension Scheme liabilities	7,211
Remeasurement of Merseyside pension scheme liabilities	760
<b>Control total</b>	<b>3,049</b>
<b>Comprising:</b>	
Sustainability and Transformation Fund income	2,032
Underlying surplus	1,017
<b>Total</b>	<b>3,049</b>

As an independent organisation we have always maintained a strong financial position. We have consistently delivered on Income and Expenditure (I&E) targets, CIPs, cash and external financing targets when relevant and our capital plans.

### Cost Improvement Programme

The Trust's approach to CIP planning during 2017-18 focused on service transformation and business planning and was driven through the Transformation and Efficiency Group (TEG) which reports to the Finance & Performance Committee. A series of workshops with clinical and non-clinical teams were held to share plans and exchange ideas and identify further potential efficiencies. This proved to be a successful approach and will be further expanded for 2018-19 planning.

## **System resilience and supporting the Urgent Care system**

The Trust has played a vital role in supporting the health and care system during a challenging and long winter. This has resulted in an improvement in the A&E 4-hour standard across Wirral which has been recognised nationally. The Trust and our dedicated staff have worked hard to support the shift in the system to reduce the number of people attending the A&E department at Arrowe Park Hospital. With partner organisations across the system we have worked collaboratively and implemented key transformational changes, such as clinical streaming at the front door of Emergency Department (ED) and the Transfer to Assess (T2A) model.

Performance against the 4-hour standard has improved considerably with an aspiration locally that the system will be performing at 90% by October 2018 and 95% by March 2019.

## **ISO 14001-2015 accreditation for St Catherine's Health Centre**

The Trust was awarded the international ISO 14001-2015 environmental accreditation for St Catherine's Health Centre in 2017-18.

Following a rigorous assessment, we are one of a few community health trusts in the country to have a building accredited as being environmentally friendly with an esteemed ISO 14001-2015 Certificate.

To achieve this accreditation, we demonstrated how we had undertaken a thorough review of the impact St Catherine's Health Centre has on the environment and evidenced that positive changes had been made to reduce it.

We now hope to gain ISO 14001-2015 accreditation for more of our sites.

## **Promoting innovation**

As a demonstration of our commitment towards research and innovation, we actively seek to support staff to get involved and test ideas that will deliver better evidence-based outcomes for our patients.

We have an Innovation Fund led by the Director of Nursing and the Medical Director which is available for individuals to access to support their research projects or innovations.

All proposals must set out an innovative approach that makes a significant contribution to the evidence base for delivering high quality care and demonstrate that it addresses improvements in at least three of the 5 domains of quality care as described by the Care Quality Commission (CQC):

## Sustainable Development Management Plan

The Trust has a Sustainable Development Management Plan (SDMP) that assists in clarifying objectives on sustainable development. This has been in place since the establishment of the Trust in April 2011 and has been updated in 2018. The plan has Board level accountability through the Finance and Performance Committee and ensures that sustainability issues have visibility and ownership at the highest level of the organisation.

The SDMP helps the Trust to;

- Meet the minimum requirements of sustainable development
- Save money through increased efficiency and resilience
- Ensure the health and wellbeing of the local population is protected and enhanced
- Improve the environment in which care or the functions of the organisation are delivered for service users and staff
- Have robust governance arrangements in place to monitor progress
- Demonstrate a good reputation for sustainability
- Align sustainable development requirements with the strategic objectives of the organisation

## Environmental Awareness Initiatives

The Trust has developed an Environmental Management System (EMS) which has resulted in achieving the ISO 14001-2015 Environmental Award in December 2017. The award is an internationally accepted standard that outlines how to put an effective environmental management system in place. It is designed to help businesses remain commercially successful without overlooking environmental responsibilities. Staff have been encouraged via the use of screen savers and staff bulletins to recycle the following items in work;

- Used batteries.
- Cardboard.
- Used toner and printer cartridges.
- Plastics from goods delivered (shrink wrap packaging).
- Aluminum cans

We have continued with the maintenance of an established Environmental Management System, which enables us to monitor our performance against KPIs such as carbon emissions, utility consumption and waste.

The Trust acknowledges that adaptation to climate change will pose a challenge to both service delivery and infrastructure in the future and it has therefore become a key consideration as we plan how we will best serve patients in the future. As such sustainability issues form an integral part of our Estates Strategy. All Trust properties that need a Display Energy Certificate (DEC) have one in place and the DEC is displayed on each reception desk.

We have a Sustainable Transport Plan (STP) in place for the Trust which considers the burden NHS organisations place on the local transport infrastructure, whether through patient, clinical or other business activity. Similarly, the Trust is committed to reducing the wider environmental and social impacts associated with the procurement of NHS goods and services; this is set out within our policies on sustainable procurement.

Our strategy embraces advances in technology and communication, creates the space and opportunity for innovation and fosters pioneering partnerships. Its core principles are motivational and collaborative. They speak to wider calls for patient and staff wellbeing, positive behavioural change and the integration of

sustainability into the design, delivery and quality of care we provide.

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

While we have made considerable progress since our first Sustainable Development Management Plan in 2009, our journey must continue, both in 2018 and beyond. It is a journey we must all take together, united behind the principles outlined here to ensure a healthy future for our patients, our Trust and for the NHS itself. Our strategy provides a route map for how we will progress.

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

In practice this requires us to reduce our carbon footprint, minimise waste and pollution, make the best use of scarce resources and build resilience to a changing climate whilst nurturing community strengths and assets.

### **Our commitment to reducing the carbon footprint**

The [Climate Change Act \(2008\)](#) was introduced to ensure the UK cuts its carbon emissions by 80% by 2050. The 80% target is set against a 1990 baseline.

The act enables the UK to become a low carbon economy. It sets in place a legally binding framework allowing the government to introduce measures which will achieve carbon reduction and mitigate and adapt to climate change.

As the largest public sector emitter of carbon emissions, the health system has a duty to respond to meet these targets which are entrenched in law. Contributing to the Climate Change Act target with a 34% reduction in carbon emissions by 2020 is a key measure of our ambition across the country. Consequently it has the potential to make a significant contribution to tackling climate change in the UK.

Below is a summary of our performance to achieve this aim.

### **Carbon Emissions**

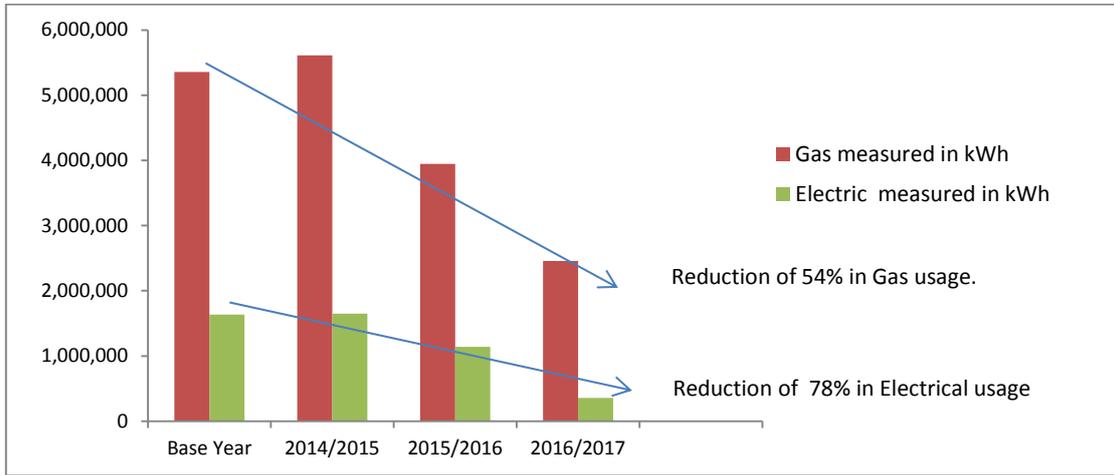
Following completion of the annual Estates Return Information Collection (ERIC) we have been able to calculate the total carbon emissions from energy (gas, electricity and fuel oil) allowing us to benchmark our current position, both in terms of total emissions and emissions per occupied floor area. The individual site data on energy was used to assess which buildings were the most and least energy efficient sites within the Trust estates.

We use energy to heat and power our buildings, we travel great distances to deliver our services and we produce waste, which needs to be disposed of. All of these issues result in various environmental and social impacts, not to mention a growing financial cost to the Trust at a time when resources are limited.

The primary measure we use to quantify and manage our environmental impact as a Trust is what we call our carbon footprint. A carbon footprint is the total amount of greenhouse gases produced as a direct and indirect result of our activities and is expressed as tonnes of carbon dioxide equivalent (CO<sub>2</sub>e). Our current carbon footprint baseline, from which we have measured progress towards meeting our targets, is from the year 2013/2014 (our base year) and is broken down as illustrated below.

Our highest impact areas are associated with gas, electricity and water use at our premises, and business travel as a result of the community-based nature of our services, although business travel reporting is no longer a requirement of ERIC.

The figures below provide an overview of the Trust's energy reduction over the last 4 years.



## Water usage

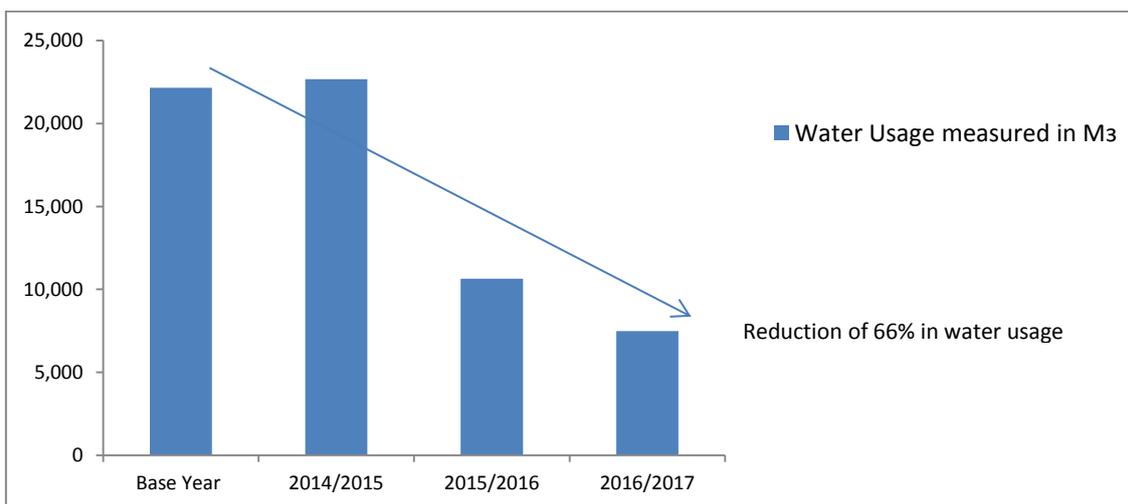
Water has been termed the “new carbon”: it is a scarce resource and costs are rising rapidly making it an increasingly precious but undervalued commodity. A significant amount of energy and resources are consumed to produce potable water, which contributes to the Trust’s carbon footprint.

We will introduce best-in-class water saving technologies and techniques and develop an action plan to safeguard the Trust from future water shortages. We are exploring the option to fit waterless urinals in our main headquarters St. Catherine’s Health Centre, this will save a million litres of fresh water a year.

Buildings that are equipped with water conservation devices may use less than half the amount of water compared to ones that don’t. Installations such as cistern dams, urinal controllers, flow restrictors and self-closing taps save water and money. They are all proven, simple to install and economic.

A dripping tap wastes approximately 5,500 litres of water a year, we will be encouraging staff to report leaking taps in our buildings and our engineers will repair them quickly.

The figures below provide an overview of the Trust’s Water reduction over the last 4 years.



## Waste

We will liaise with waste contractors, suppliers and relevant support agencies to implement the Waste Hierarchy illustrated below with the ambition of achieving zero waste to landfill across all of our operations and turning residual waste into a resource opportunity wherever possible. Waste recycling initiatives have been implemented across the estate, with all locations encouraged to recycle paper, cardboard, bottles,

printer and toner cartridges, portable batteries, both Zinc and Lithium types and mixed recyclable waste. We recover or recycle 119 tonnes of waste, which is approximately 64% of the total waste we produce.

## **Waste Hierarchy**

The UK-wide policies on waste are built on an EU concept known as the waste hierarchy. The waste hierarchy requires anyone managing waste to consider first prevention, preparing for reuse and recycling followed by other methods of recovery, for example energy recovery and, lastly, disposal. Prevention, preparing for reuse and recycling should be given priority order in any waste legislation and policy. Our response to this is included in the paragraph below on increasing recycling.

## **Diversion of waste from the landfill**

Based on the waste hierarchy, a key objective of government policy is to reduce the level of waste going to landfill and to get people to recycle more. The Environmental Permitting (England and Wales) Regulations 2010 and Landfill Allowance Scheme (Wales) impose restriction on the type and amount of waste that can be disposed of in landfills in England and Wales. Scotland and Northern Ireland also have similar landfill regulations.

## **Increase recycling**

The government's objective is to make it easier for people and organisations to recycle more. Several measures have been put in place to encourage the general public to consider waste as a resource and adopt a recycle and reuse culture for example the carry bag charge introduced in October 2015. These policies aim to encourage people to reuse their shopping bags, and to reduce waste and littering. We will increase our recycling across all our sites and increase the scope of our environmental 14001-2015 award to include all our owned properties within the next three years.

## **Travel and Transport**

Travel and transport by the Trust is one of its most significant environmental impacts and will therefore be a priority for future management and carbon reduction opportunities. Our impact includes carbon emissions arising from:

- Trust business travel by road
- Staff commuting
- Patient and visitor travel

The Trust will seek to improve travel data collection and management in the future to enable greater analysis of travel behaviour by staff and patients and to identify opportunities to reduce carbon emissions through sustainable transport options. This includes a short survey of staff travel modes, distances and behaviour. The Trust's Travel Plan sets out our ambitions to reduce the environmental impact of staff commuting to and from work in single occupancy vehicles and what the Trust will be doing to encourage staff out of their cars and into other sustainable travel options.

Examples of actions include;

- The Trust will work with suppliers to increase the efficiency of deliveries and to minimise the associated carbon emissions
- Encourage teleconferencing and video conferencing facilities to minimise business travel
- Promotion of cycling - provide additional secure lockers, changing and shower facilities where feasible
- Develop the Trust walking plan/trust cycling map showing safe walking and cycling routes, indicating distances and times to popular destinations

- Education and communication with staff to reduce unnecessary travel
- Improve the dissemination of public transport information to staff and patients/ visitors

## Procurement without Carbon

Procurement is the biggest contributor to carbon emissions within the NHS, The national healthcare system spends in excess of £40billion each year on the procurement of goods and services which presents a significant opportunity to influence the suppliers of these goods and services to develop more environmentally, financially and socially responsible practices. We will eliminate waste from our supply chain through the implementation of new procurement policies and tendering processes and through proactive collaboration with our major supply chain partners.

Implement a new Sustainable Procurement Policy, ensuring that sustainability and social responsibility considerations are introduced at the earliest possible opportunity as a business-as-usual feature of our procurement activity. Engage in collaborative initiatives with suppliers to identify and address known carbon “hotspots” to deliver measureable environmental performance improvements. We will promote our Sustainable Procurement Policy to all potential suppliers and train staff to ensure that anyone procuring for our Trust understands what is required to procure in a sustainable way. We will ensure that we develop a Procurement Stock Review programme to help reduce waste generated by our clinical services. The procurement department will set up effective communications with other NHS organisations to share best practice and benchmark our performance and publicly report on our progress each year.

## Communication

The Trust’s environmental policy commits to engaging staff, patients, visitors, stakeholders and the wider local community on the economic, social and health benefits of sustainability.

To maximise the effectiveness of the Trust’s communications on sustainability and to identify the key stakeholders such as staff, patients, visitors, contractors and the local community, the Trust has developed a communications procedure. The communications procedure sits within the Trust’s Environmental Management System and defines how the Trust communicates with stakeholders and interested parties.

The Trust recognises the value in how we communicate our sustainable development messages to ensure information on our progress towards the Sustainable Development Management Plan (SDMP) goals are communicated in a simple, effective and relevant way in order to ensure maximum engagement.

## Objectives for 2018-19

The Trust has already exceeded the target the Climate Change Act set in 2008 that requires a 34% reduction in carbon emissions by 2020 however to ensure that we reach the end goal set to ensure the NHS cuts its carbon emissions by 80% by 2050 we must keep improving.

It is fundamental to being a sustainable organisation that we operate with integrity and responsibility, we will achieve this by measuring and monitoring our progress which we believe is the key to ensuring that we are developing in the right direction.

We recognise the vital role our staff can play in helping us deliver this management as well as the power of partnership to accelerate progress and achieve success. The Trust has set ambitious but achievable targets for 2018-19.

- Reduce carbon emissions associated with energy use by a further 2.5%
- Reduce waste being sent to landfill by increasing recycling by 5%
- Reduce water consumption by 2.5%
- Reduce carbon emissions with transport

Other key areas for consideration as part of the Sustainability Development Management Plan for Wirral Community NHS Foundation Trust are set out together with the clear aspirations of what could be achieved, the actions which need to be undertaken and how the success of those actions can be measured have been set out below.

- Trials of government funded solar panels that will save money on our energy bills.
- Charging points fitted to encourage staff to exchange their vehicles from petrol to electric.
- Changing plastic cups in our water dispensers to paper type that can be recycled.
- Changing plastic knives', forks and spoons in the café to wooden so that they can be recycled.

## Looking ahead - new organisational strategy

Wirral Community NHS Foundation Trust is committed to system-wide collaboration and leadership and our ambitions and organisational strategy are fully aligned with plans in the wider health economy. This includes the development of integrated Neighbourhood care teams.

Wirral's 9 Neighbourhoods are based around geographical groupings of GP practices and formed by aligning existing community-facing services with these practices to develop integrated teams. They will include mental health, social care providers and the Voluntary, Community and Faith sector, closely supported by secondary care teams, reducing complexity and improving people's experience of care.

Improving coordination between all members of the health and care system at a local level will mean better care for those with complex, on-going needs. It will also enable proactive identification of people at risk of ill health, helping them stay well and maintain independence and quality of life. This will reduce system pressures caused by reactive, episodic management whilst providing more efficient and person-centred 'joined-up' care.

Over the coming year, by continuing to align our services with GP practices and Neighbourhoods, we will support the development of Neighbourhood leadership teams that will take responsibility for coordinating services and improving health in their area, balancing more local decision making and developing local services to meet specific community needs with use of best practice and reduction of unwarranted variation so that people across Wirral get the same high standard of care.

We believe that creating better links between people and services at a local level will:

- help people improve their quality of life with less reliance on statutory services
- reduce health inequalities
- use risk-based analysis of individual and wider population health to inform provision of proactive, well-coordinated support and care
- enable health and care professionals to work better together
- better understand communities and their assets

As well as developing integrated teams, we will start to proactively work with partners to identify priority pathways, using data-driven analysis and evidence to inform revision and creation of new services, including:

- Implementation of better-integrated, multidisciplinary care at practice level for people with current complex needs
- Identifying and implementing a model of case finding and support to prevent people at risk of greater ill health

We will also focus on promoting health and wellbeing so that staff are consistent in using every contact to support people to live healthier lives, and are encouraged to be more healthy themselves.

## Operational Plan 2017-19

For 2017/18 - 2018/19, the Trust's focus will remain on integrating services to improve quality and system sustainability. Much of this will be led by the Cheshire & Merseyside Health and Care Partnership.

Current expectations include:

For 2017/18 - 2018/19, WCT's focus will remain on integrating services to improve quality and system sustainability. Much of this will reflect the priorities and direction set by the Health and Care Partnership.

These include:

- **Wirral Council social care staff** transferred into the Trust on 1<sup>st</sup> June 2017. This is already improving coordination and delivery of care across health and social care, building on previous informal integration and co-location
- **Providing a redesigned single point of access** to offer advice and information, signposting and redirection, triage and assessment, and management of intermediate care to provide alternatives to admission
- Working across community, primary and social care to support **shifting demand from hospital settings** and developing **integrated working with primary care** on Wirral
- Continuing **integration of 0-19 and council early years staff** in Cheshire East
- **Implementing E-rostering and E-allocation**. As part of WCT's Transformation Programme, ensuring staff are utilised as efficiently and effectively as possible
- **Launching a new diabetes programme**, improving diabetes prevention, early diagnosis and management, part of the Cheshire & Merseyside STP
- **Supporting back office consolidation** in Cheshire & Wirral
- **Supporting development of Cheshire & Merseyside Health & Care Partnership priorities**

# Accountability Report

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# The Directors' Report

## The Board of Directors

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

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

The Trust's Establishment Order reflects its composition;

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

There are a further 4 non-voting Directors.

The board structure for 2017-18 comprised of;

- Chief Executive
- Chairman
- Chief Finance Officer/Deputy Chief Executive
- Medical Director
- Director of Nursing & Quality Improvement
- Director of Human Resources & Organisational Development (non-voting)
- Interim Director of Business Development & Strategy (non-voting)
- Chief Operating Officer (non-voting)
- Non-Executive Directors (including Senior Independent Director)

In September 2017 a non-voting post of Director of Corporate Affairs was also recruited.

No member of the Board of Directors holds the position of Director and Governor of any NHS Foundation Trust.

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

The Board of Directors considers its own balance, completeness and appropriateness to the requirements of the Foundation Trust using the Key Lines of Enquiry within the well led framework and through bi-monthly board development sessions.

## Non-Executive Directors

### Professor Michael Brown, CBE DL Chairman

Professor Brown joined the trust as Chair in September 2017.

Professor Brown is the independent Chair of Procure Plus Holdings Limited and recently served as Chair of Alder Hey Children's Charity.

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

### Chris Allen, B.E.M, JP Non-Executive Director/Deputy Chairman & Senior Independent Director Acting Chairman *from March - September 2017*

Chris Allen was appointed Acting Chairman by the Council of Governors in March 2017 whilst the appointment of a new Chairman was completed during Q1/2 2017-18.

Chris has lived and worked in Wirral all her life. She was a Housing Association Chief Executive for 29 years.

Chris was Vice Chair of Wirral Community Health Council (WCHC) when it was in existence representing the Voluntary, Community and Faith sector. This included working in partnership with health professionals during the early transitions between Primary Care Groups (PGGs) and PCTs.

Chris holds a number of other public roles in Education and Criminal justice.

Chris is the chairman of the Quality & Safety Committee.

### Brian Simmons Non-Executive Director and Chairman of Audit Committee

Brian was Assistant Chief Officer and Finance Director for the Cheshire Constabulary.

Brian joined the Civil Service in 1972 working in accounts and audit for the Property Service Agency. He has also worked as Business Services Director for a Ministry of Agriculture Science Laboratory.

Brian is a fellow of the Chartered Institute of Management Accountants.

Brian is the 'Freedom To Speak Up Guardian' for the Trust.

### Dr Murray Freeman Non-Executive Director

Originally from Liverpool, Murray has lived in Wirral since 1977 and has been a GP in Rock Ferry for over 30 years.

Murray has a particular interest in palliative care and end of life care. Over the years he has held a number of additional posts including GP Trainer, Cancer Lead for NHS Wirral, Chairman of Wirral Local Medical

Committee, Medical Director of Wirral Community Healthcare NHS Trust and most recently GP Executive Member of Wirral Health Commissioning Consortia.

Murray is the chairman of the Education & Workforce Committee.

[Alan Wilson](#)

**Non-Executive Director** (*term of office expired August 2017*)

Alan began his banking career in Scotland in the late 1970s and moved to the North West of England to take up the position of Regional Director of Bank of Scotland. Since leaving the banking industry in 2005, Alan has worked in the accountancy sector firstly with The Steve Stuart Partnership then with Baker Tilly. He has also been an Non-Executive Director for the Wirral University Teaching Hospital NHS Foundation Trust, where he chaired the Audit Committee between 2006 and 2011.

Alan was the chairman of the Finance & Performance Committee.

[Beverley Jordan](#)

**Non-Executive Director**

Beverley joined the Trust as Non-Executive Director and Chair of the Finance & Performance Committee in September 2017.

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

She was latterly (2013-16) Vice-President and Head of Operations for Global Medicines Development Group, the business division responsible for the clinical development and Regulatory approval of new medicines globally. She is currently a Trustee and Honorary Treasurer for Wigan Borough Citizens' Advice and a student mentor for Manchester Business School.

### [Non-Executive Director Terms of Office and re-appointments](#)

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

During 2017-18 the Council of Governors led the process of reappointment for NEDs. Chris Allen, Brian Simmons and Dr Murray Freeman were all reappointed for a further term of 2 years.

<b>Non-Executive Director</b>	<b>Term (at (re)appointment)</b>	<b>Term expiry</b>
<b>Michael Brown</b>	3 years	September 2020
<b>Chris Allen</b>	2 years	May 2019
<b>Brian Simmons</b>	2 years	May 2019
<b>Murray Freeman</b>	2 years	May 2019
<b>Beverley Jordan</b>	3 years	September 2020

## Executive Directors

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

**Karen Howell**

**Chief Executive**

*Voting member of the Board of Directors*

Karen grew up in Wirral where she also trained and worked as a nurse in her early career. She is a highly experienced regional and national health leader with over 25 years at board level.

Prior to joining Wirral Community NHS Foundation Trust, her previous roles included: Managing Director for Specialised and Tertiary Commissioning for NHS Wales, Interim Chief Executive at Hywel Dda University Health Board, NHS Wales Mental Health Lead, Northwest Regional Clinical Director for Prison Health, Department of Health National Director High Secure Services, Department of Health National Policy Lead Medium Secure Services, Director of Forensic Services at MerseyCare NHS Trust and Director of Nursing/Deputy CEO at Halton & St Helens Primary Care Trust.

Karen is a Registered Nurse and has a MSc in Law and Biomedical Ethics from The University of Liverpool.

**Mark Greatrex**

**Chief Finance Officer and Deputy Chief Executive**

*Voting member of the Board of Directors*

Mark has over 27 years NHS experience and prior to joining Wirral Community NHS Foundation Trust has worked as Deputy Director of Finance at Liverpool Heart & Chest NHS Foundation Trust, the Walton Centre NHS Foundation Trust and Mersey Regional Ambulance Service. Previous to this Mark spent 12 years at St. Helens & Knowsley Hospitals NHS Trust in various financial and non-financial roles.

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

Mark leads the Finance portfolio which includes Information, IT, Estates, Procurement and Facilities. Mark is the Senior Information Risk Officer (SIRO) for the organisation.

**Professor Ewen Sim**

**Medical Director**

*Voting member of the Board of Directors*

Since leaving Edinburgh Medical School in 1990, Ewen has had a varied career in healthcare holding a range of Junior Doctor posts including Histopathology and A&E. He has also worked at the North West Deanery and at the Department of Health regulating working conditions of doctors in training.

Ewen came to Wirral in 2001 to train as a GP and is a GP partner in Fender Way Health Centre (merged with Cloughton Medical Centre in early 2016). Prior to joining Wirral Community NHS Trust in June 2011, he was Clinical Director in Liverpool.

Ewen was a union leader for doctors in the British Medical Association in charge of education and training, working with the General Medical Council, the British National Formulary and the Royal College of General Practitioners. He is also a founder member of the Postgraduate Medical and Education Training Board (now part of the GMC) and has been awarded a visiting Professorship to the University of Chester.

Ewen is the Accountable Officer for Controlled Drugs for the Trust.

During 2017-18 Ewen was absent from the organisation due to a prolonged period of sickness.

In order to ensure the requirements and responsibilities of the Medical Director role were maintained an Interim Medical Director was sought with support from NHS Improvement.

**Dr Nick Cross**

**Interim Medical Director**

*Voting member of the Board of Directors*

Nick has been the Interim Medical Director for the Trust since December 2017.

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

Alongside his role in the Trust, Nick is the Associate Medical Director for a large, mental health, community and primary care trust in East Yorkshire.

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

**Sandra Christie**

**Director of Nursing and Quality Improvement**

*Voting member of the Board of Directors*

Sandra is a nurse and health visitor by background and has had a varied career in the NHS covering operational and strategic management, service improvement and quality development. Sandra has worked for the NHS for over 30 years, is still a registered nurse and joined the Trust Board in 2013. Sandra is passionate about quality and improving care for patients and is a Florence Nightingale Leadership scholar.

Sandra is the Caldicott Guardian and the executive lead for Infection Prevention and Control and Safeguarding for the organisation.

**Jo Harvey<sup>1</sup>**

**Director of Human Resources & Organisational Development**

*Non-voting member of the Board of Directors*

Jo is a member of the Chartered Institute of Personnel and Development and has over 15 years' experience as a Human Resources professional. Jo has worked in the NHS since 2002 and prior to the role of Director of Human Resources at Wirral Community NHS Trust, Jo was Human Resources Director for NHS Wirral and before that the Assistant Director of Human Resources at United Lincolnshire Hospitals NHS Trust. Previously Jo worked for ten years in both managerial and HR roles in the Civil Service, at the Lord Chancellor's Department and OFSTED.

Jo leads the organisation's workforce agenda ensuring the effective planning, development and management of the Trust's workforce. She is also responsible for the communications and marketing strategies for the Trust and leads on Equality and Human Rights.

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<sup>1</sup> From February - September 2017 Jo Harvey was on a period of extended leave for 6 months.

Karen Walkden-Smith

**Interim Director of HR & Organisational Development** (March - September 2017)

*Non-voting member of the Board of Directors*

Karen is a qualified HR professional, is a fellow of the Chartered Institute of Personnel and Development, and has a wealth of experience in NHS HR management having worked in the NHS for over 35 years. Karen has had a varied career covering operational and strategic HR management and prior to the role of Interim Director of Human Resources at Wirral Community NHS Trust; Karen has undertaken a variety of roles including Deputy Director of HR at Wirral Community NHS Trust and Associate Director of HR for Bebington & West Wirral Primary Care Trust.

On an interim basis between March -September 2017, Karen led the organisation's workforce agenda ensuring the effective planning, development and management of the Trust's workforce. She is also responsible for the communications and marketing strategies for the Trust

Val McGee

**Chief Operating Officer**

*Non-voting member of the Board of Directors*

Val is the Chief Operating Officer for the Trust.

Val has over 36 years' experience in the NHS, the majority of which has been in operational management.

Val joined Wirral Community Foundation Trust in January 2015 as Director of Integration and Partnerships before appointment to her current role as Chief Operating Officer.

Val was Service Director and Deputy Director of Operations for Cheshire and Wirral Partnership Trust, working across a wide geographical area. Prior to working with Cheshire and Wirral she worked in the acute sector as Hospital Manager in Wigan, followed by an operational role in mental health.

She commenced her career at Leighton Hospital, Crewe as General Manager for Surgical specialities including A&E.

Phil Clow

**Director of Business Development & Strategy** (left the Trust in June 2017)

*Non-voting member of the Board of Directors*

Phil joined the Trust in September 2015 with 17 years of public sector experience, having joined the NHS in 2008 through the NHS Gateway to Leadership programme and prior to that working for the Environment Agency in various roles including Programme Manager for flood risk management in the East of England. Prior to joining the trust, Phil was the Director of Commissioning at North Tyneside CCG.

Phil was responsible for strategy development and business development across the organisation including taking oversight of the delivery of cost improvement and transformation programmes across the organisation. Phil manages the Project Management Office function within the Trust and was also responsible for emergency planning and preparedness.

David Hammond

**Interim Director of Business Development & Strategy** (from June 2017)

*Non-voting member of the Board of Directors*

David has worked for the NHS since 2009, first at Sefton PCT then Wirral Community NHS Foundation Trust. Before working in business development and strategic planning, he supported the trust's successful foundation trust application.

David has an MSc in Healthcare Leadership.

Prior to joining the NHS, David worked in financial services (for Nationwide Building Society, having joined their Management Development Programme). He has also worked in the third sector, supporting communities across the northwest with regeneration funding bids and projects.

**Alison Hughes**

**Director of Corporate Affairs** (from September 2017)

*Non-voting member of the Board of Directors*

Alison has worked in the NHS for over 8 years providing leadership and advice to NHS Board of Directors on all matters associated with corporate governance.

She has a sound understanding of the regulatory and political environment in which NHS organisations operates and provides leadership on all matters of corporate governance ensuring all statutory duties are met.

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

Alison has worked closely with our Board of Directors for a number of years and played a key role in leading the trust to achieve Foundation Trust status in May 2016. As such, Alison provides advice and regulatory guidance to our trust Council of Governors. Alison previously worked in the pharmaceutical industry and brings a sound understanding and almost 10 years' experience working in the commercial healthcare sector.

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

<b>Post</b>	<b>Governance roles</b>	<b>Responsible for</b>
Director of Nursing & Quality Improvement	Director of Infection Prevention & Control (DIPC)	Infection Prevention & Control Service and related policies. Publishing an annual IPC report.
	Safeguarding Lead Officer	Ensuring best practice principles are followed, appropriate recruitment processes followed and job-specific training provided. Attends partnership boards. Publishing an annual safeguarding report.
	Executive Nurse	Helps the board make strategic decisions in view of their effect on the quality and safety of patient care.
	Nominated Individual (CQC)	Overseeing compliance with the CQC regulatory framework
	Caldicott Guardian <i>(transferred from Medical Director with effect from September 2017)</i>	Protecting the confidentiality of service-user information, enabling and applying the highest standards for appropriate information sharing.
Medical Director	Accountable Officer for Controlled Drugs	Ensures all incidents involving controlled drugs are reported correctly, communication with Local Intelligence Network.
	Responsible Officer (RO) for Medical Registrations & Revalidation	Provides local leadership in developing systems of appraisal and clinical governance; lead for End of Life Care.
Chief Finance	Senior Information Risk Owner	Managing information risks to the organisation; oversight of information

Officer & Deputy Chief Executive		security incident reporting and response.
	Security Management Director	Overseeing and providing strategic management and support for all security management work within the organisation
Director of Business Development & Strategy	Accountable Emergency Officer	Ensuring that the NHS England core standards for Emergency Planning Resilience and Response are met

The Board of Directors complete annual self-declarations to demonstrate compliance with the Fit and Proper Persons Regulations (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5). During 2017-18, the Trust significantly strengthened its processes in relation to the Fit and Proper Persons Test for all directors, including Associate Directors and developed a Fit and Proper Persons Policy. The policy sets out the requirements of the test, the checks and evidence to be collected on an annual basis, the monitoring of compliance through annual declarations and testing at appraisal and the consequences of non-compliance.

## Declaration of Interests of the Board of Directors

The Board of Directors undertakes an annual review of its Registers of Declared Interests. At each meeting of the Board of Directors and at each committee of the Board, there is a standing agenda item which requires all Executive and Non-Executive Directors to make known any interest in relation to the agenda, and any changes to their declared interests.

During 2017-18, the Trust reviewed policies and procedures in relation to the management of conflicts of interest in line with NHS England guidance published in June 2017.

The Register of Interests is available to the public via the Trust's website at [www.wirralct.nhs.uk](http://www.wirralct.nhs.uk) and is included at **appendix 1**.

## Statutory statements required within the Directors report

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

The Trust aims to pay all undisputed invoices efficiently and within 30 days of receipt of goods or a valid invoice. The table below summarises our performance for 2017-18.

Better Payment Practice Code - Compliance		
	Number	£'000
<b>Payables</b>		
Total invoices paid in the year	10,460	20,079
Total paid within the 30 day target	8,924	15,122
Percentage paid within target	85.32%	75.31%

The Trust has met the requirement of section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) in so far as the income from the provision of goods and services for the purposes of

the health service in England is greater than its income from the provision of good and services for any other purpose.

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

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

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

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

At the end of 2017-18 the CQC completed a well-led inspection of the Trust. At the time of publishing this report the inspection reports from the CQC have not been received. Initial feedback to the CEO and Chairman at the end of the inspection, indicated that the Trust was caring and open with professional and compassionate staff across all clinical and corporate services.

The Trust is looking forward to receiving and responding to these reports and we are also delighted to have been asked to work with the CQC as they continue to design their approach to community services inspections.

The Board of Directors has regard to the well-led framework and through bi-monthly board development sessions and has tested performance against each of the Key Lines of Enquiry that constitute the well-led framework. The Trust has considered the requirements and best practice as outlined in the framework through a number of key strategic projects during 2017-18.

- The approach to **refresh the organisational strategy** has involved significant internal and external stakeholder review including partners across the health and care system. The work to refresh the strategy has had particular focus on the emerging system strategy to ensure the Trust is in a position to fully support system priorities
- The annual **Quality Strategy** and quality goals developed with staff are clear about how every staff member can contribute to and is accountable for delivering high quality and sustainable care
- The refresh of the **People Strategy** has focused on leadership, staff engagement and partnership working to support sustainable, compassionate, inclusive and effective leadership
- The **Leadership for All** programme has continued to be embedded across the organisation with a focus during 2017-18 on coaching skills to promote a supportive and open culture across the workforce. The Trust's values have been mapped to the Trust's leadership model which includes a number of behaviours linked to support and respect; Leading with Care, Engaging the Team, Inspiring Shared Purpose and Developing Capability
- The **Annual Leadership Event** was again incredibly popular with staff in November 2017
- The **integration of health and social care** inspired a compelling vision and narrative for staff inspiring teams across the organisation to work towards shared goals. Through this process the Board of Directors and senior leaders including at the Local Authority demonstrated commitment to the vision
- The governance arrangements in place across the organisation are reviewed to ensure clear accountabilities and effective processes are in place to measure performance and address

concerns. The Board of Directors welcomed the deployment of the **Trust Information Gateway** (TIG) during 2017-18; a performance tool allowing triangulation of data and scrutiny of divisional performance at all levels of the organisation up to the Board

- There is a well-established **Annual Appraisal Cycle** (and interim/mid-year appraisals) across all areas of the organisation ensuring there are clear responsibilities, roles and accountability at every level of the organisation
- The **Outstanding Care Accreditation** piloted across clinical teams (and being further developed for corporate teams aligned to the well-led framework) ensures all staff understand their role in supporting the CQC fundamental standards of care
- The **Transformation Planning Events** held in Q3, 2017-18 were highly effective in working with teams to identify opportunities for CIP and optimise the organisation's resources. These events will become part of an annual business planning cycle to ensure all services understand their responsibilities from a contractual and organisation perspective and support the sustained performance of the Trust
- The **Freedom To Speak Up** campaign is well established supporting a culture of openness and transparency encouraging staff who have concerns or have identified risks to raise them
- The **Leadership walkround programme** provides an opportunity for members of the Board and Senior Leadership Team to talk to and support staff
- The Trust's **Community Equality Panel** continues to meet quarterly with the membership including staff, local charities and stakeholders including HealthWatch.
- The Trust completed the **EDS2 assessment** in March 2018 and was delighted with the outcome; assessors included the Community Equality Panel and a staff group. The Trust scored 'excelling' in 2 areas and 'achieving' in all other areas assessed.

There are no material inconsistencies between the annual governance statement, corporate governance statement, the quality report and the annual report or reports arising from the CQC planned and responsive reviews of the Trust and any consequent action plans developed by Wirral Community NHS Foundation Trust.

## Quality governance

According to the NHSI Single Oversight Framework, Wirral Community NHS Foundation Trust is categorised as a segment 1 organisation thereby confirming the good governance practices, including quality governance already in operation.

The quality governance structures and processes in place across the organisation aim to ensure that arrangements are fit for purpose and the highest standards of quality and safety are maintained. These are described in more detail in the annual Quality Report and Annual Governance Statement.

The principal committee for maintaining the oversight of quality governance is the Quality & Safety Committee which meets on a monthly basis and reports directly to the Board of Directors.

The Trust gains assurance on the quality governance arrangements in place as part of the annual internal audit plan and the annual clinical audit and quality improvement programme.

The Board of Directors has also considered the Developing People/Improving Care framework to guide action on improving skill-building, leadership development and talent management within the organisation. It recognises that having these capabilities enables teams to continuously improve population health, patient care, and value for money and is a reliable strategy for closing the three gaps identified in the NHS Five Year Forward View. The trust has accessed NHS Improvement support to develop system leadership

skills for staff and has recently reviewed its quality improvement infrastructure and support for staff to develop quality improvement skills.

### **Patient care**

The Annual Quality Report 2017-18 within this Annual Report and Accounts, describes quality improvements and quality governance in more detail including patient care.

### **Stakeholder relations**

The performance report describes the stakeholder relationships developed and progressed during 2017-18 to facilitate the delivery of improved healthcare.

A handwritten signature in black ink, appearing to read 'Karen Howell', written in a cursive style.

**Karen Howell**  
**Chief Executive**

May 2018

# Remuneration Report

## Annual statement from the Chairman of the Remuneration Committees

I am pleased to present the Directors' Remuneration Report for the financial year 2017-18 on behalf of Wirral Community NHS Foundation Trust's two Remuneration Committees. The Remuneration & Terms of Service Committee is established by the Board of Directors with primary regard to Executive Directors, and the Remuneration & Nomination sub-group is established by the Council of Governors with regard to Non-Executive Directors.

In accordance with the requirements of the FReM and NHS Improvement we have divided this report into the following parts;

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

## Major decisions on remuneration

The structure of the Chief Executive's pay and benefits was reviewed and the application of 1% uplift (as all other staff had received from 1 April 2017) to the Chief Executive's pay was approved. The committee also considered and supported a review of the executive pay structure to align with local organisations.

There were no decisions on remuneration in respect of Non-Executive Directors by the Remuneration & Nomination sub-group of the Council of Governors.



Professor Michael Brown  
Chairman

23 May 2018

## Senior managers' remuneration policy

Remuneration for senior managers is shown on page 60. There are no particular arrangements that are specific to any individual senior manager, including Non-Executive Directors. Therefore an explicit future policy table is not included.

Directors' posts (with the exception of the Chief Executive and Medical Director) are currently evaluated using the national Agenda for Change Job Evaluation Framework. The Chief Executive and Medical Director posts are evaluated using the North West Strategic Health Authority Job Evaluation Panel. All executive posts are subject to approval by the Remuneration Committee. Any pay awards are agreed by that committee.

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

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

No senior managers are paid more than £150,000.

## Service contract obligations

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

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

The Trust has standard NHS contracts of employment for Senior Managers and employs the majority of staff on national Agenda for Change or Consultant Contract Terms and Conditions. This is national policy and therefore a local Trust review of pay and conditions for employees compared with Senior Managers has not been necessary.

## Annual report on remuneration

### The Remuneration Committees

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

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

During 2017-18, the members of the committee were;

Michael Brown, Chairman (Chair of the Remuneration Committee)

Chris Allen, Non-Executive Director

Murray Freeman, Non-Executive Director

Brian Simmons, Non-Executive Director (Chair of the Audit Committee)

Beverley Jordan, Non-Executive Director (*from September 2017*)

Alan Wilson, Non-Executive Director (*to August 2017*)

Committee meetings are considered to be quorate when the Chairman and two Non-Executive Directors are present.

The Remuneration & Terms of Service Committee meets at least annually; during 2017-18, it met on 2 occasions. The attendance record by members of the committee is detailed at p.85.

The Director of Human Resources and Organisational Development and the Chief Finance Officer have also attended in an advisory role to assist the committee in their consideration of matters. They are not members of the committee and did not participate in any discussion or decision making in respect of their own remuneration or other terms of service.

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

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

The group comprises the Lead Governor, one staff governor, one appointed governor and two further elected governors. All governors were invited to express an interest to join the group and one of the elected governors is the chairman of the group.

Only the members of the group are entitled to attend but members of the Board of Directors are invited to attend in particular the Chairman, Chief Executive and Director of HR & Organisational Development to consider specific matters. The Director of Corporate Affairs, acting as group secretary attends each meeting of the group.

When the Chairman's performance or remuneration is being considered the Chairman withdraws from the meeting.

During 2017-18, the Council of Governors through the Remuneration & Nomination sub-group ensured appropriate oversight and decision relating to;

- The re-appointment of Non-Executive Directors
- The appointment of the Chairman and new Non-Executive Director

The members of the Remuneration & Nomination subgroup conducted an open tender exercise to appoint an external search consultancy to support the recruitment process for the Chair and NED.

Attendance during 2017-18 was as follows;

Date	Agenda	Attendees
<b>3 April 2017</b>	Reappointment of Non-Executive Directors Recruitment of Chairman and Non-Executive Director*	Chairman Lead Governor (Irene Cooke) Appointed Governor (Prof. Janice Gidman) Staff Governor (Tom Meade) Elected Governors (Ian Jones, Donald Shaw, Bill Wyllie) Trust Board Secretary
<i>*The group also met on a number of occasions during April-August 2017 to lead the recruitment process for the new Chairman and NED e.g. long listing and short listing meetings, interview process</i>		

### Disclosures required by the Health and Social Care Act

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

The Trust has not received claims for, or paid any expenses to governors.

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

The Trust is required to disclose the relationship between the remuneration of the highest paid director and the median remuneration of the Trust's workforce. The median remuneration of the employees paid by the Trust on their actual pay is £21,263 (prior period: £21,135). Based on the whole time equivalent pay, the median is £28,746 (prior period: £28,642).

The highest paid director is the Chief Executive who received remuneration banded £140-£145k (prior period: £135k-£140k).

This is 4.96 times the median remuneration (prior period 4.83).

The whole time equivalent pay range is £15,404-£149,331 (prior period: £15,251-£136,745).

## Payments to past senior managers

There have been no payments to past senior managers during 2017-18.

## Payments for loss of office

Payments for loss of office are disclosed in note 7.2 in the financial statements. No payments were made to Directors for loss of office in the period.

## Remuneration for Senior Managers (subject to audit) - Single Total Figure Table

Name	Position	2017-2018				1 May 2016 - 31 March 2017			
		Salaries and fees (bands of £5000)	Taxable benefits £ rounded to nearest £100	Pension related benefits (bands of £2,500)	Total (bands of £5000)	Salaries and fees (bands of £5000)	Taxable benefits £ rounded to nearest £100	Pension related benefits (bands of £2,500)	Total (bands of £5000)
<b>Non Executive Directors</b>									
Michael Brown	Chairman (from 1 September 2017)	20-25	0	N/A	20-25	N/A	N/A	N/A	N/A
Frances Street	Chairman (to 8 March 2017)	N/A	N/A	N/A	N/A	30-35	0	N/A	30-35
Chris Allen	Non-executive director (Chairman from 8 March 2017 to 31 August 2017)	20-25	0	N/A	20-25	10-15	0	N/A	10-15
Beverley Jordan	Non-executive director (from 4 July 2017)	5-10	0	N/A	5-10	N/A	N/A	N/A	N/A
Brian Simmons	Non-executive director	10-15	0	N/A	10-15	10-15	0	N/A	10-15
Murray Freeman	Non executive Director	10-15	0	N/A	10-15	10-15	0	N/A	10-15
Alan Wilson	Non executive Director (to 12 August 2017)	0-5	0	N/A	0-5	10-15	0	N/A	10-15
<b>Executive Directors</b>									
Karen Howell	Chief Executive	140-145	6,600	15-17.5	160-165	125-130	5,900	10-12.5	140-145
Mark Greatrex	Director of Finance and Resources/Deputy Chief Executive	110-115	600	55-57.5	165-170	100-105	0	82.5-85	190-195
Sandra Christie	Director of Nursing and Performance (to 31 March 2018)	45-50	2,000	N/A	45-50	80-85	2,600	52.5-55	135-140
Jo Harvey	Director of Human Resources and Organisational Development	75-80	6,800	25-27.5	105-110	70-75	6,600	22.5-25	95-100
Karen Walkden-Smith	Acting Director of Human Resources and Organisational Development (from 13 February 2017 to 31 August 2017)	30-35	0	17.5-20	45-50	5-10	0	0	5-10
Dr Ewen Sim	Medical Director	50-55	0	0	50-55	45-50	0	0	45-50
Dr Nick Cross	Interim Medical Director (from 1 December 2017)	45-50	0	N/A	45-50	N/A	N/A	N/A	N/A
Val McGee	Director of Integration and Partnerships	80-85	5,900	20-22.5	110-115	85-90	0	0	85-90
Alison Hughes	Director of Corporate Affairs (from 4 September 2017)	30-35	3,500	20-22.5	55-60	N/A	N/A	N/A	N/A
Phil Clow	Director of Business Development and Strategy (to 11 June 2017)	15-20	0	15-17.5	30-35	75-80	5,800	45-47.5	125-130
David Hammond	Interim Director of Business Development and Strategy (from 12 June 2017)	50-55	0	45-47.5	95-100	N/A	N/A	N/A	N/A

**Pension Benefits** *(subject to audit)*

<b>2017/18</b>	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 31 March 2018	Lump sum at age 60 related to accrued pension at 31 March 2018	Cash Equivalent Transfer Value at 31 March 2018	Cash Equivalent Transfer Value at 31 March 2017	Real Increase in Cash Equivalent Transfer Value
	bands of £2,500	bands of £2,500	bands of £5,000	bands of £5,000	£000	£000	£000
Mark Greatrex	2.5-5	2.5-5	30-35	75-80	479	426	53
Jo Harvey	0-2.5	0-2.5	15-20	35-40	267	234	33
Dr Ewen Sim	0-2.5	0	20-25	55-60	412	401	11
Phil Clow	2.5-5	5-7.5	20-25	55-60	330	265	65
Val McGee	0-2.5	2.5-5	35-40	110-115	834	790	44
Karen Walkden-Smith	0-2.5	5-7.5	35-40	105-110	787	719	69
Alison Hughes	0-2.5	N/A	5-10	N/A	57	40	17
David Hammond	2.5-5	N/A	5-10	N/A	80	51	29

<b>Eleven months to 2016/17</b>	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 31 March 2017	Lump sum at age 60 related to accrued pension at 31 March 2017	Cash Equivalent Transfer Value at 31 March 2017	Cash Equivalent Transfer Value at 30 April 2016	Real Increase in Cash Equivalent Transfer Value
	bands of £2,500	bands of £2,500	bands of £5,000	bands of £5,000	£000	£000	£000
Mark Greatrex	2.5-5	7.5-10	25-30	70-75	422	350	72
Jo Harvey	0-2.5	0-2.5	15-20	35-40	232	219	13
Dr Ewen Sim	0	0	20-25	55-60	397	415	0
Sandra Christie	2.5-5	7.5-10	35-40	105-110	N/A	694	N/A
Phil Clow	2.5-5	2.5-5	20-25	50-55	263	240	23
Karen Walkden-Smith	N/A	N/A	30-35	100-105	712	N/A	N/A

## Notes to the remuneration table

Karen Howell is not a member of the NHS Pension Scheme. Her pension benefit reflects employer's contributions to a private pension scheme.

Nick Cross is employed by Humber NHS Foundation Trust and is seconded to Wirral Community NHS Foundation Trust. Val McGee was seconded from Cheshire and Wirral Partnership NHS Foundation Trust in the prior period but transferred onto the Trust's payroll from 1 April 2017.

## Notes to the pension table

This table reflects the full pension benefits for each scheme member during the financial year. However, Karen Walkden-Smith, Alison Hughes and Dave Hammond were only Directors of the Trust for some of the period. In the eleven months to 31 March 2017 Karen Walkden-Smith was a Director of the Trust for such a short period that her real increases year on year was not included

Non-executive directors do not receive a pensionable remuneration. Karen Howell is not a member of the NHS Pension Scheme and therefore there is no entry in respect of NHS pensions for her.

Nick Cross is seconded from Humber NHS Foundation Trust and therefore there is no entry in respect of his pension entitlements. During 2016/17 Val McGee was seconded from Cheshire Wirral Partnerships NHS Foundation Trust and therefore there was no entry for her in the eleven month period to 31 March 2017. She transferred to Wirral Community NHS Foundation Trust payroll on 1 April 2017.

Sandra Christie reached pensionable age during the 2016/17 period and therefore there was no closing CETV value for her at 31 March 2017 and no entries in respect of her for the 2017/18 financial year.



Karen Howell  
Chief Executive

May 2018

## Staff Report

At the end of 2017-18, Wirral Community NHS Foundation Trust employed 1,664 people. Details of our workforce are provided below. This table has been audited.

The following staff costs have been incurred during the period;

	2017-18		
	Total	Permanent	Other
	£000	£000	£000
Salaries and wages	42,289	42,241	48
Social security costs	3,943	3,943	0
Apprenticeship levy	196	196	0
Employers contributions to NHS Pensions	4,798	4,798	0
Other pension contributions	1,567	1,567	0
Termination benefits	99	99	0
Agency/contract staff	2,105	0	2,105
<b>TOTAL</b>	<b>54,996</b>	<b>52,843</b>	<b>2,153</b>

The overall staff turnover figure for 2017-18 was 15.5%; lower than the figure for 2016-17 which was 17.6%.

When removing staff that have transferred in and out of the organisation via TUPE, and excluding those posts made redundant, the turnover figure for 2016-17 was 13.8% (2015-16 13.9%).

## Staff numbers

An analysis of staff numbers, according to the employee definitions in the Information Centre's Occupational Code Manual is provided below.

Staff type	Occupational code	WTE staff 2017-18		
		Total	Permanent	Other
Medical and dental	M	23.81	12.97	10.84
Administration and estates	G	133.39	128.10	5.29
Healthcare assistants and other support staff	H	320.09	293.49	26.60
Nursing and health visitors	N	578.94	549.78	29.16
Scientific, therapeutic and technical staff	S	162.06	159.91	2.15
Healthcare sciences	U	1.50	1.50	-
Other	Z	155.23	149.00	6.23
<b>Total</b>		<b>1,375.02</b>	<b>1,294.75</b>	<b>80.27</b>

## Staff composition - employee gender distribution

The figures reflecting the breakdown of gender distribution of employees within the Trust during 2017-18 are included in the table below:

	2017-18	Headcount
Directors male ( <i>including Non-Executives</i> )	41.7%	5
Directors female ( <i>including Non-Executives</i> )	58.3%	7
All Employees male	10.53%	174
All Employees female	89.47%	1479

## Sickness Absence Data

The information for staff sickness is provided by the Department of Health for all NHS bodies. Information from the Electronic Staff Record (ESR) system reports the annual sickness rate for the year 2017-18 as 5.1%. This figure was higher than the Trust's target figure of 4.0%.

The information below for staff sickness is provided by the Department of Health for all NHS bodies.

Figures Converted by DH to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
Average FTE 2017	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Day per FTE	FTE-Days Available	FTE-Days Lost to Sickness Absence
1,142 *	12,510 *	11.0 *	416,857 *	20,294 *

*\*Source: NHS Digital - Sickness Absence and Publication - based on data from the ESR Data Warehouse*

*Period covered: January to December 2017*

## Equality disclosures

### The policy in relation to disabled employees

The Trust is a 'Disability Confident' employer and is therefore entitled to display the Jobcentre Plus 'Disability Confident Employer' symbol for advertising, corporate material and publications. The Trust has a set of equality objectives which include equal opportunities training for all staff to eliminate discrimination against disabled employees.

All relevant policies are assessed for their impact on disabled staff, and adjustments are made to support disabled employees to gain and continue employment with the Trust. As part of meeting our duties under the Equality Act 2010; the Trust has recently revised its Equality and Diversity Strategy which includes a revised Equality Analysis process and also

to foster good relations the establishment of a Disabled Staff Network to support staff to share concerns and issues with the Trust to improve their working lives. The recruitment, redeployment and managing attendance policies are up to date and support disabled applicants in recruitment and existing staff with reasonable adjustments.

## The policy on equal opportunities

Wirral Community NHS Foundation Trust aims to be a leading organisation for promoting Equality and Diversity in Wirral. We believe that any modern organisation has to reflect all the communities and people it serves, in both service delivery and employment, and tackle all forms of discrimination. We need to remove inequality and ensure there are no barriers to health and wellbeing.

We aim to implement this by:

- becoming a leading organisation for the promotion of Human Rights Equality and Diversity, for challenging discrimination, and for promoting equalities in service delivery and employment;
- creating an organisation which recognises the contribution of all staff, and which is supportive, fair and free from discrimination; and
- ensuring that Wirral Community NHS Foundation Trust is regarded as an exemplary employer.

The Trust has made a commitment to valuing diversity and achieving equality; the Trust's vision is that NHS care in Wirral will have a culture of fairness, equality, and respect for diversity that is evident to everyone.

The following principles underpin our work:

- support and respect for everyone's Human Rights as a fundamental basis for our work with people
- identifying and removing barriers that prevent people we serve from being treated equally
- treating all people as individuals respecting and valuing with their own experiences and needs
- finding creative, sustainable ways of supporting Human Rights, improving equality and increasing diversity
- working with the people who use our services and staff towards achieving equality
- learning from what we do - both from what we do well and from where we can improve
- using everyday language in our work; and
- working together to tackle barriers to equality across our organisation.

The Trust produces an annual equality report along with a workforce equality report and patient equality report, all of which are publicly available in July of each year.

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

The Trust has numerous methods of communication with staff on matters of concern to them including a weekly Communications bulletin, a monthly Human Resources bulletin, use of the Electronic Staff Records staff portal alongside individual direct emails on special issues. There are regular staff representative meetings through a formal quarterly Joint Forum Meeting and also through operational management and staffside meeting on a monthly basis. These meetings are a two way flow of information to support organisational changes that may impact upon staff. There is also a process of joined up learning following large scale organisational change projects involving staffside, management and Human Resources.

## Information on Health and Safety Performance and Occupational Health

The Trust has two Occupational Health contracts with external providers offering the full range of occupational health services from pre-employment screening, management and employee advice alongside staff support facilities to assist with counselling or other causes of anxiety/stress.

## Staff survey results

2017-18 was the seventh staff survey since the trust was established in 2011 and the fifteenth national annual survey of NHS staff. The findings provide an opportunity for trusts to improve working conditions and practices and to monitor their pledges to staff.

## Approach to Staff Engagement

The Trust has a People Strategy 2017 -2020 and is structured in 4 sections each supported by an individual delivery plan. These 4 areas reflect our strategic goals and the ongoing work needed to plan our workforce: Engagement Delivery Plan, Wellbeing Delivery Plan, Education and Training Delivery Plan and Workforce Delivery Plan.

How we engage with our people, i.e. how we share information and involve people in our purpose and performance, how we communicate, how we generate a sense of working together and mutual achievement, defines the culture in our Trust. Our values underpin our culture, and our leadership behaviours describe how we expect people to behave and take responsibility when going about their jobs. However there are also key structures and processes that will assist us as an organisation in building a strong bond between managers and their teams, between the board and the workforce, and between teams working in different disciplines across the Trust.

A focus on regular, clear, open and two-way communication is essential. Providing information to staff to keep them up to date and to equip them to do their job is important.

We provide a variety of forums through which staff can provide feedback to the trust and it is essential that staff engage in these if they want their voice to be heard and they want to be able to influence their working environment: Trust Board, Council of Governors, Joint Partnership Forum, Professional Advisory Group, Staff Council, Team meetings, Executive Briefing.

The Trust values all feedback from staff as a tool to continuously improve. We have a good track record for openness and listening to our staff and we need this to continue and grow; for staff to tell us what is working and what isn't.

We use the Raising Concerns process to provide an opportunity for staff to tell us about patient safety issues and there are HR policies available for staff to raise individual or collective grievances about their personal experience of work. We also encourage staff to report important patient safety information such as errors and near misses, staffing incidents and others, using the Datix system - this helps us to put in place solutions or support teams to manage such situations themselves. It also ensures transparency. Our Freedom To Speak Up Guardians, supported by a network of FTSU champions, are providing more ways for our staff to raise issues.

Our Leadership Walkrounds also provide a great opportunity for frontline staff to talk directly to board members, and provides the board with a unique way to "test the temperature" across the Trust.

As well as opportunities for face to face feedback, it is essential that every member of staff has the opportunity to formally record their views on a regular basis, providing us with the simplest yet most effective way to judge how the organisation is performing in relation to people issues. The annual national NHS Staff Survey covers a comprehensive set of issues, whilst the quarterly Staff Friends and Family Test (FFT) helps us to focus on a consistent key question – "would you recommend the trust as a place to work?" We intend to develop the Staff FFT to measure key local themes on a consistent basis and widen participation to increase its relevance as a measure of workforce opinion.

The importance of formal partnership working with the recognised trade unions is fundamental to the machinery of the organisation. Joint Union Staff Side colleagues play an invaluable role in representing their members from all staff groups in formal consultation and negotiation. We will continue to develop our partnership working arrangements for the benefit of our workforce.

Recognition of everyone's contribution to their work, their team, and to our patients, helps to build a sense of job satisfaction and "togetherness" that will help teams to continue to improve their performance. Our annual "For You, Thank You" staff awards, combined with our long service awards play an important role in recognising contribution and performance.

We will review how we can further enhance our recognition for staff performance as part of our engagement plan, to identify further ways in which regular and innovative performance recognition can be developed to support staff engagement.

Appraisal is a key part of how we engage with our people about their work, and how they contribute to the Trust's success. Our leadership behaviours set out in "Leadership for All", are based on our values and encapsulate our culture and are a fundamental element of our appraisal process. It identifies how individuals are demonstrating personal and team leadership behaviours, and we are committed to continuing to support staff to develop these behaviours.

A coaching skills programme underpinned by the leadership behaviours and quality improvement has been delivered to the executive, non-executive and senior team to support developing a coaching culture and embed the leadership behaviours. The programme is based on the key principles of coaching to encourage solution focused and innovative

conversations, challenging the way we think to bring about continuous improvement. The programme will be rolled out to all of those in a formal leadership role to embed a coaching style across the Trust.

Leadership 'learning for all' sessions look at everyday leadership skills and are open to all staff. These will take place on a quarterly basis and will further support embedding the leadership behaviours across the Trust.

Work will continue to build more skills and resources in the trust to embed our leadership behaviours as the key to individual and organisational high performance.

## Summary of performance

This was the third year the Trust used a combined method of paper based and electronic surveys. 1578 staff received the survey which was an increase on the previous year reflecting the transfer into the organisation of adult social care staff. The overall final response rate was 49% which was higher than the NHS average.

The results of the annual staff survey are reported to the Education and Workforce Committee and shared with the Joint Union Staff Side and the Staff Council. Performance against the plan is also reported to the Education and Workforce Committee.

	2016-17	2017-18		Trust improvement/ deterioration
	Wirral Community NHS Foundation Trust	Wirral Community NHS Foundation Trust	National average for Community Trusts	
Response rate	52%	49%	50%	Decrease in response rate by 3%

In relation to the 32 key findings the Trust;

- Scored better than average for 4 key findings
- 11 key findings were in line with the average
- Scored worse than average for 17 key findings

In relation to the 32 key findings compared to the 2016 results the Trust;

- 27 key findings stayed the same
- 5 key findings deteriorated and these are detailed below

Details of the key findings from the latest NHS staff survey are included in the table below and in accordance with Annex 2 to chapter 2 of the Annual Report Manual for Foundation Trusts.

2017 results showed no areas of improvement from the prior year and there were 5 areas that deteriorated when compared to 2016 results.

- (KF11) % of staff appraised in the last 12 months
- (KF12) Quality of appraisals

- (KF28) % of staff witnessing potentially harmful errors, near misses or incidents in last month
- (KF1) Staff recommendation of the organisation as a place to work or receive treatment
- (KF5) Recognition and value of staff by managers and the organisation

## Top 5 ranking scores

The **five highest ranking scores** for the Trust that compared least favourably with other community trusts in England were as follows;

	2016-17	2017-18		Trust improvement/ deterioration
	Wirral Community NHS Foundation Trust	Wirral Community NHS Foundation Trust	National average for Community Trusts	
Staff experiencing physical violence from patients, relatives or the public in last 12 months (KF22)*	5%	3%	8%	Improvement
Staff experiencing physical violence from staff in last 12 months (KF23)*	0%	0%	1%	No change
Staff experiencing discrimination at work in the last 12 months (KF20)*	5%	6%	9%	Deterioration
Staff appraised in the last 12 months (KF11)	97%	94%	91%	Deterioration
Staff reporting errors, near misses or incidents witnessed in the last month (KF29)	93%	94%	93%	Improvement

\*The lower the score the better

## Bottom 5 ranking scores

The **five lowest ranking scores** for the trust that compared least favourably with other community trusts in England were as follows;

	2016-17	2017-18		Trust improvement/ deterioration
	Wirral Community NHS Foundation Trust	Wirral Community NHS Foundation Trust	National average for Community Trusts	

Effective use of patient/ service user feedback (KF32)	3.60	3.54	3.69	Deterioration
Quality of appraisal (KF12)	3.03	2.86	3.13	Deterioration
Percentage of staff agreeing that their role makes a difference to patients/ service users (KF3)	90%	89%	90%	Deterioration
Organisation and management interest in and action on health and wellbeing (KF19)	3.64	3.60	3.75	Deterioration
Staff satisfaction with resourcing and support (KF14)	3.25	3.18	3.30	Deterioration

## Future priorities and targets

The planned approach in light of the results was to have a trust wide action plan, focussing on “getting the basics right” whilst addressing the key themes emerging and targeted actions to support the 9 departments with the lowest scores overall.

Themes for trust wide action plan are;

- Getting the fundamentals of staff engagement right e.g. team meetings, management one to ones, sharing information about the team and changes in the workplace, making sure employees have the basic tools and resources to do the job effectively and having time for learning, planning and reviewing effectiveness
- Listening and Responding to Staff by; having planned listening events with staff, continuing using leadership walkrounds, reviewing organisational change processes, continuing implementation of a coaching conversation culture and sharing success stories more widely
- Supporting individual and team wellbeing by implementing the Wellbeing Plan, developing a clear funding plan for wellbeing actions and that individual and team wellbeing addressed in every team and every appraisal

The actions identified above have been incorporated into an action plan. They have been aligned into the People Strategy Delivery Plans for 2018/19 to ensure that they are incorporated into the Trusts wider strategy for engagement and wellbeing.

## Expenditure on consultancy

During the year, the Trust paid £161,776 to external consultants. This is reflected in note 5: "Operating Expenses" in the financial statements included below.

## Off-payroll engagements

Where possible the Trust employs staff directly on permanent or short term contracts. However, for some specialist clinical and information technology roles which are more difficult to recruit, the Trust may make use of workers engaged through off-payroll arrangements.

With effect from 1 April 2017 the Trust assessed the highest paid longer term agency staff, principally locum GPs, and deducted appropriate tax and national insurance at source in compliance with IR35 rules.

All other agency staff are recruited through national approved framework contracts.

The tables below summarise all off-payroll engagements, including those where tax is deducted by the Trust under IR35 rules, which cost more than the equivalent of £245 per day.

### Table 1 - off-payroll engagements longer than 6 months

No. of exiting engagements at 31 March 2018	31
Of which:	
No. that have existed for less than one year	16
No. that have existed for between one and two years	0
No. that have existed for between two and three years	1
No. that have existed for between three and four years	4
No. that have existed for four or more years	10

### Table 2 - new off-payroll engagements

No. of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	9
Of which:	
No. assessed as caught by IR35	9
No. assessed as not caught by IR35	0
No. engaged directly on the departmental payroll	9
No. of engagements reassessed for consistency/assurance during the year	0
No. of engagements that saw a change to IR35 status following the consistency review	0

No board members are subject to off-payroll arrangements. The only board member not engaged directly through the Trust's own payroll is the interim Medical Director who is employed by another NHS Trust and is on their payroll.

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

During the year, one exit package was agreed totalling £98,805. This is included in note 7.2: "Exit packages" in the financial statements below.

## Compliance with NHS Foundation Trust Code of Governance

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

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

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

- The constitution of the NHS Foundation Trust
- Standing orders for the Board of Directors and Council of Governors setting out the roles and responsibilities of each
- Code of Conduct for the Board of Directors and Council of Governors
- Schemes of delegation and matters reserved to the Board
- Established role of Senior Independent Director
- Standing Financial Instructions
- Terms of Reference for the Board of Directors and its sub-committees and the Council of Governors and its sub-groups
- Code of Conduct for Board of Directors and Council of Governors
- Board of Directors and Council of Governors Register of Interests
- Fit and Proper Persons declarations by Executive and Non-Executive Directors
- Performance appraisal process for all Executive and Non-Executive Directors
- Raising Concerns Policy and identified Freedom To Speak Up Guardian
- Robust Audit Committee arrangements in place
- Governor-led appointments process for external auditor
- Non-Executive Director meetings established pre-Board of Directors
- Anti-Fraud work plan and policy
- High quality reports to the Board of Directors and Council of Governors appropriate to their respective functions and relevant to the decisions being made
- Regular attendance by Directors to Council of Governor meetings
- Attendance records for Directors and Governors at key meetings
- Annual NHS Provider Licence self-certification

- Bi-monthly Board of Directors development time

Where applicable the Trust complies with all provisions of the Code of Governance issued by Monitor in July 2014. The Trust also recognises that systems and processes continue to embed and work is continually on-going with the Council of Governors and Board of Directors to review, monitor and achieve this.

## Governance arrangements

The basic governance structure of all NHS Foundation Trusts includes;

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

## Membership and constituencies

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

The Trust has two constituencies;

- Staff constituency and,
- Public constituency

All members of the organisation are members of one of these constituencies and during 2017-18 this has included Adult Social Care staff transferred to the Trust from the Local Authority.

The public constituencies include;

- Wallasey
- Birkenhead
- Wirral West
- Wirral South & Neston

The Council of Governors also approved a change to the Foundation Trust Constitution and an expansion of the trust's constituency boundaries to include a Rest of England constituency. This was approved to acknowledge that the Trust provides services beyond its Wirral constituency boundaries, most notably in Cheshire East. Further work is underway to establish a membership in this new constituency which will result in the election of at least one public governor.

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

At the end of 2017-18, the Trust had 8,211 members split as follows across the two constituencies;

- 6,075 public members
- 2,136 staff members

An analysis of the Trust's membership population demonstrates that it is broadly representative of the communities we serve; however recruitment activities are targeted according to any areas where further recruitment is necessary. For example, during 2017-18, the Trust achieved continued success recruiting young members to the organisation through a series of career events at local schools and colleges. The focus for membership recruitment in 2018-19 will be to target male members across all constituencies.

Members of the Council of Governors attend and support recruitment activities where possible and during 2017-18 an existing patient engagement group, 'Your Voice' was expanded to include governors on the membership and the scope reviewed to consider membership engagement and recruitment. This has been an exciting and successful development for the Trust with further work to establish the group a priority for 2018-19.

The terms of reference of the group include the following;

- Receiving patient experience reports and patient/user experience outcomes undertaken
- Providing a voice in driving and improving patient, user and family experience in services
- Supporting the development of patient information and communications
- Providing feedback on projects and other service change consultations
- Supporting the development and implementation of an effective Membership Strategy supporting the Council of Governors
- Sharing an understanding of common issues affecting patients, users and their families from the local community
- Identifying opportunities to promote partnership working between the Trust and patient/user representative groups from the local community

## The Council of Governors

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

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

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

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

The Council of Governors has not exercised their power under paragraph 10C of schedule 7 of the NHS Act 2006 during 2017-18.

The Trust held a bi-election in May 2017 following the resignation of a public governor due to relocating outside the Trust's constituency boundaries. Lynn Collins was elected to the Wirral West seat.

In November 2017 the Trust held governor elections following the end of terms of office of 4 public governors and 1 staff governor. The elections were run independently by UK Engage and in accordance with the Model Election Rules as included in the FT Constitution.

The election results were as follows;

Constituency	Candidate(s)	Turnout	% of votes cast	Elected
<b>Public governors</b>				
Wirral West	Veronica Cuthbert	10.81%	61%	✓
	Ellen Griffith		39%	
Birkenhead	Angela Gill	7.89%	48%	✓
	Ian Jones		34%	
	Lynn Killoran		18%	
Wallasey	Dr Paul Ivan		(unopposed)	✓
Wirral South	No candidate			Vacant
<b>Staff governors</b>				
	Fiona Fleming	6.85%	52%	✓
	Jean-Paul Middleton		48%	

The Council of Governors participated in a development day in July 2017 to consider their work and achievements, their compliance with statutory duties and opportunities to further strengthen membership engagement and representation. This was a successful meeting and it was agreed to repeat it annually as part of the on-going training and development of governors.

## The composition of the Council of Governors

The Council of Governors comprises 19 governors;

- 10 elected governors (with 1 vacant seat) representing the four public constituencies of Birkenhead, Wallasey, Wirral West and Wirral South & Neston
- 3 staff governors representing the one staff constituency
- Six appointed governors representing the views from partner organisations (see below)

The following table provides the detail of the Council of Governors during 2017-18.

Name	Constituency/ Organisation	Term of Office (End date)	2017 election status
<b>Public Elected Governors</b>			
Ann Barlow	Wallasey	2 years (2017)	No re-election sought
Sara Braidwood	Wallasey	3 years (2018)	
Dr Paul Ivan	Wallasey	2 years (2019)	Newly elected
Irene Cooke	Birkenhead	3 years (2018)	
Veronica Cuthbert	Wirral West	<del>2 years (2017)</del> 2 years (2019)	Re-elected
Lyn Collins	Wirral West	2 years (2019)	Elected through bi-election
Ian Jones	Birkenhead	2 years (2017)	Not re-elected
Angela Gill	Birkenhead	2 years (2019)	Newly elected
Kevin Sharkey	Wirral South & Neston	3 years (2018)	
Irvita Sharma	Wirral South & Neston	2 years (2017)	No re-election sought
Vacant	Wirral South & Neston		Vacant
Donald Shaw	Birkenhead	3 years (2018)	
Bill Wyllie	Wallasey	3 years (2018)	
<b>Staff Elected Governors</b>			
Norma Hayes	Specialist Nurse	2 years (2017)	No re-election sought
Fiona Fleming	Communications & Marketing Officer	2 years (2019)	Newly elected
Tom Meade	Resuscitation Officer	3 years (2018)	

Angela Price	Professional Development Lead	3 years (2018)
<b>Appointed Governors</b>		
(vacant)*	NHS England	3 years (2018)
(vacant)**	Wirral Borough Council	3 years (2018)
Paul Edwards	Wirral Clinical Commissioning Group	3 years (2018)
Prof. Janice Gidman	University of Chester	3 years (2018)
Karen Prior	Healthwatch Wirral	3 years (2018)
Annette Roberts	Community Action Wirral	3 years (2018)

\*The NHS England seat is vacant following a declared conflict of interest. The Council of Governors with advice from the Board of Directors are reconsidering this seat.

\*\*The Wirral Borough Council seat is being reallocated to align with the significant work on health and social care integration in Wirral.

### Council of Governors Meetings

During 2017-18, the Council of Governors met on 5 occasions:

- 18 April 2017
- 22 July 2017 (*Development Day*)
- 18 September 2017
- 14 February 2018

The Trust also held its Annual Members Meeting on 13 November 2017.

The following table summarises governor attendance at each meeting during 2017-18.

Council of Governors		Possible meetings	Meetings attended
<b>Public Elected Governors</b>			
Sara Braidwood	Public Governor, Wallasey	4	2
Irene Cooke	Lead Governor /Public Governor, Birkenhead	4	4
Veronica Cuthbert	Public Governor, Wirral West	4	4
Angela Gill	Public Governor, Birkenhead	1	1
Dr Paul Ivan	Public Governor, Wallasey	1	1
Ian Jones	Public Governor, Birkenhead	4	3
Kevin Sharkey	Public Governor, Wirral South	4	3
Donald Shaw	Public Governor, Birkenhead	4	4
Bill Wyllie	Public Governor, Wallasey	4	4
<b>Staff Elected Governors</b>			
Tom Meade	Staff Governor	4	4
Fiona Fleming	Staff Governor	1	1
Angela Price	Staff Governor	4	2
<b>Appointed Governors</b>			
Paul Edwards	Appointed Governor, NHS Wirral CCG	4	2
Prof. Janice Gidman	Appointed Governor, University of Chester	4	3
Karen Prior	Appointed Governor, HealthWatch Wirral	4	3

Irene Cooke was elected as the Lead Governor in January 2016 for a period of two years or until the end of the term of office; ending in November 2018.

The Standing Orders for the Council of Governors sets out the process for the removal from the Council of Governors any governor who consistently and unjustifiably fails to attend meetings or has an actual (or potential) conflict of interest which could prevent the proper exercise of duties.

### Council of Governors' Register of Interests

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

The register of interests is available to the public via the Trust's website and additionally can be requested via the Director of Corporate Affairs at the following address:

Wirral Community NHS Foundation Trust  
 St Catherine's Health Centre  
 Derby Road  
 Birkenhead  
 CH41 0LQ

Tel: 0151 651 3939

E-mail: [alison.hughes29@nhs.net](mailto:alison.hughes29@nhs.net)

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

## Council of Governors Subgroups

The Council of Governors have established a Remuneration & Nomination sub-group that meets to discuss the formal aspects of the Non-Executive Directors role including remuneration, terms of office and annual performance evaluation. The membership of the group and the meetings held during 2017-18 are described above in the Remuneration Report.

A working group was established during Q2, 2017-18 that worked successfully with the Audit Committee to appoint the Trust's external auditor (Ernst & Young) through an open tender process.

A quarterly governor Quality Forum has been established to provide assurance to the Council of Governors on the quality of the services delivered by the Trust, and their management within the Trust's governance structure. The group has appointed a public governor as Chair who is supported by the Deputy Director of Nursing.

The overarching aims of the group, as described in the Terms of Reference are to ensure the Trust;

- meets its duties and aspirations with regard to the quality of care and patient experience
- ensures that the interests of the patients, carers, families and the general public in the areas served by the trust are represented during the development of work connected to care quality and patient experience improvement

The scope and duties of the 'Your Voice' group have also been revised and expanded to incorporate membership strategy, engagement and recruitment. The group's membership includes public governors from each of the Trust constituencies and members and service users from across the organisation. The group meets on a quarterly basis and is chaired by a Non-Executive Director.

## Training and development for governors

All governors were invited to attend a full day Development Day in July 2017 to provide an opportunity to reflect on achievements and look ahead to future priorities and revisit the key duties of the governor role.

Following the public and staff elections in November 2017, new governors were invited to an induction session prior to attending their first formal Council of Governors meeting.

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

All governors have also been invited to attend an informal meeting with the new Chairman since his appointment in September 2017, to provide an opportunity to share experiences of the Trust, learnings for the future and any areas of challenge.

Looking ahead to 2018-19, it is intended to schedule a further Development Day with the Council of Governors.

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

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

The following table summarises Board of Directors' attendance at Council of Governors' meetings during 2017-18.

Council of Governors		Possible meetings YTD	Meetings attended YTD
Chris Allen	Chairman (Acting Chair )	2	2
Michael Brown	Chairman ( <i>from September 2017</i> )	2	2
Karen Howell	CEO	4	4
Chris Allen	NED	2	2
Murray Freeman	NED	4	4
Brian Simmons	NED	4	4
*Alan Wilson	NED	2	2
*Beverley Jordan	NED	2	2
Sandra Christie	Director of Nursing & Quality Improvement	4	4
**Phil Clow	Director of Business Strategy & Development	2	1
**Dave Hammond	Interim Director of Business Strategy & Development	2	2
Mark Greatrex	Chief Finance Officer	4	4
Val McGee	Chief Operating Officer	4	4
***Jo Harvey	Director of HR & OD	2	2
***Karen Walkden-Smith	Interim Director of HR & OD	2	2
****Dr Ewen Sim	Medical Director	2	2
****Dr Nick Cross	Interim Medical Director	1	1
****Alison Hughes	Director of Corporate Affairs	2	2

\* AW left August 2017, BJ joined September 2017

\*\* PC left August 2017, DH took up interim position from September 2017

\*\*\*KWS in Interim HRD post from April - August 2017, JH returned in September 2017

\*\*\*\*NC took up Interim MD post from December 2017 onwards

\*\*\*\*AH in post from September 2017

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

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

The Board of Directors share the priorities included within the annual operational plan with the Council of Governors and during 2017-18 the governors have been involved in a series of focus groups to refresh the Trust's organisational strategy.

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

## **The Board of Directors**

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

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

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

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

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

The Board of Directors met in formal session on 6 occasions during 2017-18. According to the standing orders of the Trust, the chairman may call a meeting of the board at any time and one-third or more members of the board may request a meeting in writing to the chairman. This provision was not enacted during 2017-18.

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

In the absence of a Non-Executive Director member of the committee another Non-Executive Director shall be nominated to formally attend and therefore count towards quoracy. Any Non-Executive Director formally attending shall enjoy the same rights and

privileges as standing Non-Executive members including the right to propose resolutions. Their attendance is formally recorded in the minutes.

*Explanatory notes;*

*The table below shows the attendance record for each board member compared to the maximum number of meetings they were required to attend during 2017-18 as per the requirement in the Terms of Reference to attend three quarters of available meetings.*

*The figures in bold reflect where members of the Board are NOT formal members of the committee but may still attend.*

*The brackets indicate the possible number of meetings individuals could have attended given changes to membership and position.*

*The attendance table reflects that members of the Non-Executive and Executive team, who are not formal members of committees, will attend committees to contribute to discussions on specific topics.*

April 2017 - March 2018	Public Board (bi-monthly)	Rem Committee (at least annual)	Audit Committee	Quality & Safety Committee (Monthly)	Finance & Performance Committee (Monthly)	Education & Workforce Committee (Monthly)
Number of Meetings <i>(no. in brackets relates to the ToR requirement to attend three quarters of meetings)</i>	6 (5)	2	5 (4)	12 (9)	12 (9)	12 (9)
Chair/Non-Executive Directors						
*Michael Brown (Chairman)	4 (4)	2	-	<b>2</b>	<b>2</b>	<b>1</b>
*Chris Allen (Acting Chair)	2 (2)	-	1 (1)	<b>5 (5)</b>	<b>5 (5)</b>	<b>6 (6)</b>
*Chris Allen NED	3 (4)	1	4 (4)	7 (7)	<b>5 (7)</b>	5 (7)
Murray Freeman NED	5	2	3	10	<b>9</b>	10
Brian Simmons NED	5	2	5	9	10	<b>11</b>
**Bev Jordan NED	3.5 (4)	2	3 (3)	<b>7 (7)</b>	7 (7)	7 (7)
**Alan Wilson NED	2 (2)	-	2 (2)	<b>3 (5)</b>	5 (6)	<b>5 (6)</b>
Executive Directors						
Karen Howell	4	2	<b>1</b>	<b>8</b>	<b>8</b>	<b>6</b>
Sandra Christie	6	-	<b>3</b>	12	9	11
****Phil Clow	1	-	-	-	2 (2)	-
****Dave Hammond	5 (5)	-	-	<b>1</b>	9 (10)	-
Alison Hughes	4 (4)	-	<b>5</b>	<b>9</b>	<b>11</b>	<b>10</b>
Mark Greatrex	6	-	5	1 (2)	10	-
*****Jo Harvey	4 (4)	2	-	6 (7)	<b>2 (4)</b>	7 (7)
*****Karen Walkden-Smith	2 (2)	-	-	4 (5)	-	3 (5)
Val McGee	6	-	-	7 (8)	12	11
*****Dr Ewen Sim	1	-	-	2 (2)	<b>1</b>	2
*****Dr Nick Cross	2 (2)	-	-	4 (4)	-	2 (3)

\*CA Acting Chair from April to August 2017, substantive NED position from September 2017 onwards

\*\*AW left August 2017, BJ joined September 2017

\*\*\*PC left June 2017, DH took up interim position from June 2017

\*\*\*\*KWS in interim position until September 2017

\*\*\*\*\*NC took up interim position from January 2018 onward

The Board is of sufficient size and the balance of skills and experience is appropriate for the requirements of the business and the future direction of the Trust; arrangements are in place to ensure appropriate review of the Board's balance, completeness and appropriateness to the requirements of the Trust. The Board considers such reviews in bi-monthly board development sessions and formally through a paper received in private session on Board capacity, composition and skills. During 2017-18 these reviews did not conclude that any revisions to the composition of the Board of Directors were required to remain compliant with the Trust's constitution. The names and voting status of members of the Board are described in the Directors Report.

All Executive and Non-Executive Directors undergo annual performance evaluation and appraisal.

The Board of Directors adopts the well-led framework to consider the performance and effectiveness of the Board and its committees. This is addressed through a schedule of bi-monthly board development sessions. During 2017-18 the CQC conducted a well-led inspection and an inspection of core services of the Trust.

### Committees of the Board

The committee structure reporting to the Trust Board is clearly defined through the terms of reference and reporting arrangements. The Board has formally delegated specific responsibilities to the committees listed below; detailed reports and full minutes from each of the committees are reported to Board of Directors.

- Quality & Safety Committee (Monthly)
- Finance & Performance Committee (Monthly)
- Education & Workforce Committee (Monthly)
- Remuneration & Terms of Service Committee (at least once per annum)
- Audit Committee (4 meetings per annum)

The table below provides detail on committee chairmanship and membership

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

Committee	Non-Executive Director(s)	Director(s)
<b>Audit Committee</b>	<b>Brian Simmons (Chair)</b> Alan Wilson <i>(up to August 2017)</i> Murray Freeman Chris Allen Beverley Jordan <i>(from September 2017)</i>	By invitation <i>(not formal members)</i>
<b>Finance &amp; Performance Committee</b>	<b>Alan Wilson (Chair)</b> <i>(up to August 2017)</i> <b>Beverley Jordan (Chair)</b> <i>(from September 2017)</i> Brian Simmons	Chief Finance Officer Director of Nursing & Quality Improvement Director of Business

		Development & Strategy Chief Operating Officer
<b>Quality &amp; Safety Committee</b>	<b>Chris Allen (Chair)</b> Murray Freeman Brian Simmons	Director of Nursing & Quality Improvement Medical Director Director of HR & OD
<b>Education &amp; Workforce Committee</b>	<b>Murray Freeman (Chair)</b> Chris Allen Alan Wilson ( <i>up to August 2017</i> ) Beverley Jordan ( <i>from September 2017</i> )	Director of HR & OD Director of Nursing & Quality Improvement Medical Director Chief Operating Officer
<b>Remuneration Committee</b>	<b>Michael Brown (Chair)</b> Chris Allen Murray Freeman Alan Wilson ( <i>up to August 2017</i> ) Brian Simmons Beverley Jordan ( <i>from September 2017</i> )	By invitation ( <i>not formal members</i> )

## Sub-Committees of the Board - Duties and accountabilities

As part of the Trust's governance arrangements, the chair of each committee presents a report on the matters considered and any decisions taken at its meetings at the next meeting of the Trust board, with full minutes provided once approved.

The table below provides an overview of the duties and accountabilities of each committee of the Board. The primary role of each is to provide assurance to the Board on the areas of responsibility.

<b>Committee</b>	<b>Duties and accountabilities</b>
<b>Quality &amp; Safety</b>	<p>Approving and monitoring implementation of the quality strategy.</p> <p>Reviewing the annual clinical audit plan.</p> <p>Reporting to Board on all aspects of quality, governance and compliance.</p> <p>Receiving assurance that the Trust meets all relevant statutory/regulatory obligations in relation to quality, clinical governance and compliance.</p> <p>Advising the Board of all significant risks, areas for development and exceptional good practice, ensuring lessons are learned and shared.</p> <p>Reviewing instances where the statutory Duty of Candour requirements are applied.</p> <p>NOTE: Mechanisms that ensure treatment is safe, effective, well-led, responsive and caring include the work of governance groups which feed the Board via this committee.</p>
<b>Finance &amp; Performance</b>	<p>Monitoring the financial and contractual/ commissioning performance of the Trust against objectives/targets.</p> <p>Ensuring appropriate governance after FT authorisation.</p>
<b>Education &amp; Workforce</b>	<p>Co-ordinating, developing, prioritising, monitoring, reviewing and overseeing implementation of workforce, organisational development and learning and development plans and monitoring effectiveness.</p>
<b>Remuneration &amp; Terms of Service</b>	<p>Deciding the appropriate remuneration and terms of service for the Chief Executive, all on the VSM pay scale/other managers on local pay.</p>
<b>Audit</b>	<p>Ensuring an effective internal audit function that meets Public Sector Internal Audit Standards. Reviewing findings/ensuring implementation.</p> <p>Scrutinising the risks and controls which affect the Trust's business.</p>

	<p>Receiving regular reports on the work/findings of the internal and external auditors and local counter fraud team.</p> <p>Receive assurances from the clinical audit function.</p> <p>Approving the Trust's annual quality account.</p> <p>Receiving the annual report and accounts</p> <p>Approving the annual clinical audit plan.</p>
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## The Audit Committee

The Audit Committee provides an independent and objective review of the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities (clinical and non-clinical), that support the achievement of the organisation's objectives.

As described above the Trust's Non-Executive Directors (with the exception of the Chairman) are members of the Audit Committee. Their attendance during 2016-17 is included in the table above.

The Audit Committee met its responsibilities as set out in its terms of reference during 2017-18 by;

- Reviewing all risk and control related disclosure statements together with the Head of Internal Audit statement and External Audit Opinion.
- Reviewing the Board Assurance Framework at each of its meetings noting the work of the individual sub-committees in monitoring organisational risks
- Reviewing the 2016-17 Annual Report and Accounts before submission
- Reviewing the External Auditors Audit Findings Report, and management response to it
- Receiving regular updates on the procedures and policies in place for all work related to fraud and corruption
- Reviewing the work and the implementation of findings from the Internal Auditor and approving the Internal Audit Annual Plan for 2017-18
- Receiving and approving the Clinical Audit Annual Programme for 2017-18
- Reviewing arrangements by which staff can raise issues (noting the work of the Quality & Safety in relation to Raising Concerns)
- Receiving regular updates in relation to Local Security Management
- Supporting the appointment, by the Council of Governors in September 2017, of Ernst & Young as the Trust's external auditors.

During 2017-18 the Audit Committee did not consider any significant issues in relation to financial statements, operations or compliance. As described above, the committee received regular reports on the work of internal and external audit and assurance from other committees of the Board.

The Trust has not engaged the external auditor for non-audit work during 2017-18.

The value of external audit services for the reporting period was £47,500 including fees for the audit of the Quality Report.

## The role of Internal Audit

The internal audit function for the Trust is provided by Mersey Internal Audit Agency (MIAA) who work closely with the Audit Committee to develop and agree an Annual Internal Audit Plan. The plan fully complies with the Public Sector Internal Audit Standards and the HfMA Audit Committee Handbook and is based on a comprehensive risk assessment aligned to the organisation's strategic objectives.

# NHS Improvement's 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.

The Single Oversight Framework applied from Quarter 3 of 2016-17. Prior to this, Monitor's *Risk Assessment Framework* (RAF) was in place. Information for the prior year and first two quarters **of 2016-17** relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

## Segmentation

Wirral Community NHS Foundation Trust achieved an overall score of 1 for 2017-18 defined as no potential support needs identified across NHSI's five themes with the lowest level of oversight required.

This segmentation information is the Trust's position as at 31 March 2018. Current segmentation information for NHS trusts and foundation trusts is published on 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	2016-17		2017-18			
		Q3	Q4	Q1	Q2	Q3	Q4
Financial sustainability	Capital service capacity	1	1	1	1	1	1
	Liquidity	1	1	1	1	1	1
Financial efficiency	I&E margin	1	1	3	2	2	1
Financial controls	Distance from financial plan	1	1	1	1	1	2
	Agency spend	2	2	1	1	1	2
<b>Overall scoring</b>		<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

## Statement of the Chief Executive's responsibilities as the Accounting Officer of Wirral Community 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 Wirral Community NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Wirral Community 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 that the use of public funds complies with the relevant legislation, delegated authorities and guidance and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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



Karen Howell  
Chief Executive  
May 2018

# Annual Governance Statement

**Name of Organisation:** Wirral Community NHS Foundation Trust

**Organisation Code:** RY7

## **Scope of Responsibility**

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

I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

## **The purpose of the system of internal control**

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of policies, aims and objectives of Wirral Community NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Wirral Community NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

## **Capacity to handle risk**

I am responsible for risk management across all organisational, financial and clinical activities.

The Trust's corporate strategy for risk management is preventative, aimed at influencing behaviour and developing a culture within which risks are recognised and addressed. This process is aligned to controlling clinical and non-clinical risks and to support a persuasive safety culture.

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

Risk management training is mandatory for all staff and is a key part of the organisation's corporate and local induction. The risk management strategy supports staff in ensuring that risks within the organisation are managed proactively and effectively and to ensure compliance with statutory obligations.

The organisation uses a web-based incident reporting and risk management system, Datix.

## **The risk and control framework**

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

The Trust's Risk Strategy provides a systematic approach to the identification, management and escalation of risks within the Trust which is underpinned by a clear accountability structure. The Trust recognises the need for robust systems and processes to support continuous programmes of risk management enabling staff to integrate risk management into their day to day activities and support informed decision making through an understanding of risks and their likely impact.

The Trust operates within a clear risk management framework which sets out how risk is identified, documented on the risk register, reported, monitored and escalated throughout the corporate governance structure. This framework is set out in the risk management strategy. Risks are recorded at service, divisional and organisational level forming the Trust's risk register.

The process of risk management has been embedded within the organisation and cascaded to service areas to assist with the development of an organisation-wide risk awareness culture. In addition to the risk management strategy, the Trust has developed a number of systems which encourage staff at all levels to be involved in identifying and reporting risks. These include, but are not limited to, on-line incident reporting via the Datix system, leadership and patient safety walkrounds and a Performance Management Framework.

The Integrated Performance Group has the primary purpose of ensuring the organisation has effective processes in place to deliver continuous integrated performance improvement, ensuring patients are kept safe, that risk is effectively managed and operational services meet their financial targets. This group reports by exception to the sub-committees and provides assurance to the Board of Directors on the effectiveness of operational delivery specifically in relation to KPIs, quality and safety, risk management and finance.

During 2017-18, each sub-committee of the Board received a monthly risk management report providing assurance on the management of operational risk associated with each committee's duties and accountabilities providing an opportunity to scrutinise the detail of high-level risks and those not progressing. The Board of Directors receives an Integrated Performance Report at each meeting providing a summary of risks escalated via the sub-committees.

Incident reporting is openly encouraged through staff training and further work to strengthen awareness and confidence to raise incidents has been supported at the highest level during 2017-18 with the Board of Directors considering service coverage by triangulating contractual performance, staff feedback and patient experience. This has been addressed through, but not limited to, leadership walkrounds and robust Freedom To Speak Up processes. Any risks identified from serious incidents that impact upon public stakeholders are managed by involving the relevant parties and ensuring they are satisfied that all lessons have been learned.

Wirral Community NHS Foundation Trust has a Board Assurance Framework (BAF) in place which the Board of Directors receive on a bi-monthly basis; the BAF records the principal risks that could impact on the Trust achieving its strategic objectives and provides a framework for reporting key information to the Board of Directors.

During 2017-18 there were 9 principal risks (strategic risks) recorded on the BAF against the organisation's 9 strategic goals, themed according to three strategic areas - Our Patients and Community, Our People and Our Performance. Each risk on the BAF is rated according to the risk matrix and any with a risk rating of >15 is discussed by the Board of Directors to review progress and mitigating actions.

During 2017-18, the Board of Directors ensured on-going assessment of in-year and future risks. Major risks related to;

- The scale and pace of organisational and system transformational change regionally through the Cheshire & Merseyside Health and Care Partnership and locally through the Healthy Wirral programme
- Commissioning intentions and contracting decisions limiting organisational and system development
- Cultural transformation within the workforce (including the integration of health and adult social care)

The BAF is recognised as a key tool to drive the board agenda by ensuring the board focuses attention on those areas which present the most challenge to the organisation's success.

The annual assurance framework review completed by internal audit (MIAA) concluded that ***“the organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risks discussed by the Board”***.

The strategic risks noted against each strategic theme in the table below, summarise the risks recorded in the BAF during 2017-18.

Strategic Theme	Strategic Risk Areas	Mitigating Actions
<b>Our Patients &amp; Community</b>	Failure to maintain or improve quality and recognise, collect and act upon patient experience.  Inability to deliver the benefits of integration.  Impact: Loss of CQC registration, poor reputation and, inability to deliver system change through integration of health and	<ul style="list-style-type: none"> <li>- Quality governance processes overseen by Quality &amp; Safety Committee</li> <li>- Maintenance of CQC registration without conditions</li> <li>- Robust governance &amp; risk management processes (inc. Cost Improvement Programme governance)</li> <li>- Organisation values embedded through recruitment and appraisals</li> <li>- Patient Engagement Group</li> <li>- Council of Governors</li> <li>- Freedom To Speak Up Guardian</li> </ul>

	social care	<ul style="list-style-type: none"> <li>- Annual Quality Strategy and Report</li> <li>- Successful transfer of Adult Social Care</li> <li>- Quality Improvement Programme</li> <li>- Internal Audit Plan</li> </ul>
<b>Our People</b>	<p>Failure to engage effectively with our workforce and retain a competent, engaged and resilient workforce with opportunities for career development</p> <p>Impact: Workforce wellbeing and loss of staff. Inability to deliver contractual requirements</p>	<ul style="list-style-type: none"> <li>- People Strategy overseen by Education &amp; Workforce Committee</li> <li>- Staff engagement initiatives (e.g. Staff Awards, Wellbeing Week)</li> <li>- Staff communications (CEO blog, staff bulletin, Exec briefing)</li> <li>- Mandatory and service specific training</li> <li>- National staff survey and staff FFT</li> <li>- Joint Forum and Staff Council monthly meetings</li> <li>- Staff governors</li> <li>- Leadership for All programme including annual Leadership event</li> <li>- Annual appraisals including talent conversations</li> <li>- Apprenticeships</li> <li>- Trainee Nurse Associates</li> <li>- Internal Audit Plan</li> </ul>
<b>Our Performance</b>	<p>Failure to respond effectively to system changes whilst delivering the efficiency programme and maintaining performance against contractual and financial targets</p> <p>Impact: Inability to meet contractual requirements/CIP, affecting ability to deliver financial duties and deliver safe care.</p>	<ul style="list-style-type: none"> <li>- Financial management overseen by Finance &amp; Performance Committee</li> <li>- CIP governance arrangements</li> <li>- Transformation Efficiency Group (TEG)</li> <li>- KPI performance and contract monitoring meetings</li> <li>- Integrated Performance Group (IPG)</li> <li>- HealthyWirral Partners Board and supporting workstreams</li> <li>- Cheshire &amp; Mersey Health and Care Partnership representation</li> <li>- Integration of health and social care in Wirral</li> <li>- Internal Audit Plan</li> <li>- Service Line Reporting and PLICs - launch of Trust Information Gateway (TIG)</li> </ul>

During 2017-18 the Trust saw changes to the Non-Executive structure with a new Chairman and Non-Executive Director recruited, following the ends of terms of office of the previous Chairman and NED. This process including the reappointment of existing NEDs was led by the Trust's Council of Governors.

### **Quality Governance**

Quality Governance is the combination of structures and processes at and below board level to deliver trust-wide quality service, and as such the Board of Directors recognises that

quality is an integral part of its business strategy and to be most effective, quality should be the driving force of the organisation's culture.

The Board of Directors recognises that quality is not a programme or a project within the organisation and it is not the responsibility of any one individual to implement the quality agenda.

The Quality & Safety Committee has responsibility for ensuring the effective implementation and monitoring of robust quality governance arrangements across the organisation. The committee meets on a monthly basis and has a Non-Executive Chairman.

The Quality Strategy 2017-20 outlined the board's quality priorities in four areas:

- Person Centred Care
- Safe
- Effective

The strategy is based on a continuous quality improvement model, developed with staff and supported by internal quality improvement workshops. The quality goals are developed with the Quality and Safety Committee and performance against them are published in the Quality Report.

The Trust has a strong track record of achieving its quality goals and the annual Commissioning for Quality and Innovation (CQUIN) schemes. The CQUIN schemes for 2017-18 were all national measures and included improving staff health and wellbeing, supporting proactive and safe discharge, improving the assessment of wounds and personalised care and support planning.

The CQUIN associated with discharge was suspended nationally for 2017-18.

The Quality Report 2017-18 provides evidence of progress against the quality goals set for the year and highlights aspirational goals for the forthcoming year. The Quality Report reflects the Trust's commitment to providing the highest possible standards of clinical quality, and demonstrates how the Trust listens to patients, staff and partners, working with them to deliver services that meet the needs and expectations of the people who use them. The Quality Report 2017-18 is reviewed by external partners including HealthWatch, and the Local Authority and CCG who provide supporting statements. The full Quality Report is available at p103.

The Trust fully endorses the Francis report (2013) and the recommendations in relation to the duty of openness, transparency and candour (173 to 184) and has adopted 10 principles underpinning 'Being Open' as supported by the National Patient Safety Agency (NPSA). A Raising Concerns Policy has been developed and the Board of Directors is committed to the policy as part of its approach to openness and honesty. The policy identifies a Non-Executive Freedom to Speak-Up Guardian supported by a team of Freedom to Speak-Up Champions.

Wirral Community NHS Foundation Trust is registered with the Care Quality Commission and systems exist to ensure compliance with the registration requirements; the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality

Commission (Registration) Regulations 2009. The Board of Directors is responsible for ensuring compliance with these regulations at all times and the work of the Quality & Safety Committee regularly monitors compliance against the standards highlighting any risks of non-compliance. The quality & governance team leads a programme of quarterly compliance self-assessments to support teams in ensuring compliance and to provide appropriate assurance to the Quality & Safety Committee and the Board of Directors. In 2017-18 the Trust developed and launched with a number of 'test' clinical teams the Outstanding Care Accreditation programme. This programme, designed with front-line staff provides a framework for teams to assess performance, identify areas for improvement and complete peer-reviews against the CQC fundamental standards of care.

In March 2018 the CQC completed a core services and well-led inspection of the Trust. At the time of preparing this AGS the report following the inspections has not been received. A separate inspection of GP OOHs was completed which has reported an overall rating of 'Good' for the service.

The Trust welcomes the CQC inspection process and looks forward to receiving reports in due course.

Data quality and data security risks are managed and controlled via the risk management framework described above. Any high-level risks to data quality and data security are reported to the Finance & Performance Committee. In addition, independent assurance is provided by the Information Governance Toolkit review by internal audit (MIAA).

The Board of Directors has assessed compliance with the NHS Foundation Trust Condition 4 (FT governance) and believes that effective systems and processes are in place to maintain and monitor the following conditions;

- The effectiveness of governance structures
- The responsibilities of Directors and sub-committees
- Reporting lines and accountabilities between the Board, its sub-committees and the executive team
- The submission of timely and accurate information to assess risks to compliance with Wirral Community's licence
- The degree and rigour of oversight the Board has over the Trust's performance

These conditions are detailed within the Corporate Governance Statement, the validity of which is assured via the Board of Directors through a process of self-certification, review of evidence and identification of any risks.

This review also considers the on-going delivery of services within the requirements of the NHS Provider Licence and the Single Oversight Framework and the UK Corporate Governance Code.

Risk management is embedded in the activity of the organisation. The Risk Management Framework is fully integrated across clinical and non-clinical divisions of the organisation. The organisational risk register is aligned to the Board Assurance Framework, thereby ensuring the Board of Directors maintains oversight of all significant and emerging risks.

Incident reporting is openly encouraged across the organisation and the Quality & Safety Committee closely monitor the rates of incident reporting across divisions to identify any areas of focus and developing trends. An incident reporting action plan was developed during 2017-18 to address a downward trajectory in the number of patient safety incidents being reported (excluding Adult Social Care). The Clinical Governance Assurance Group reviews incident reporting at a divisional level and staff are actively supported when reporting incidents with the focus being on maximising learning opportunities.

Public stakeholders are involved in managing risks which impact on them. When serious incidents are investigated, members of the organisation speak and if possible meet with those who were affected.

Wirral Community NHS Foundation Trust is compliant with the registration requirements of the Care Quality Commission and has recently reviewed and strengthened processes in relation to the Fit and Proper Persons Test Regulation 5.

As an employer with staff entitled to membership of the NHS Pension Scheme and the Merseyside Pension Fund (with effect from 1 June 2017), control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into Scheme are in accordance with the Scheme rules and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

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

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

In 2017-18 the Trust was awarded the ISO14001 accreditation for sustainability for St. Catherine's' Health Centre.

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

The financial plan is approved by the Board of Directors and submitted to NHS Improvement. The performance against the plan is closely monitored on a monthly basis at the Finance & Performance Committee and key performance indicators and performance against NHSI's financial sustainability risk rating are reported to the Board of Directors in the Integrated Performance Report and via the Trust's Information Gateway (TIG), a web-based performance monitoring tool.

Our financial plan for 2017-18 required in year cost savings of £2.8m. To support delivery, the Transformation & Efficiency Group (TEG) maintained monthly oversight of cost improvement schemes progress, supported by the Project Management Office (PMO). The Finance & Performance Committee received a monthly update on progress and requested further information and assurance as required.

The Trust's resources are managed within the framework of the Corporate Governance Manual which includes Standing Financial Instructions. Financial governance arrangements are supported by internal and external audit to ensure economic, efficient and effective use of resources and monitored through the Audit Committee.

According to tests set out in NHSI's Single Oversight Framework published in September 2016, the Trust was categorised as a segment 1 provider in all aspects, including the finance and use of resources metric.

The Trust is a Lord Carter Review 'cohort' site for the review of community and mental health trusts which is considering how the organisation operates, what approaches to improving productivity and efficiency are already in place and what metrics and indicators are required to develop a model for these sectors. This work has continued during 2017-18.

### **Information governance**

In 2017-18 the Trust's Information Governance Assessment Report overall score was 76% and was rated green. 96% of all staff completed and passed the Information Governance e-learning training during 2017-18 and an audit of the Trust's IG toolkit conducted by Mersey Internal Audit Agency provided a rating of Significant Assurance. The Information Governance Group monitors performance of action plans designed to meet the requirements of the information governance toolkit and reports to the Quality and Safety Committee.

There was zero IG SIRIs (Serious Incident Requiring Investigation) that required reporting to the ICO (Information Commissioners Office) in 2017-18.

Since the cyber-attack in May 2017 the Trust has responded to the national focus on cyber security ensuring it is a key priority and all current and proposed systems are reviewed carefully. The internal audit plan for 2017-18 included two cyber-maturity assessments to provide opinion on the design and maturity of the technical elements of the organisation's cyber defence framework. The reviews identified actions to support the trust achieving Level 2 of the maturity model.

### **Annual Quality Report**

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (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 Annual Quality Report 2017-18 has been developed in line with relevant guidance. All data and information within the Quality Report is reviewed by the Quality & Safety Committee and is supported through a comprehensive annual Quality Strategy including a quality strategy delivery plan and clearly defined Quality Goals. The Board of Directors receives assurance via the Quality & Safety Committee on the achievement of the Quality Goals and the effective implementation of the strategy.

Further development of quality improvement skills across the organisation remains a high priority. A continuous quality improvement model is embedded across the organisation supported by a robust programme of clinical audits.

The Director of Nursing & Quality Improvement provides executive leadership to the development of the Annual Quality Report.

Elective waiting time data does not apply to the Trust.

### **Review of effectiveness**

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the sub-committees of the Board, particularly the Quality & Safety Committee and the Finance & Performance Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In accordance with Public Sector Internal Audit Standards, the Director of Internal Audit has provided an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control) during 2017-18. This is achieved through a risk-based plan of work, developed with the Executive Leadership Team and approved by the Audit Committee.

The purpose of the Director of Internal Audit Opinion is to contribute to the assurances available to me as Accounting Officer and the Board of Directors which underpin the board's own assessment of the effectiveness of the organisation's system of internal control.

The overall opinion for 2017-18 provides **Significant Assurance**.

*It confirms that "there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design or inconsistent application of controls put the achievement of a particular objective at risk"*

The work of internal audit during 2017-18 included 8 assurance reviews, 1 advisory review on General Data Protection Regulation (GDPR) readiness, 2 reviews on Conflicts of Interest and Stakeholder Engagement that provided actions rather than an assurance level and a Security Standards Self-Assessment. Of the full reviews 6 received significant assurance, and 2 received limited assurance.

In relation to all audit reviews, the Trust provided a managerial response with action plans in place to deliver on the recommendations made. Each sub-committee of the Board receives audit reports relevant to its scope of responsibility and associated action plan where

required. The Audit Committee maintains oversight of all internal audit reviews via an audit tracker tool and regular progress reports from MIAA.

The Trust has a robust programme of clinical audit in place and during 2017-18, 31 clinical audits were completed. The key quality outcomes from the audits are reported in the Annual Quality Report in section 2.7.

During 2017-18 the Trust also participated in 100% of eligible national clinical audits. The Trust was not eligible to participate in any confidential enquiries.

The national clinical audit that Wirral Community NHS Foundation Trust was eligible to participate in during 2017/18 was UK Parkinson's Audit; this is expected to be published in May 2018.

The Council of Governors plays an important part in the governance structure within Wirral Community NHS Foundation Trust, ensuring through their interaction with the Board of Directors the interest of members and the public are heard and at the fore when reviewing the Trust's performance and future ambitions.

My review is also informed by external audit opinion, external inspections, including CQC and accreditations and reviews completed during the year.

The processes outlined below are established and ensure the effectiveness of the systems of internal control through;

- Board of Directors review of the Board Assurance Framework and organisational risk register
- Audit Committee scrutiny of controls in place
- Review of progress in meeting the Care Quality Commission Fundamental Standards by the Quality & Safety Committee
- Internal audits of effectiveness of systems of internal control

### **Conclusion**

As Accounting Officer I confirm that there were no significant issues to report in 2017-18 and internal control systems are fit for purpose.



**Karen Howell**

**Chief Executive  
Wirral Community NHS Foundation Trust**

**May 2018**



for you,  
with you

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# Part 1: Introduction

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## Wirral Community NHS Foundation Trust: At the heart of the community

Wirral Community NHS Foundation Trust provides high quality primary, community services including adult social care and public health services to the population of Wirral and parts of Cheshire and Liverpool.

We are registered with the Care Quality Commission (CQC) without conditions, and play a key role in the local health and social care economy working in partnership to provide high quality, integrated care to the communities we serve.

Our expert teams provide a diverse range of community health and social care services, seeing and treating people right through their lives both at home and close to home. We have an excellent clinical reputation employing over 1,500 members of staff, 90% of who are in patient-facing roles. Our workforce represents over 70% of the costs of the organisation, and the most important and valued resource we have.

Each year we have over 1.1 million face to face contacts and our services are delivered in many settings: clinics, health centres, GP surgeries, schools, and people's homes.

We serve a Wirral population of around 321,000 residents across 145,000 households. It is very likely that most will come into contact with our services at some point either as a patient, carer, service user or relative of a patient or as one of our members or volunteers.

Not unlike most places in the country, the local health and social care economy is faced with the challenge of meeting rising demand, within finite resources. This is driving the growth in provision of community health services ensuring we play a vital part in enabling people to live more healthy, active and independent lives, reducing unnecessary hospital admissions.

# Quality Report

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## Statement on quality from the Chief Executive and declaration

This Quality Report reflects our commitment to providing the best possible standards of clinical care. It shows how we listen to patients, service users, staff and partners and how we work with them to deliver services that meet the needs and expectations of the people who use them.

The trust was authorised as a Foundation Trust on 1 May 2016, demonstrating that it is well-governed, meets CQC standards and is financially responsible and sustainable.

During 2017/18 there were many examples where we continued to provide excellent standards of clinical care. This was recognised by the CQC during the inspection of our GP Out of Hours Service during February 2018, which resulted in an overall rating of Good.

We continue to strive towards being an outstanding organisation recognised for the consistent delivery of high quality care across all services, maximising patient safety and experience.

Our staff continue to develop innovations that are transforming the delivery of integrated community services, ensuring their sustainability. We are determined to maintain our financial stability and see 'quality' as both a clinical and business priority. We have been changing the way we deliver services, making sure we continue to deliver care efficiently and working with our staff to embed technological solutions that give us more time to provide care to our populations.

We continuously strive to improve the provision of high quality community health and social care to older people and adults across Wirral in a seamless and integrated way.

On 1 June 2017 the trust formally began to provide integrated health and social care assessment services for patients and service users in their local communities. This demonstrates the trust's commitment to transforming public services responding to the needs of the communities and populations we serve.

On behalf of the Trust Board, I would like to thank all staff and volunteers for their dedication, energy and passion for quality care, in what has been another successful year improving quality across all services.

I confirm on behalf of the Trust Board that, to the best of my knowledge and belief, the information contained in the Quality Report represents our performance in 2017/18 and our priorities for continuously improving quality in 2018/19.



Karen Howell  
Chief Executive

# Staff awards at a glance

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## 2017 - 2018

The trust has an annual HEART Awards that recognises the fantastic achievements and commitment of our staff. Examples from the 2018 awards include:

### **Emma Taylor, Community Nursing**

Emma has a special interest in Dementia and Alzheimer's and voluntarily took the lead within the trust for moving dementia care forward in Wirral.

Emma secured funding for packs of 'Forget Me Not' stickers which are now being put on the inside of patient's front doors for those patients with dementia. This ensures any visiting health and social care staff are aware of the patient's condition and can offer the best care. Further information is contained within this report.

### **Sexual Health Wirral**

The Sexual Health Team provide services that are essential for hard to reach groups. However many of these groups can be apprehensive or unaware of the services available due to a range of barriers. The team is committed to providing a service that is friendly, informative and accessible. The team has promoted equality of access by:

- Volunteering their time to support Chester PRIDE in support of LGBT groups
- Embracing extra initiatives to support patients at risk from honour crime and forced marriage
- Delivering sexual health talks at different levels of understanding for young people in a specialist school
- Giving sexual health talks including STIs and contraception in high schools

### **Claire McAndrew and Jill Brindley, Cheshire East 0-19 Health and Wellbeing Service**

Claire and Jill have been working with the local authority and Barnardo's to provide 'The Jigsaw Programme'. This is a therapeutic programme which encourages children between 7-11 years old who have experienced domestic abuse to talk about their experiences with other children in a safe non-threatening environment.

The sessions are intended to encourage the children to talk about their experiences and express their feelings. Support is given to the mothers so they can build relationships with their children.

### **Alex Paddock, Nutrition and Dietetics**

Alex has set up clinics for patients with Irritable Bowel Syndrome (IBS).

Following specialist training, Alex restructured clinic times to ensure appointments allowed sufficient time to complete accurate and full assessments. Due to the success of the clinics,

Alex has trained other members of the team to meet patient demand for the service.

Patient experience and feedback is showing improved clinical outcomes in over 70% of patients who follow the specialist diet. One patient described Alex's input as life changing.

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

### 2.1 Priorities for improvement

#### Progress made during 2017 - 2018

During 2017/18 the trust developed three priorities aligned to the recognised pillars of quality, as follows:

Patient Safety	Patient Experience	Clinical Effectiveness
We will introduce a clinical quality improvement programme to reduce the number of avoidable grade 3, 4 and unstageable pressure ulcers acquired during our care, moving towards zero within 3 years.	We will introduce tele-health within our clinical services to improve accessibility and patient experience.	We will achieve 90% uptake in mandatory training for all staff.
We will achieve a 10% reduction in the rate of missed medication incidents per 1,000 patients.	Each service will undertake two patient/user engagement events during 2017/18.	We will embed a quality improvement infrastructure throughout all divisions.
We will achieve 95% completion of the National Early Warning Score (NEWS) for patients at risk of sepsis.	Services will utilise the Institute for Healthcare Improvement (IHI) Always Events toolkit to undertake an in-depth review of a pathway or intervention.	Divisions will agree and deliver a clinical audit, quality improvement and innovation programme based upon identified areas of clinical risk.

# Patient Safety: We protect people from avoidable harm

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## Progress made during 2017/18

### **Priority 1: Pressure ulcers**

**We will introduce a clinical quality improvement programme to reduce the number of avoidable grade 3, 4 and unstageable pressure ulcers acquired during our care, moving towards zero within 3 years.**

2017/18 is the first year of the trust's pressure ulcer improvement programme, aiming to move towards zero avoidable pressure ulcers acquired during our care within a 3 year period. This is from a 2016/17 baseline of 82 reported community acquired grade 3, 4 and unstageable pressure ulcers; of which 28 were classified as avoidable.

Following awareness raising, a total of 86 community acquired or community deteriorated pressure ulcers graded 3 and above were reported during 2017/18 meeting the criteria for in-depth review and investigation; of these, 33 were classified as avoidable.

The learning resulting from incident investigations conducted during Quarter 1 and 2 of 2017/18 has been implemented during the Q3 and Q4 period.

There were a total of 23 avoidable grade 3, 4 and unstageable pressure ulcers reported during Q1 and 2 compared with 10 during the Q3 and 4 period.

The trust is committed to ensuring that a sustained reduction in the development of avoidable pressure ulcers is achieved.

To support this work, we have applied, and been successfully selected to participate in the Innovation Agency's 'Coaching to create a culture for patient safety and improvement' programme during 2018/19.

### **Priority 2: Medication incidents**

**We will achieve a 10% reduction in the rate of missed medication incidents per 1,000 patients.**

This priority was achieved during 2017/18.

Following a successful year of promoting the reporting of all missed medication incidents, a robust medication quality improvement plan was developed to support the 2017/18 medication quality goal. The plan was monitored via the trust's clinical quality improvement group on a monthly basis.

Using 2016/17 data, the baseline rate of missed medication incidents per 1,000 patients was established as 0.65. The achieved end of year rate was 0.48, demonstrating a 26% reduction in the rate of missed medication incidents per 1,000 patients, exceeding the trust's quality goal of 10%. This was an actual total of 18 missed medications during 2017/18.

All missed medication incidents are reviewed by the trust's medicines governance pharmacy team and frontline clinical staff, to promptly identify learning to enhance patient safety. Reducing missed medication incidents remains an organisation priority.

### **Priority 3: Sepsis**

**We will achieve 95% completion of the National Early Warning Score (NEWS) for patients at risk of sepsis.**

This priority was achieved during 2017/18.

The infrastructure for this quality goal was achieved, however, due to the extensive training programme to support full implementation of NEWS across the organisation; it has not been possible to report a full year's data. As a result, an ambitious two year sepsis programme has been developed by the trust.

The first phase of the sepsis work, involved the delivery of training to frontline staff; this was completed at the end of March 2018. This also included the development a clinical pathway for registered and non-registered nurses to promote early and prompt recognition of the deteriorating patient using a NEWS scoring system and the Sepsis Recognition Tool, improving the quality of patient observation and monitoring.

Following completion of an audit, led by the trust's Community Matrons, there was 100% compliance with patients having base line observations / NEWS recorded on admission to the Community Nursing case load.

The second phase of the programme involved the roll-out of sepsis training to our urgent and primary care and 0-19 services, ensuring the delivery of comprehensive sepsis training across all trust services.

This sound foundation will support the 2018/19 quality goal and the final phase of the trust's sepsis programme which is to develop system-wide clinical pathways across the Wirral health and social care economy.

The sepsis programme is monitored through the establishment of a multi-disciplinary '*Sepsis Task and Finish Group*' to support better patient outcomes.

# Patient Experience

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## Progress made during 2017/18

### **Priority 1: Tele-health**

**We will introduce tele-health within our clinical services to improve accessibility and patient experience.**

This priority was successfully achieved during 2017/18.

The tele-triage project was devised across multiple organisations across Wirral's health and social care system. Its aim was to reduce the number of unnecessary hospital transfers of patients from Wirral nursing homes through the 111 service to Accident and Emergency (A&E).

The trust proposed an internally designed solution, building on its Single Point of Access service. This has resulted in a number of benefits including: a better patient journey, care for the patient in their place of choice and reduction in pressure on our local Accident and Emergency Department.

The project has been successful in avoiding 87 admissions to A&E of older adults during the month of November 2017 alone, with many more over the busy winter period.

### **Priority 2: Engagement events**

**Each service will undertake two patient/user engagement events during 2017/18.**

This priority was successfully achieved during 2017/18.

The trust is committed to listening, responding and improving services following feedback from patients and service users, and as a result, we have established a strong culture of learning from patient experience.

To further strengthen this culture, and to ensure that patients, service users and carers are actively involved in the design, development and monitoring of services, two patient/service user engagement events were conducted by services during 2017/18.

Some of the techniques used by services during 2017/2018 to engage with patients and services users included the use of surveys, focus groups, user forums, meetings with existing patients, carers or voluntary sector groups and running health promotion events.

### **Priority 3: Improving access to services**

**Services will utilise the Institute for Healthcare Improvement (IHI) Always Events toolkit to undertake an in-depth review of a pathway or intervention.**

This priority was successfully achieved during 2017/18.

Always Events are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time. Always Events can only be developed with the patient firmly being a partner in the development of the event, and the co-production is critical to ensuring organisations meet the patients' needs and what matters to them.

The trust conducted three Always Events in 2017/2018. The three projects used the IHI's Always Events framework to identify, develop, and achieve reliability in person and family-centred care delivery processes.

## Always Events

Service	Always Event Aim Statement	Outcome
Community Nursing	<p>By March 31 2018 there will be a 100% increase in the amount of *Forget Me Not stickers within the homes of identified dementia patients on the District Nurses caseload within South Wirral.</p> <p><i>*Forget Me Not stickers are blue flower symbols used to identify individuals that are experiencing memory problems due to dementia.</i></p>	The aim statement was achieved.
Sexual Health Wirral	<p>By March 31 2018 we will see the Digital Front door and promote self- care options to enable us to evidence developments within the service and an improved patient experience. Our aim is to see 30% of appointments being booked online, 25% of online HIV postal kit requests being first time testers and a 50% reduction in people attending for advice only, instead opting for telephone consultation date.</p>	<p>Due to delays within the IT system, not all digital pathways were available to the public via the Sexual Health Wirral website so, the service was unable to measure against the aim statement percentages.</p> <p>The aim statement was not achieved however:</p> <ul style="list-style-type: none"> <li>-The online booking page of the website was viewed 1,254 times between November 2017- February 2018.</li> <li>-Telephone consultations proved popular with activity reporting 434 advice call requests since 1<sup>st</sup> April 2018.</li> <li>Postal STI test kits requested via the website exceeded estimations with 1,642 being ordered from September 2017 to February 2018.</li> </ul>
Wirral 0-19	<p>By 31 March 2018, the 0-19 Service will be offering families and young people across Wirral access to a 5-19 Healthy Child Drop-in clinic.</p>	The aim statement was achieved.

# Clinical Effectiveness

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## Progress made during 2017/18

### **Priority 1: Mandatory training**

**We will achieve 90% uptake in mandatory training for all staff.**

This priority was not achieved during 2017/18.

The subjects included within the quality goal include:

- Health, Safety and Welfare
- Equality, Diversity and Human Rights
- Moving and Handling (non-people moving)
- Infection Prevention and Control levels 1 and 2; Adult and Child
- Resuscitation - Basic Life Support Adults and Children
- Fire
- Conflict Resolution

During 2017/18 Moving and Handling People Moving training was added to the trust quality goal.

At the end of March 2018, trust compliance with statutory and mandatory quality goal subjects was 84% for eligible staff groups. This was an increase of 6% from the previous year. The 90% target has been achieved within Integrated Children's Division. Due to the overall non-achievement of this quality goal, it is being maintained as a quality goal for the 2018/19 period.

Additionally, 96% of staff completed their Information Governance training within the reporting period, exceeding the National IG Toolkit requirement of 95%.

87% of eligible staff completed Preventing Radicalisation Training exceeding The Prevent Duty 85% target.

### **Priority 2: Quality improvement**

**We will embed a quality improvement infrastructure throughout all divisions.**

This priority was successfully achieved during 2017/18.

The trust is committed to building practical improvement capability based on the science of improvement into every level of the organisation.

This approach will ensure that the trust delivers excellent patient care through an engaged and informed workforce equipped with the knowledge, improvement skills and techniques to deliver transformational change. During 2017/18 staff from across all divisions were supported to attend internal and external quality improvement events, supporting our quality improvement infrastructure.

### **Priority 3: Audit, quality improvement and innovation**

**Divisions will agree and deliver a clinical audit, quality improvement and innovation programme based upon identified areas of clinical risk.**

This priority was successfully achieved during 2017/18.

The trust successfully aligned its clinical audit, quality improvement and innovation programmes across the trust to maximise impact and learning opportunities, to reduce unwarranted variation across services.

Through triangulation of data and identification of clinical risks, each division has been able to use quality improvement tools and techniques to deliver high quality health and social care services that reflect the needs of patients, service users and staff.

Results from the trusts' clinical audit programme can be seen in section 2.7 of this report.

# NHS Staff Survey

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## Staff Survey Results

2017-18 was the seventh staff survey since the trust was established in 2011 and the fifteenth national annual survey of NHS staff. The findings provide an opportunity for trusts to improve working conditions and practices and to monitor their pledges to staff.

### Summary of performance - results from the NHS staff survey

This was the third year the trust used a combined method of paper based and electronic surveys. 1578 staff received the survey which was an increase on the previous year reflecting the transfer into the organisation of adult social care staff. The overall final response rate was 49% which was higher than the NHS average.

The results of the annual staff survey are reported to the Education and Workforce Committee and shared with the Joint Union Staff Side and the Staff Council.

Performance against the developed improvement plan is also reported to the Education and Workforce Committee.

Response Rate				Trust improvement/ deterioration
	2016	2017		
	Trust	Trust	Benchmarking group (community average)	
Response rate	52%	49%	50%	Decrease in response rate by 3%

In relation to the 32 key findings the trust:

- Scored better than average for 4 key findings
- 11 key findings were in line with the average
- Scored worse than average for 17 key findings

In relation to the 32 key findings compared to the 2016 results the trust:

- 27 key findings stayed the same
- 5 key findings deteriorated and these are detailed below

2017 results showed no areas of improvement from the prior year and there were 5 areas that deteriorated when compared to 2016 results, these were as follows:

- (KF11) % of staff appraised in the last 12 months
- (KF12) Quality of appraisals
- (KF28) % of staff witnessing potentially harmful errors, near misses or incidents in last month
- (KF1) Staff recommendation of the organisation as a place to work or receive treatment
- (KF5) Recognition and value of staff by managers and the organisation

<b>Top 5 ranking scores</b>				
	<b>2016</b>	<b>2017</b>		<b>Trust improvement/ deterioration</b>
	<b>Trust</b>	<b>Trust</b>	<b>Benchmarking group (community) average</b>	
Staff experiencing physical violence from patients, relatives or the public in last 12 months (KF22)*	5%	3%	8%	Improvement
Staff experiencing physical violence from staff in last 12 months (KF23)*	0%	0%	1%	No change
Staff experiencing discrimination at work in the last 12 months (KF20)*	5%	6%	9%	Deterioration
Staff appraised in the last 12 months (KF11)	97%	94%	91%	Deterioration
Staff reporting errors, near misses or incidents witnessed in the last month (KF29)	93%	94%	93%	Improvement

\*The lower the score the better

<b>Bottom 5 ranking scores</b>				
	<b>2016</b>	<b>2017</b>		<b>Trust improvement/ deterioration</b>
	<b>Trust</b>	<b>Trust</b>	<b>Benchmarking group (community) average</b>	
Effective use of patient/ service user feedback (KF32)	3.60	3.54	3.69	Deterioration
Quality of appraisal (KF12)	3.03	2.86	3.13	Deterioration
Percentage of staff agreeing that their role makes a difference to patients/ service users (KF3)	90%	89%	90%	Deterioration
Organisation and management interest in and action on health and wellbeing (KF19)	3.64	3.60	3.75	Deterioration
Staff satisfaction with resourcing and support (KF14)	3.25	3.18	3.30	Deterioration

## Future priorities and targets

The planned approach in light of the results was to have a trust wide action plan, focussing on “getting the basics right” whilst addressing the key themes emerging, and developing targeted actions to support the nine departments with the lowest scores overall.

Themes for trust wide action plan are:

- Getting the fundamentals of staff engagement right e.g. team meetings, management one to ones, sharing information about the team and changes in the workplace, making sure employees have the basic tools and resources to do the job effectively and having time for learning, planning and reviewing effectiveness
- Listening and Responding to Staff by; having planned listening events with staff, continuing using leadership walk rounds, reviewing organisational change processes, continuing implementation of a coaching conversation culture and sharing success stories more widely
- Supporting individual and team wellbeing by implementing the Wellbeing Plan, developing a clear funding plan for wellbeing actions and that individual and team wellbeing addressed in every team and every appraisal

The actions identified above have been incorporated into an improvement action plan. They have been aligned into the People Strategy Delivery Plans for 2018/19 to ensure that they are incorporated into the trusts wider strategy for engagement and wellbeing.

# Priorities for improvement

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## 2018 - 2019

Wirral Community NHS Foundation Trust uses all available data to monitor emerging patient and service user safety trends throughout the organisation, as part of its dynamic risk management process.

This includes information relating to incidents, concerns, compliments, complaints, claims and MP enquiries. This is in addition to information shared with the trust by local provider organisations and commissioners.

All information received is recorded centrally on the trust's patient safety reporting system, Datix. This enables information to be shared securely with relevant staff as required, enhancing prompt communication across the organisation, and demonstrating a responsive well-led culture of learning from experience.

Monthly trend analysis is submitted to the Clinical Governance Assurance Group, and the Quality and Safety Committee, which is a sub-board committee. The process is progressive and responsive, and supports prompt identification of areas for continuous quality improvement.

These areas have been fully incorporated in the trusts' 2018/19 quality goals and quality delivery strategy.

Quality improvement action plans have been developed in relation to each clinical area, and are reviewed, monitored and updated by the trust's Clinical Quality Improvement group. The patient safety priority goals for 2018/19 have been developed in consultation with this group, and following engagement with frontline clinical staff.

In addition to this, the 2018/19 quality goals have been subjected to an additional consultation and approval process with Non-Executive Directors, Divisional Managers, Senior and Executive Leadership teams, Trust Board and the Council of Governors.

# Summary: Quality Improvement Plan

2018/19

For 2017/18 - 2018/19, our Quality Strategy outlines quality priorities (local, regional and national), consistent with those identified within the STP. Those priorities and improvement plans include:

Priority	Quality Improvement Plan
Pressure ulcers	Attendance at North West Pressure Ulcer Group supported by NHSE, and AQuA and implementation of local improvement plan.
Missed medication incidents	Implementation of transformation project to reduce missed medication incidents.
Sepsis	Continued implementation of a trust wide Sepsis Improvement programme and development of plan to embed learning.
Recognising the deteriorating patient	Implementation of transformation project to improve recognition of deteriorating patient.
National clinical audits	Participation in all relevant national audits.
Sustainable staffing	Participation in national project targeted at safe caseloads for community nurses. Implementation of improvement plan to reduce reliance on agency staffing and increasing availability of bank staff.
Learning from incidents	Review of processes relating to mortality review and Serious Incident investigation and implementation of improvement plan.
Anti-microbial resistance (AMR)	Implementation of organisational AMR strategy and participation in STP improvement project.
Infection prevention and control	Implementation of IPC strategy and systems leadership to support improved outcomes across the community.
Falls	Review of avoidable falls and implementation of improvement plan.
End of life care	Participate in NHSI's Transforming Care Together through Systems Leadership programme.
Patient and Service User experience	Review of our quality strategy and implementation of refreshed patient and service user experience delivery plan.

Priority	Quality Improvement Plan
National CQUINs	Implementation of delivery plan associated with all milestones set out in the national CQUIN indicator specifications 2017/19.
7 day care model	Improving access through the system review of the provision of urgent care and implementing the integrated single point of access with central triage and a single referral process.

# Patient Safety

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## Priorities for improvement 2018/19

### Priority 1: Pressure Ulcers

**We will move towards a target of zero avoidable pressure ulcers in 2 years.**

#### Why have we chosen this priority?

Pressure ulcers cause pain and discomfort to individuals and are a high national and local priority for protecting patients from avoidable harm.

Pressure ulcers remain a clinical quality improvement priority for the organisation, with the reduction of avoidable pressure ulcers demonstrating the trust's continued commitment to the delivery of harm free care.

During Quarters 3 and 4 of 2017/18 the trust achieved a reduction in the number of avoidable pressure ulcers, when compared to the Q1 and Q2 period. This was following implementation of a robust quality improvement plan.

To further develop our pressure ulcer improvement programme, we have applied, and been successfully awarded a place on the Innovation Agency 'Coaching to create a culture for patient safety and improvement' programme.

#### How will we monitor, measure and report this priority?

This priority will be monitored using the trust's patient safety incident reporting system: Datix, and will be reported monthly via the trust's quality report to the Quality and Safety Committee. Data will also be reported via the trust's clinical governance assurance framework, which includes the following:

Pressure Ulcer Multi-Disciplinary Group

Divisional Governance Groups

Clinical Quality Improvement Group

Clinical Governance Assurance Group

Quality and Safety Committee

Trust Board

## **Priority 2: Sepsis**

**We will achieve 95% completion of the National Early Warning Score (NEWS) for patients at risk of sepsis.**

### **Why have we chosen this priority?**

Sepsis, also referred to as blood poisoning or septicaemia, is a potentially life-threatening condition, triggered by an infection or injury. The aim of this quality goal is to ensure the early recognition of the deteriorating patient/suspected sepsis, with timely escalation to secondary care.

From the extensive infrastructure established during 2017/18 in relation to sepsis, the trust recognised the requirement to extend the Sepsis quality goal into 2018/19, developing a two year programme.

In addition to achieving 95% completion of the NEWS score, this quality goal is planned to facilitate a system-wide approach to the recognition and management of sepsis.

### **How will we monitor, measure and report this priority?**

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

Divisional Governance Groups

Clinical Quality Improvement Group

Clinical Governance Assurance Group

Quality and Safety Committee

Trust Board

The priority will be monitored using the trust's patient safety incident reporting system, Datix, and will be reported monthly via the trust's quality report to the Quality and Safety Committee. Data will also be submitted monthly to each clinical divisional governance group.

### **Priority 3: Adult Social Care**

#### **We will improve our response times for social care assessments across all neighbourhood teams**

##### **Why have we chosen this priority?**

The trust now has responsibility for providing a number of adult social care statutory services including assessment and support planning in line with the Care Act. Promoting wellbeing and supporting people to be independent is at the heart of our services and we recognise the importance of ensuring local residents can access an assessment in a timely and proportionate manner.

We will therefore be focusing on improving our assessment response times across all our social care neighborhood teams ensuring an equitable approach based on the presenting needs and circumstances. We will also focus on ensuring a consistent approach amongst teams, maintaining quality and best practice.

##### **How will we monitor, measure and report this priority?**

This priority will be monitored using the trust's electronic case record system Liquid Logic and will be reported monthly to the following groups which provides assurance to the Trust's Quality and Safety Committee:

Divisional Governance Group

Clinical Governance Assurance Group

Quality and Safety Committee

# Patient Experience

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## Priorities for improvement 2018/19

### **Priority 1: Frailty pathway**

**We will take a lead role in co-designing the Frailty pathway in Wirral.**

#### **Why have we chosen this priority?**

Frailty is a system-wide priority for the Wirral health and social care economy.

People living with frailty are likely to have a number of different issues or concerns, which, taken individually, might not initially be very serious but collectively have a significant impact on health, confidence and wellbeing.

People with frailty will often be supported by our services as well as their GP. For people with frailty there are significant opportunities to help people maintain their independence and quality of life for longer.

The co-design of a frailty pathway in Wirral will support proactive care, improving quality of life.

#### **How will we monitor, measure and report this priority?**

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

Divisional Governance Groups

Clinical Quality Improvement Group

Clinical Governance Assurance Group

Quality and Safety Committee

Trust Board

## **Priority 2: Patient and Service User Engagement**

**We will undertake 6 patient and service user shadowing events across all clinical divisions.**

### **Why have we chosen this priority?**

Shadowing is an observation technique that provides an opportunity for a third party to experience and record what happens during interactions along a patient and service user pathway, including what they look and feel like. Its aim is to see the care experience through the individuals' eyes.

Shadowing is good for understanding processes of care – especially where there are complex patterns of care with multiple exchanges with staff. It identifies the meaning of the care experience and its various elements for patients and service users.

The trust will undertake 6 patient and service user shadowing events across all clinical divisions during 2018/19, to continuously improve the quality of care delivered.

### **How will we monitor, measure and report this priority?**

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

Clinical Governance Assurance Group

Your Voice Group

Quality and Safety Committee

This priority will be monitored via the monthly Clinical Governance Assurance Group, which will have overarching responsibility for all trust quality goals, and via the patient engagement group on a quarterly basis.

Quality improvements and outcomes resulting from the engagement events will be reported to the Quality and Safety Committee via the quarterly quality strategy report.

### **Priority 3: Always Events**

**We will embed the Always Events framework undertaking a minimum of 4 in-depth projects.**

During 2017/18 the trust successfully implemented the Institute for Healthcare Improvement (IHI) Always Events toolkit to undertake an in-depth review of a pathway or intervention.

To further enhance this work throughout the organisation, we will fully embed the IHI Always Events infrastructure to maximise outcomes whilst improving patient and service user experience.

This will be achieved by undertaking a minimum of four in-depth projects.

The four in-depth projects will be conducted broadly across the organisation, focusing on both experience and safe delivery of quality care.

#### **How will we monitor, measure and report this priority?**

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

Clinical Governance Assurance Group

Your Voice Group

Quality and Safety Committee

The priority will be monitored via the monthly Clinical Governance Assurance Group, which will have overarching responsibility for all trust quality goals, and via the patient engagement group on a quarterly basis.

Quality improvements and outcomes resulting from the engagement events will be reported to the Quality and Safety Committee via the quarterly quality strategy report.

# Clinical Effectiveness

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## Priorities for improvement 2018/19

### **Priority 1: Staff training**

**We will achieve 90% uptake in mandatory training for all staff.**

#### **Why have we chosen this priority?**

The trust recognises that statutory and mandatory training supports staff to remain safe whilst delivering high quality care.

Statutory and mandatory training is compulsory training that is determined essential by the organisation for the safe and efficient delivery of services. This type of training is designed to reduce organisational risks and comply with local or national policies and government guidelines.

Mandatory training was an organisation priority for the 2017/18 period; however, the goal set was not achieved across all divisions within the trust. As a result, this will remain a quality goal for 2018/19, demonstrating the trust's commitment to continuous improvement.

Preventing Radicalisation Training will be added to the quality goal subjects in 2018/19.

#### **How will we monitor, measure and report this priority?**

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

Divisional Governance Groups

Clinical Governance Assurance Group

Education and Workforce Committee

The priority will be monitored via the monthly Clinical Governance Assurance Group, which will have overarching responsibility for all trust quality goals.

## **Priority 2: Quality improvement**

**We will increase the number of qualified improvement practitioners in our staff group to 50.**

### **Why have we chosen this priority?**

The trust aims to cultivate a passion for continuous quality improvement across the organisation and has developed a model to embed a quality improvement infrastructure throughout all divisions, including adult social care.

Our goal is to build practical improvement capability based on the science of improvement into every level of the organisation. This approach will ensure that the trust delivers excellent patient and service user care through an engaged and informed workforce equipped with the knowledge, improvement skills and techniques to deliver transformational change.

Staff will be supported to become qualified improvement practitioners by attending the Advancing Quality Alliance (AQuA) Improvement Practitioner and Advanced Improvement Practitioner courses, designed to support staff to develop their skills and capabilities to lead and facilitate improvements across the organisation using the Model for Improvement.

### **How will we monitor, measure and report this priority?**

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

Divisional Governance Groups

Clinical Governance Assurance Group

Quality and Safety Committee

The priority will be monitored via the monthly Clinical Governance Assurance Group, which will have overarching responsibility for all trust quality goals reporting by exception to the Quality and Safety Committee via the quarterly quality strategy report.

### **Priority 3: Quality Improvement**

**We will facilitate quarterly Quality Improvement forums.**

#### **Why have we chosen this priority?**

We recognise the value and impact of shared learning experiences to drive standards in quality.

A quality improvement forum held on a quarterly basis will support dissemination and learning trust wide. The forums will also act to provide a supportive coaching culture, embedded across the organisation.

#### **How will we monitor, measure and report this priority?**

This priority will be monitored, measured and reported via the trust's clinical governance assurance framework, which includes the following:

Divisional Governance Groups

Clinical Governance Assurance Group

Quality and Safety Committee

The priority will be monitored on a monthly basis via the Clinical Governance Assurance Group, reporting to the Quality and Safety Committee via the quarterly quality strategy report.

The annual clinical audit programme will be submitted to the Audit Committee for approval.

## 2.2 Statements of assurance from the Board

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### Review of services

During 2017/18, Wirral Community NHS Foundation Trust provided and/or sub-contracted 34 relevant health services.

Wirral Community NHS Foundation Trust has reviewed all the data available to them on the quality of care in 34 of these relevant health services.

The income generated by the relevant health services reviewed in 2017/18 represents 94% of the total income generated from the provision of relevant health services by Wirral Community NHS Foundation Trust for 2017/18.

### Participation in clinical audit

#### National Clinical audit

2. During 2017/18, 1 national clinical audit and 0 national confidential enquiries covered relevant health services that Wirral Community NHS Foundation Trust provides.
  - 2.1 During that period, Wirral Community NHS Foundation Trust participated in 100% national clinical audits of the national clinical audits which it was eligible to participate in. The trust was not eligible to participate in any confidential enquiries.
  - 2.2 The national clinical audit that Wirral Community NHS Foundation Trust was eligible to participate in during 2017/18 is as follows:
    - UK Parkinson's Audit
  - 2.3 The national clinical audit that Wirral Community NHS Foundation Trust participated in during 2017/18 is as follows
    - UK Parkinson's Audit
  - 2.4 The national clinical audits that Wirral Community NHS Foundation Trust participated in, and for which data collection was completed during 01 April 2017 - 31 March 2018, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit.

National Clinical Audit	Number of cases submitted (%) of the number of registered cases
UK Parkinson's Audit	100%

## 2.5 - 2.6

These sections are not applicable to the trust, as there have been zero national clinical audits published during the reporting period in which the trust has participated. The publication date of the UK Parkinson's Audit is May 2018.

## 2.7 - 2.8 Local Clinical Audits

The reports of 31 local clinical audits were reviewed by the provider in 2017/2018 and Wirral Community NHS Foundation Trust intends to take the following actions to improve the quality of health and social care provided.

Division	Service	Audit title	Action required to improve the quality of healthcare	Progress RAG rating
Adult and Community Division	Community Nursing	Compliance with trust guidance for the Management of Leg Ulcers	As a result of the audit the following areas were identified for improvement: <ul style="list-style-type: none"> <li>• Pain relating to wound assessed at initial visit</li> <li>• Pain assessed at each visit</li> <li>• Photograph of wound taken</li> <li>• Photographic evidence of the wound monthly thereafter</li> </ul>	
	Community Nursing	Medication incidents - missed insulin medication incidents	As a result of the audit the following areas were identified for improvement: <ul style="list-style-type: none"> <li>• Produce user guide for staff to ensure consistent coding of medication incidents across the trust</li> <li>• Update Incident Reporting Policy</li> <li>• Update Being Open Policy</li> </ul>	
	Community Nursing	Compliance with Trust Policy for the Care and Management of Deteriorating Patients	The findings of the audit supported the trust's quality goal and established sepsis improvement programme.	

	Wheelchair Service	Compliance with Trust Guidance for the Prevention and Management of Pressure Ulcers for Wheelchair Users	Improvements are required for the following areas: <ul style="list-style-type: none"> <li>• Importance of repositioning /self-repositioning discussed with patient / carer</li> <li>• Pressure ulcer prevention advice provided</li> <li>• Factors that may suddenly increase the risk of a pressure ulcer discussed with the patient</li> </ul>	
	Podiatry	Compliance with Trust guidance for Nail Surgery (including wounds)	Evidence needs to be documented that Allergy status (including no allergies) is recorded	
	Nutrition and Dietetics	Compliance with Pressure Ulcer Prevention and Management Guidance	No areas for improvement were identified following the audit	
	Nutrition and Dietetics	Compliance with NICE guidance: Dietary and Lifestyle Recommendations for the Treatment and Management of Irritable Bowel Syndrome	As a result of the audit the following areas were identified for improvement: <ul style="list-style-type: none"> <li>• Advice provided for patients to increase activity levels if low</li> <li>• Advice provided on restricting caffeinated drinks to 3 cups per day</li> </ul>	
	Integrated Specialist Palliative Care Team	Audit of Medication Incidents	As a result of the audit the following areas were identified for improvement: <ul style="list-style-type: none"> <li>• Produce user guide for staff to ensure consistent coding of medication incidents across the trust</li> <li>• Update Incident Reporting Policy</li> <li>• Update Being Open Policy</li> </ul>	

	Bladder and Bowel Service	Point Prevalence Audit 2017 Catheter associated urinary tract infection (CAUTI)	This audit has highlighted some excellent areas of clinical practice: <ul style="list-style-type: none"> <li>• 95% of catheters were clinically indicated</li> <li>• In 85% of cases, the catheter insertion was documented</li> </ul>	
	Bladder and Bowel Service	Compliance with NICE guidance for the management of lower urinary tract symptoms in men	Improvements are required in the following areas: <ul style="list-style-type: none"> <li>• Men with stress urinary incontinence caused by prostatectomy are offered supervised pelvic floor muscle training.</li> <li>• Men (where appropriate) are offered long term catheterisation and only with a clear rationale where no other management is suitable</li> </ul>	
	Bladder and Bowel Service	Compliance with Trust Policy for the Care and Management of Deteriorating Patients	No areas for improvement were identified following the audit	
	End of Life Care Team	Care of the Dying Evaluation	This audit sought the opinion of bereaved relatives on the care their loved one received in the last days of life: <ul style="list-style-type: none"> <li>• 96% of respondents felt in their opinion during the last two days that he/she did not appear to be in pain</li> <li>• 93% of respondents agreed the nurses had time to listen</li> </ul>	

			<ul style="list-style-type: none"> <li>93% of respondents felt adequately supported during his/her last two days of life</li> </ul>	
	Heart Support	Compliance with NICE guidance for the management of Atrial Fibrillation	Records need to evidence that patient assessed for risk of stroke or bleed (CHADS2VASC / HASBLED)	
	Rehabilitation at Home	Compliance with NICE guidance for the Management of Motor Neurone Disease	<p>As a result of the audit the following areas were identified for improvement:</p> <ul style="list-style-type: none"> <li>Documentation that an exercise programme has been considered</li> <li>Assessment and goal setting undertaken for functional activities of daily living</li> </ul>	
Integrated Children's Division	0 - 19 Service (Cheshire East)	Review of Individual Plan of Care for Children with Complex Health Needs and Disabilities	<p>As a result of the audit the following areas were identified for improvement:</p> <ul style="list-style-type: none"> <li>Healthy child review to be completed within agreed timeframes</li> <li>Families to be offered a copy of their individual plan of care</li> </ul>	
	0 - 19 Service	Audit of Medication Incidents	<p>As a result of the audit the following areas were identified for improvement:</p> <ul style="list-style-type: none"> <li>Produce user guide for staff to ensure consistent coding of medication incidents across the trust</li> <li>Update Incident Reporting Policy</li> </ul>	

			<ul style="list-style-type: none"> <li>Update Being Open Policy</li> </ul>	
	Speech and Language Therapy	To ensure compliance with Royal College of Speech and Language Therapist guidance for children with specific language impairment and/or speech sound disorder	<p>Following the results of the audit, consideration to be given to each of the following (if relevant to the child)</p> <ul style="list-style-type: none"> <li>Any underlying conditions or diagnosis</li> <li>Fluency</li> <li>Languages used or exposed to regularly</li> </ul>	
	Nutrition and Dietetics	Compliance with Milk Allergy in Primary Care Guidelines for Children with a Suspected Milk Allergy	<p>As a result of the audit the following areas were identified for improvement:</p> <ul style="list-style-type: none"> <li>A home challenge to confirm diagnosis to be carried out</li> <li>A diagnosis of cow's milk protein allergy confirmed following elimination and home challenge</li> </ul>	
	Nutrition and Dietetics	Compliance with NICE guidance for breastfed babies with faltering growth	This audit was a re-audit from 2016/2017. The Dietetics service are now fully compliant with the one standard audited 'Appropriate maternal / infant Vitamin D supplementation	
Urgent and Primary Care Division	Walk in Centres	Compliance with trust guidance for the management of wounds	Records need to evidence the width of the wound was examined	
	Walk in Centres	Compliance with Trust Policy for the Care and Management of Deteriorating Patients	No areas for improvement were identified following the audit	
	Dental Service	Compliance with guidance on antimicrobial prescribing for General Dental Practitioners	As a result of the audit the following areas were identified for improvement:	

			<ul style="list-style-type: none"> <li>• Evidence that the patient had a clear justification for the prescription of antibiotics</li> <li>• A clinical diagnosis of the problem to be recorded</li> </ul>	
	Dental Service	Audit of Medication Incidents	<p>As a result of the audit the following areas were identified for improvement:</p> <ul style="list-style-type: none"> <li>• Produce user guide for staff to ensure consistent coding of medication incidents across the trust</li> <li>• Update Incident Reporting Policy</li> <li>• Update Being Open Policy</li> </ul>	
	GP Out of Hours	Audit of Medication Incidents	<p>As a result of the audit the following areas were identified for improvement:</p> <ul style="list-style-type: none"> <li>• Produce user guide for staff to ensure consistent coding of medication incidents across the trust</li> <li>• Update Incident Reporting Policy</li> <li>• Update Being Open Policy</li> </ul>	
	GP Out of Hours	Compliance with Trust Policy for the Care and Management of Deteriorating Patients	<p>As a result of the audit the following physiological parameters should be included in the National Early Warning Score (NEWS) if required:</p> <ul style="list-style-type: none"> <li>• Oxygen saturation</li> <li>• Respiratory rate</li> </ul>	
	Ophthalmology Service	Compliance with NICE Guidance for Glaucoma: Diagnosis and Management	No areas for improvement were identified following the audit	

Clinical Effectiveness / NICE Guidance / Patient Safety / Social Care	All clinical services	Record Keeping	<p>Improvements are required for the following for electronic records:</p> <ul style="list-style-type: none"> <li>• Are abbreviations, if used, contained within an agreed abbreviations list (If an abbreviation has been used, not on an agreed list, it should be written out in full at the beginning of each individual entry, or abbreviation printed on each page)</li> </ul> <p>Improvements are required for the following for paper records:</p> <ul style="list-style-type: none"> <li>• Patients NHS Number recorded on every page</li> <li>• Record free from blank spaces</li> </ul>	
	All clinical services	Clinical Supervision including Preceptorship	<p>As a result of the audit the following areas were identified for improvement:</p> <p>Clinical Supervision:</p> <ul style="list-style-type: none"> <li>• Clinical staff have clinical supervision monitored at their appraisal</li> <li>• Clinical staff who had completed between 3 and 8 sessions have completed a written record for each clinical supervision session</li> </ul> <p>Preceptorship:</p> <ul style="list-style-type: none"> <li>• New starters are allocated a preceptor during their first week of</li> </ul>	

			induction <ul style="list-style-type: none"> <li>• New starters who had preceptorship had a record of the contact</li> </ul>	
	Adult Social Care	Reablement and Assessment	No areas for improvement were identified following the audit	
	Adult Social Care	Safeguarding Audit	As a result of the audit the following areas were identified for improvement: <ul style="list-style-type: none"> <li>• Improving the percentage of safeguarding investigations completed within 28 days.</li> </ul>	
	Adult Social Care	Audit of Short Term Placement	Staff need to ensure short term placements are reviewed within 6 weeks	

### Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Wirral Community NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was zero.

### Commissioning for Quality and Innovation Payment Framework (CQUIN)

4 - 4.2 (a) A proportion of Wirral Community NHS Foundation Trust's income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between the trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health service, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2017/18 and for the following 12-month period are available electronically at [www.wirralct.nhs.uk](http://www.wirralct.nhs.uk)

The total income conditional on achieving quality improvement and innovation goals during 2015/16, 2016/17 and 2017/18 was as follows:

- 2015/16: £1,110m
- 2016/17: £1,042m
- 2017/18: £1,039m

## Care Quality Commission Registration

5 - 5.1 Wirral Community NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is 'Good'. Wirral Community NHS Foundation Trust is registered with the CQC without conditions.

The Care Quality Commission has not taken enforcement action against Wirral Community NHS Foundation Trust during 2017/18.

Removed from the legislation by the 2011 amendments

7 - 7.1 This section is not applicable to the trust, as Wirral Community NHS Foundation Trust was not required to participate in special reviews or investigations by the Care Quality Commission during 2017/18.

## Secondary Uses Service

8 - 8.1: Wirral Community NHS Foundation Trust submitted records during 2017/18 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:

- Not applicable for admitted patient care
- Not applicable for outpatient care; and
- 100% for accident and emergency care.

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

- Not applicable for admitted patient care;
- Not applicable for outpatient care, and
- 99.4% for accident and emergency

## Information Governance toolkit attainment level

Wirral Community NHS Foundation Trust's information Governance Assessment Report overall score for 2017/18 was 70% and was graded green. An audit of the trust's I.G. toolkit conducted by Mersey Internal Audit Agency during 2017/18 provided a rating of significant assurance.

## Payment by Results clinical coding audit / Data Quality

10.1 Wirral Community NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017/18 by NHS Improvement.

## Learning from Deaths

27.1 During 2017/18, 29 of Wirral Community NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 6 in the first quarter
- 7 in the second quarter
- 7 in the third quarter
- 9 in the fourth quarter

27.2 By 31 March 2018 29 case record reviews and 1 investigation has been carried out in relation to 29 of the deaths included in item 27.1.

In 1 case a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 6 in the first quarter
- 7 in the second quarter
- 7 in the third quarter
- 9 in the fourth quarter

27.3 Zero representing 0% 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:

- 0 representing 0% for the first quarter
- 0 representing 0% for the second quarter
- 0 representing 0% for the third quarter
- 0 representing 0% for the fourth quarter

These numbers have been estimated using the trust's mortality review screening tool, which are recorded centrally on the trust's datix incident reporting system. Each completed review tool is progressed through the trust's mortality review group chaired by the Medical Director.

### **Learning from deaths - case record reviews and investigations**

27.4 The trust's Learning from deaths policy provides a framework for how the trust will evaluate those deaths that form part of our mortality review process, the criteria for review and quarterly and annual reporting mechanisms.

To support implementation of the policy, the mortality review group, led by the Medical Director, has developed a Mortality Screening tool.

The trust's datix incident reporting system has been aligned to the Learning from deaths policy to ensure prompt communication to the Medical Director, Director of Nursing and Deputy Director of Nursing for all reported unexpected deaths.

### **Actions taken as a result from learning from deaths**

27.5 Through review and analysis of reported incidents, the trust has identified the benefit of a whole system approach to learning from deaths. As a result the Medical Director is actively engaging with providers across the Wirral health and social care economy to ensure shared learning opportunities are identified and appropriately disseminated to support collaborative working to continuously improve the quality of care provided.

### **Assessing the impact of the quality improvement actions taken to learn from deaths**

27.6 The impact of the system-wide approach to learning from deaths is assessed and monitored at the trust's mortality review group. The group will closely monitor the impact of implementing a system-wide approach to learning from deaths during 2018/19.

27.7 Zero case record reviews and 0 investigations completed after 01 April 2017 which related to deaths which took place before the start of the reporting period.

27.8 Zero representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number has been estimated using the case record review and investigation process.

27.9 Zero representing 0% of the patient deaths during 2016/17 are judged to be more likely than not to have been due to problems in the care provided to the patient.

## 2.3 Reporting against core indicators

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Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm:

The number of patient safety incidents reported within the trust during the reporting period.

Year	Total Patient Safety Incidents	Incidents coded as severe harm or death
2017/18	3785	48 (1.27%)
2016/17	3550	49 (1.38%)
2015/16	3426	33 (0.96%)
2014/15	2834	20 (0.71%)

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

The trust has an open, honest and transparent culture of learning from experience, and actively promote the reporting of patient safety incidents.

Staff are encouraged to report all incidents to maximise learning, ensuring a culture of continuous quality improvement. This benefits services directly provided by the trust, and broader system wide learning across the health and social care economy.

Wirral Community NHS Foundation Trust intends to take the following actions to improve this number, and so the quality of its services, by:

- Enhancing system-wide learning opportunities underpinned by a robust clinical governance framework, engaging staff with the learning arising from incident reporting
- Monthly monitoring of incident reporting via Divisional Governance Groups
- Development of a bespoke dashboard for each service to monitor real-time incident reporting rates

# Part 3: Other Information

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## Performance in 2017/18

### 3.1 Quality of care provided by Wirral Community NHS Foundation Trust

The Trust Board recognises that quality is an integral part of its business strategy and quality has been placed as the driving force of the organisation's culture.

Maintaining and improving quality and patient safety standards and processes in a dispersed community organisation is a challenge that is met through rigorous leadership, high professional standards and low tolerance of non-compliance.

#### Quality Strategy themes

Our quality strategy outlines our ambition for quality, and commits the trust to ensuring that quality forms an integral part of our philosophy, practices and business plans with responsibility for driving the quality agenda embraced at all levels of the organisation.

Our quality strategy is built around three local priorities:

- Person centred care
- Safe
- Effective

#### GP Out of Hours CQC inspection

During Quarter 4 of 2017/18 the CQC inspected our GP Out of Hours Service.

The CQC inspection of this service provided an overall rating of Good.

The CQC inspection highlighted some of the following areas:

- The provider had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The provider routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff had been trained to provide them with the skills and knowledge and experience to deliver effective care and treatment.
- We saw that staff treated patients with compassion, kindness, dignity and respect.

# Patient Safety: We protect people from avoidable harm

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## Progress made during 2017 – 2018

### **Pressure ulcers**

During 2017/18 we have continued to promote the reporting of pressure ulcers throughout all clinical services. Training in the recognition of patients at risk of pressure ulcer development has been provided to all front line clinical staff in accordance with NICE Guidance CG179.

Following qualitative and quantitative thematic trend analysis following incident investigation, a trust wide pressure ulcer improvement plan has been developed in partnership with frontline clinicians. Key learning continues to be disseminated via the trust's weekly 'patient safety sound bite' and via our staff pressure ulcer champions who attend quarterly workshops held by the Tissue Viability Service in partnership with the Quality and Governance Service.

### **Sepsis**

During 2017/18 the trust have successfully implemented phase 1 and 2 of the Sepsis quality improvement project, supporting the trust's quality goal.

Key achievements include:

- Development of a systematic approach for early identification of sepsis, demonstrating a measurable quality improvement promoting patient safety and harm free care
- Promotion of timely intervention, monitoring and escalation of patients with potential sepsis - NICE Guidance NG51 (July 2016)
- Reducing inappropriate or avoidable hospital admissions
- Extensive staff training programme across all clinical divisions

# Patient Experience

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## Progress made during 2017 - 2018

### Friends and Family Test Score

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

The friends and family question is incorporated into the trusts' your experience questionnaires, feedback cards, and our online form. Anyone who contacts the 'your experience service' by telephone will also be asked the question.

*"How likely are you to recommend our services to friends and family if they needed similar care or treatment?"*

The table below shows monthly percentage of respondents who would recommend our services for care or treatment and number of responses:

<b>Month/Year</b>	<b>% of those who would recommend our services for care or treatment</b>	<b>Number of responses</b>
April 2017	89	558
May 2017	95	456
June 2017	96	386
July 2017	92	536
August 2017	89	919
September 2017	95	762
October 2017	97	453
November 2017	95	559
December 2017	97	216
January 2018	98	513
February 2018	100	529
March 2018	100	265

Monthly FFT scores and responses are reported to divisions via the Divisional Governance groups, and actions plans are developed where required.

We are proud to have achieved a 100% response rate for those who would recommend our services for care or treatment during February and March 2018.

## Service engagement events conducted during 2017-2018

Service	Engagement Event
<b>Nutrition and Dietetics</b>	<p>Two focus groups were conducted by Nutrition and Dietetics to gather the views of Diabetes patients on Diabetes Education across Wirral.</p> <p>The feedback was used to help develop Diabetes Smart. Diabetes Smart is a free course to support local people living with pre-diabetes and type 1 and 2 diabetes.</p>
<b>Wheelchair Service</b>	<p>The Wheelchair Service has an active user group forum, which meets on a quarterly basis.</p>
<b>Wirral/Cheshire East 0-19</b>	<p>Following the Fluenz campaign in primary schools the School Nurses asked schools for their opinions on the delivery of the programme and sessions. This engagement work will inform changes and improvements for the following year's campaign.</p> <p>The 0-19 service attended the One Wirral event at Birkenhead Park. They collected verbal feedback from patients/service users regarding the service 0-19 provide.</p> <p>Cheshire East &amp; Wirral wide 0-19 survey monkey was sent to all service users/patients. The feedback from the surveys fed into the Wirral 0-19 Always Event project.</p> <p>Cheshire East 0-19 service organised a Celebration Day in which Mums were able to talk about their experiences of the service.</p> <p>School Nurses attended a Public Health event at a local school and engaged with the young people using a young person's feedback form with more than 30 pupils.</p> <p>Family Nurse Partnership clients attended 2 focus groups to explore how the ADAPT project has impacting on clients' ability to make changes particularly in the area of smoking cessation.</p>
<b>Parkinson's Service</b>	<p>The service holds 6 monthly planning meetings with members of the local Wirral Parkinson's UK Branch and a member of the Multi-Disciplinary Team.</p> <p>The service delivers a Health Promotion/Parkinson's update session at the local Wirral Parkinson's UK branch meeting every June.</p> <p>The service participates in an Information Day that is run for newly diagnosed people with Parkinson's and their families; this is run 3 times a year.</p> <p>The team works with the Wirral Parkinson's branch for Parkinson's Awareness week which is held yearly in April.</p>

Service	Engagement Event
<b>DVT Service</b>	The DVT service completed a patient engagement event with Wirral University Teaching Hospital on 13 <sup>th</sup> October 2017. This was for World Thrombosis Day. The event gave patients the opportunity to discuss symptoms, signs, what to do, treatment and avoidance.
<b>Sexual Health Wirral</b>	<p>A Sex and Relationships Day was held at Mencap Wirral in August 2017 to engage with young people and adults with Learning Disabilities, and their families and carers to talk about sexual health wellbeing, risks, safety and access to our Sexual Health and Contraception clinics and services. Sexual Health Wirral were able to promote our Link Team project which sees a fast track system for people identified with additional needs who may find attending our routine clinics difficult. The Link Team project allows visits outside of clinic hours and a direct professional telephone line to a names team arrange this.</p> <p>An LGBT Feedback Forum was held in December 2017 focusing on people aged 13 -19 to explore the barriers they face in accessing sexual health and contraceptive support. A group on 10-15 young people fed back on how they find local sexual health services and where they feel most secure and confident asking for help. This group also assisted in a redesign on the service website helping with content and tone of the young people's LGBT pages and providing myth busting and real life stories to be published in coming months.</p>

## Always Events

**Sexual Health Wirral:** Improved accessibility to sexual health and contraceptive advice, support and care via a 'Digital Frontdoor'.

The way people are looking after their contraception and sexual health is changing and new cultures around assessing one's own risk and taking responsibility and ownership is increasing nationally.

Public engagement was fundamental to how the service modeled and designed the Sexual Health Wirral website and numerous patient and public engagement events were conducted. Engagement work focused on self-test STI kits, online booking and telephone consultations. Feedback included:-

*'it's great that I am able to choose different options when needing sexual health or contraceptive support instead of coming to clinic and waiting to be seen when I may not need to'*

*'telephone consultations are a good idea as sometimes you just want to check something or ask somebody for reassurance'*

*'being able to test yourself privately for HIV will mean more people will get checked than having to sit and wait in a clinic waiting room'*

*'online booking would mean you didn't have to speak to a receptionist and tell them what is wrong, which could be embarrassing so I like that you can choose from a list online what you need to come for'*

Following their engagement work Sexual Health Wirral aimed to see a meaningful improvement in accessibility to services and clinics via a Digital platform offering:

- online booking methods allowing discreet, quick and easy access to Sexual Health Wirral appointments at your fingertips 24 hours a day for those who need clinical intervention
- symptom checker type pathways providing signposting and advice
- provision of telephone advice appointments/consultations for those needing help, support and signposting via a conversation with a HP
- the offer of STI postal test kits for those who are asymptomatic and just want to 'get checked' but may see coming to clinic a barrier.

## Always Event Aim Statement

*By March 31 2018 we will see the Digital Frontdoor and remote self-care options enable us to evidence developments within the service and an improved patient experience. Our aim is to see 30% of appointments being booked online, 25% of online HIV postal kit requests being first time testers and a 50% reduction in people attending for advice only, instead opting for a data to a telephone consultations.*

## Outcome

Due to delays within the IT system, not all digital pathways were available to the public via the Sexual Health Wirral website so, the service was unable to measure against the aim statement percentages.

## However:

- The online booking page of the Sexual Health Wirral website was viewed 1,254 times since November 2017 - February 2018.
- Telephone consultations have proved popular with activity reporting 434 advice call requests since 1 April 2018.
- Postal STI test kits requested via the website by Wirral residents exceeded estimations with 1,642 being ordered between September 2017 - February 2018:-

	<b>Kits requested female</b>	<b>Kits requested male</b>
<b>Month</b>		
September	161	84
October	172	74
November	189	59
December	179	74
January	254	100
February	198	98
<b>Total</b>	<b>1,153</b>	<b>489</b>

Online booking became available on the Sexual Health Wirral website in March 2018.

## Wirral 0-19: Health & Well-being hub launch for families and young people

In September 2018 the Wirral 0-19 service held a patient engagement event with the support of Health Watch. This was to understand how the service could be transformed whilst still focusing on Quality, Patient Experience and Cost Improvement Plans.

Patient feedback indicated a need to review how families access the 0-19 services and their journey within the service focusing specifically on how the service communicates with families, referral processes and referral pathways. Additionally, staff engagement identified that School Nurses felt overwhelmed with the number of referrals and that they didn't feel they were providing a quality service. The South Wirral 0-19 Team piloted a weekly "drop-in" service for school aged children. The feedback from families was very positive and the School Nurse who led on the pilot felt it was very successful.

Consequently, it was agreed to provide a Health & Well-being Hub for school age Children & Young People with each Team offering a weekly drop in clinic between 4 - 6 pm.

The aim of the drop in clinic was to:

- provide brief intervention and preventative work to children and families
- sign post and make appropriate referrals
- allow families to access the hub at a convenient time for them

With the support of the Trusts Communications Team the hub was launched to health professionals; the service invited all of its stakeholders, posted invites via social media and send out a press release.

### **Always Event Aim Statement**

*By 31 March 2018, the 0-19 Service will be offering families and young people across Wirral access to a 5-19 Healthy Child Drop-in clinic.*

### **Outcome**

The drop in clinics began week commencing Monday 22 January 2018.

Feedback includes:

*“Good advice given, numbers, names given, didn’t wait long to be seen either”*

*“Delivery of service is fantastic”*

*“You were really kind and helpful to me and my daughter”*

*“I felt listened to and well supported”*

### **Community Nursing: Improving patient care for patients with Dementia**

Forget Me Not stickers are blue flower symbols used to identify individuals that are experiencing memory problems due to dementia.

The Nurse Practitioner for Older People (NPOP) that led on the ‘Forget Me Not’ Always Event project attended One Wirral as part of Dementia Friendly Wirral, various peer support meetings and Cheshire and Merseyside Dementia Networks She has engaged with dementia patients, their carers, police, paramedics, doctors, the fire brigade and other health professionals regarding the use of ‘Forget Me Not’ stickers.

Everyone that was consulted felt that the project would be beneficial. A patients daughter commented that *“knowing that the care my father gets is right for him is what I want, I want to know that carers and health professionals know he has dementia so they can treat him ‘better’ ”*

Through consultation it was decided that the ‘Forget me Not’ sticker should be placed on the back of the front door. If the sticker was placed in a prominent place that would be seen by health and social care professionals it could have a huge potential to improve dementia care provision. It could also aid in informing Paramedics, Police or Fire Service who may be called out for possible falls or other incidents that can occur.

### **Aim Statement**

*By 31 March 2018 there will be a 100% increase in the amount of \*Forget Me Not stickers within the homes of identified dementia patients on the District Nurses caseload within the South Wirral.*

### **Outcome**

The Aim Statement was achieved. 25 stickers were issued to people living with dementia from November 2017 to January 2018; this is a 100% increase.

The 'Forget Me Not' Always Event is one of the Trusts 2018-2019 Quality Improvement projects; this work will support the roll out of the 'Forget Me Not' sticker across Wirral.

## Service Innovation: Tele-triage

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The tele-triage project was developed with multiple organisations across Wirral's health and social care system, with the aim of reducing the number of unnecessary hospital transfers of patients from Wirral nursing homes through the 111 service to Accident and Emergency Department.

The trust proposed an internally designed solution that built upon existing care pathways, using our single point of access service. This approach was designed to deliver numerous benefits including a better patient journey, care for the patient in their place of choice and reduction in pressure on our local Accident and Emergency Department.

Care home staff are now able to contact the trusts Single Point of Access to speak directly with a teletriage clinician. The initial consultation includes a triage function utilising direct phone and video calling, enabling clinical staff to assess the patient and watch the interaction between the care home staff and the patient. Following this assessment, a decision to admit or treat at home will be made. If it is decided that the patient does not need conveyance to A&E then the tele-triage nurse will work with a number of system-wide services within Primary, Secondary and Community bases to deliver the best clinical solution for the patient.

Despite the service being in its early stages, during November 2017, the project was successful in avoiding 87 admissions to A&E, with many more admission appropriately avoided over the busy winter period.

The service runs 24 hours a day 7 days a week including Bank Holidays, combining collaborative working through tele-triage and GP Out of Hours.

# Clinical Effectiveness

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## Progress made during 2017/18

During 2017/2018, services within the trust undertook a range of quality improvements using the Plan, Do, Study Act cycle to improve patient safety, patient experience and clinical effectiveness.

Key achievements include:

### 1. 0-19 Service School Nursing Cheshire East

Our 0-19 Health and Wellbeing Service, across Wirral and Cheshire East, enables children and young people to access a range of services quickly to ensure they achieve their full potential as adults. The service offers advice and support around birth and infant feeding support, emotional wellbeing, as well as wider health and wellbeing concerns, such as sexual health, stop smoking, alcohol/drug misuse, mental health, internet safety, aspirations and goals, confidence and self-esteem.

Improving the emotional health and wellbeing of children and young people is a vital part of the School Nursing role. Research shows that anxiety and depression in young people has doubled in recent years and 1 in 4 young people have thought about committing suicide. The BE HAPPY tool has been developed for School Nurses to help young people look after their mental and emotional health and wellbeing.



The BE HAPPY tool is an evidence based tool which provides a solution focused approach which focuses on the positives. It is based on the basic principles of Cognitive Behaviour Therapy, looking at changing behaviours and how we think and feel.

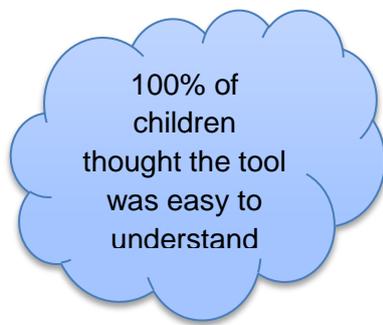
BE HAPPY is an acronym for:

- B - Breakfast - having breakfast can enhance concentration and reduce obesity
- E - Enjoy - we need to do more of what makes us 'feel good'
- H - Healthy - being physically healthy has a direct link to being emotionally healthy
- A - Achieve - recognising achievements makes us feel good
- P - Positive - it is important to concentrate on what makes a 'good day' rather than a 'bad day'
- P - Praise - everyone is good at something
- Y - You - it is important to be encouraged to be yourself#

Goal One: To pilot the use of the BE HAPPY tool

- The tool was piloted at 4 secondary schools in Cheshire East

Goal Two: To undertake a baseline assessment (moods and feeling questionnaire) then repeat following use of the BE HAPPY tool



Goal Three: To conduct a staff evaluation in the form of a staff story to measure the successfulness of the tool

- A staff story was presented to the Board in January 2018

## 2. Community Nursing (Project led by Community Matron)

The community nursing service delivers seamless 24-hour community nursing responding to planned and unplanned needs 365 days a year. Community Nurses proactively assess needs, plan care, implement care plans and review outcomes for all patients referred and accepted into service.

The aim of the quality improvement was to improve the management of patients with Chronic Obstructive Pulmonary Disease (COPD) to enable them to receive a diagnosis earlier so that they can benefit from treatments to reduce symptoms, to improve their quality of life and keep them healthy for longer.

Goal One: To develop a pathway for patients with COPD who require nebuliser therapy

- A long term and acute nebuliser referral pathway was developed by a Senior Community Matron and presented at the Clinical Effectiveness Group and approved in December 2017

Goal Two: To audit a sample of patients on the community nursing caseload who required nebuliser treatment for acute intervention, long term management and palliative care

- 35% of patients were discharged from the community nursing caseload and nebuliser returned to Mediquip.
- A reduction of 28.4 hours community nursing time (over one week) was achieved following appropriate assessment and discontinuation of the nebuliser treatment.
- Following review by senior community matron, 77% of patients had a self-management plan post intervention compared to 18% pre.

## 3. Sexual Health Wirral

Sexual Health Wirral provides free and confidential contraception and sexual health services for people living in Wirral. The walk-in and wait and appointment only clinics provide STI & HIV testing, treatment for STI infections and several methods of contraception. Some of the services offered are more specialised and require an appointment in advance. The service is confidential and non-judgmental and for people of all ages, ethnicities, genders and sexualities.

A new interactive website was launched in April 2017 following comprehensive patient and public involvement. The website acts as a platform for the digital front door providing:

- Advice pages
- Self-triage and symptom checker pathways
- Signposting to other specialised services
- Details of partner pharmacies who can provide brief sexual health intervention at weekends and evening - such as emergency contraception and condoms
- Sexually Transmitted Infection postal kits can be requested confidentially using an online self-assessment tool

The aim of the quality improvement was to introduce an interactive website with the intention of reducing attendances at clinics, keeping slots free for those who are vulnerable or with a clear clinical need.

Goal One: To develop a digital pathway and self-triage that identifies behaviours and risk to establish the best action

- An interactive pathway was created and launched in April 2017 to signpost patients to the correct information or service

Goal Two: To measure the website analytics and activity to establish reasons for improvement and development

- The average number of hits per month was 4,898
- The average number of new visitors per month was 58 and 39 returning

Goal Three: To signpost people aged 16 and over to STI postal testing kits if asymptomatic and monitor usage

- 1,642 kits were requested over a 6 month period
- The average number of kits requested by females a month was 192
- The average number of kits requested by males a month was 82

#### **4. DVT Service / Walk-in Centres / GP Out of Hours**

The Deep Vein Thrombosis (DVT) and Anticoagulation service is a community based, nurse led assessment and treatment service which provides a range of services including:

- DVT assessment and treatment services
- Support for early discharge for patients diagnosed with pulmonary embolism
- Initiation of anticoagulation for patients with atrial fibrillation

Nurse-led walk-in centres across Wirral provide treatment for minor ailments. They provide assessment, treatment and advice for minor injuries and illnesses including:

- infection and rashes
- minor cuts and wounds - wound care and dressings
- sore throats and earache

GP Out of Hours provides urgent medical care to Wirral patients who cannot wait for their surgery to reopen. The service may offer advice over the phone or offer the patient an appointment to see a doctor. The service also offers a GP home visiting service for those patients who are housebound or unable to attend a clinic.

The quality improvement undertaken by the services was to implement a new pathway into the Walk-in Centres / GP Out of Hours to prevent hospital admissions outside the working hours of the DVT service

Key Achievements:

Goal One: To develop a patient pathway for walk-in centre / out of hours clinicians to follow to prevent hospital admission

- A patient pathway has been developed which will prevent hospital admissions

Goal Two: To review Patient Group Direction (PGD) for Enoxaparin to reflect national guidance

- The patient group direction was approved and ratified at the Medicines Management Group meeting in December 2017

Goal Three: To train clinical staff from Urgent and Primary Care in DVT assessment, management and first initiation of Enoxaparin treatment

- As of January 2018 over 50% of clinical staff have been trained in DVT assessment management and first initiation of Enoxaparin treatment

Goal Four: To adapt a patient information leaflet and re-introduce for patients

- An adapted patient information leaflet was ratified at the Medicines Management Group meeting in January 2018 and Clinical Effectiveness Group in February 2018

## 5. Specialised Dental Service

We provide vital access to dental care for patients referred to us by dental colleagues and other healthcare providers as well as providing core services to the most vulnerable groups in Wirral who find it difficult to access services elsewhere.

Our highly experienced dentists and dental nurses have a wide range of experience in the treatment of patients of all ages who require more specialised dental care than could be provided by other primary or secondary dental providers.

This includes patients with:

- Learning, sensory or physical disability
- Complex medical conditions
- Dental phobia and anxiety who cannot be treated by any other means and may require dental rehabilitation/desensitization

In addition, we provide more specialised services such as sedation, general anaesthesia and domiciliary assessments and advice for patients referred by their regular dentist or other agencies.

The aim of the quality improvement undertaken by the service was to reduce the risk of a wrong site dental procedure.

Goal One: Implement Situation, Background, Assessment and Recommendations (SBAR) as a communication tool between dentist and nurse, before each patient

- From April 2017 dentists use the SBAR structure to verbally communicate relevant information to the dental nurse before each patient enters the surgery

Goal Two: Repeat Safety Culture Tool Survey for all staff across all sites

The comments below were received by staff who repeated the Safety Culture Tool



Goal Three: Structure and record daily morning team briefings and link these with messages from previous day

- From April 2017, the daily morning team briefs have been carried out in a more structured way and recorded to ensure the communication is disseminated to all staff

Goal Four: Standardised approach to completion of the World Health Organisation (WHO) extraction checklist

- From February 2017, the responsibility for leading on the completion of the checklist has been given to the dental nurse, this is to ensure ownership by both parties

Goal Five: Stop use of paper day lists in the surgery by use of 'dual screen' on computers showing appointment book, patient record and radiograph (where applicable) on the same screen

- The dental software package allows the use of 'dual screen' whereby the real time appointment book and radiographs can be displayed on the screen at the same time as the patient records

Goal Six: To audit late arrivals and related outcome for patients who attend the dental service to establish if changes in appointment system are required

- Only 3% (1/36) of patients audited had to rebook their appointment

# CQUINS

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## Performance in 2017/18

During 2017/18 the trust participated in the following CQUINs:

### **Improving staff health and wellbeing:**

There were three parts to this indicator:

- 1a. Improvement of health and wellbeing of NHS staff
- 1b. Healthy food for NHS staff, visitors and patients
- 1c. Improving the Uptake of Flu Vaccinations for Front Line Clinical Staff

### **Supporting proactive and safe discharge:**

Increasing the proportion of patients admitted via non-elective route discharged from acute hospitals to their usual place of residence within 7 days of admission.

### **Improving the assessment of wounds:**

This CQUIN aims to increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment.

### **Personalised care and support planning:**

This CQUIN is to be delivered over two years with an aim of embedding personalised care and support planning for people with long-term conditions.

# Learning from Incident Reporting

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## Performance in 2017 - 2018

We are committed to delivering high quality, clinical care free from avoidable harm, ensuring patient safety. When patient safety incidents do occur, they are managed in an open and transparent manner, in accordance with the Duty of Candour, ensuring a culture of continuous improvement as a result of learning from experience.

During 2017/18 we have further developed our learning from incidents and complaints dissemination mechanisms, via trust wide roll-out of our Safety Soundbite one page bulletin, delivered to staff via service leads and team leaders.

Feedback from staff on this approach continues to be very positive, and as an integrated organisation, now incorporates learning from adult social care.

The trust utilises a Root Cause Analysis (RCA) approach to incident investigation for significant, high risk rated incidents causing patient harm. Learning from moderate risk rated incidents is achieved via a Situation, Background, Assessment and Recommendation (SBAR) investigation. All RCA and SBAR investigations result in the development of an action plan involving staff which evidences how the trust ensures appropriate quality improvement actions are implemented to minimise the likelihood of incident reoccurrence.

### Never Events

During the 2017/18 reporting period the trust had zero never events.

# Adult social care integration

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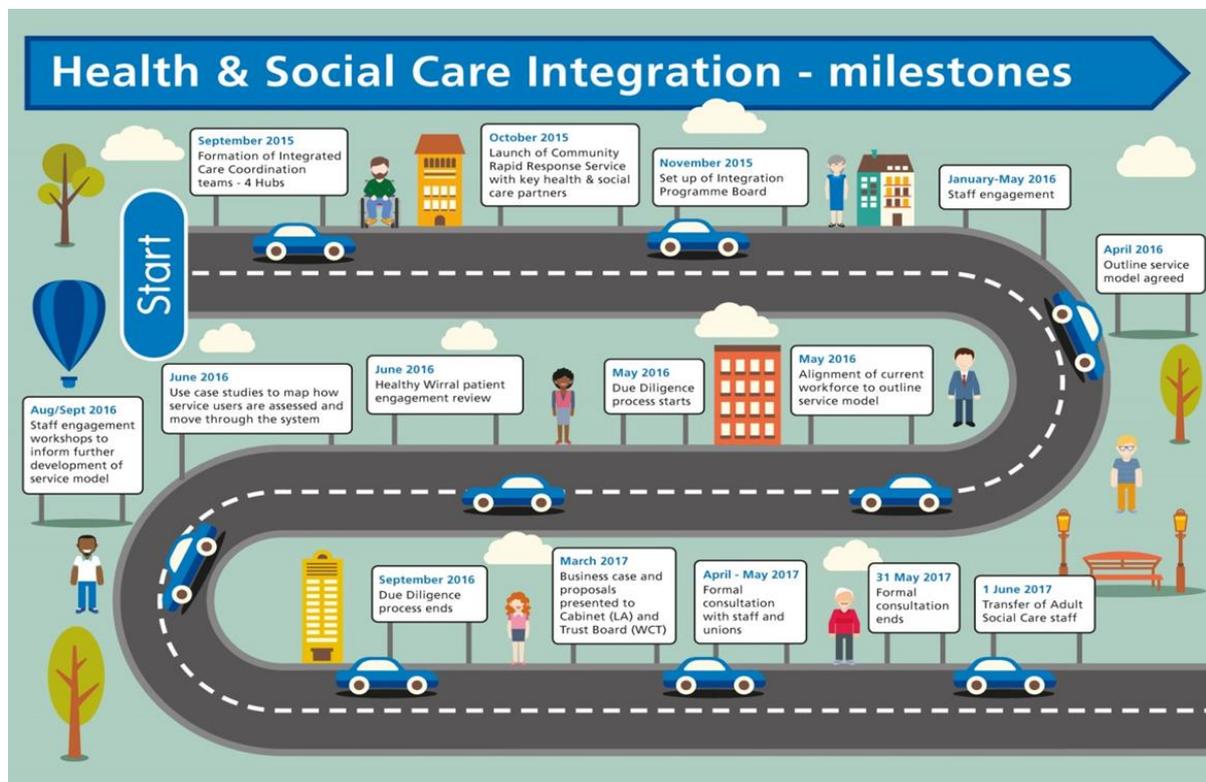
In June 2017, the trust began providing statutory adult social care services on behalf of Wirral Council. With the clear aim of providing the right care, in the right place at the right time, ensuring that Wirral residents are able to be as independent as possible, accessing health and care services when required. Two hundred and twenty social care staff, including social workers, therapists and reablement officers formally transferred to the trust.

Wirral people said that they wanted an improved and more fully integrated Health and Social Care Service; they want to tell their story once; and to receive a properly coordinated response to their care and support needs. Integration of our health and social care services has made it possible for services to be developed more effectively to meet the needs of local people. With social care and health care staff working in one organisation, it has been possible to stream line assessment processes, reduce duplication of multiple professional involvement and develop a single point of access to information and services.

The Trust now has delegated statutory responsibility for a number of key areas including assessment and support planning, leading & investigating safeguarding concerns and arranging a wide range of support including access to community support services, domiciliary care, direct payments and residential or nursing care.

Integration has provided opportunities for improved coordination and more effective outcomes for individuals and carers across a number of key services. This includes hospital discharge, admission prevention, and support for those with long term needs as part of our integrated care coordination hubs, rapid community response, occupational therapy and reablement. Integration has strengthened our multi-disciplinary approach both internally and with key partners such as the voluntary and third sector, enabling a more coordinated offer for Wirral residents.

# Health and Social Care Integration - milestones



# Developing Neighbourhood Care

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In Wirral, the Healthy Wirral Partners have described an asset-based population health model with many services provided and coordinated within 9 Neighbourhoods, each of up to ca. 50,000 people. The Neighbourhoods are based around geographical groupings of GP practices and formed by aligning existing community-facing services with these practices to develop integrated Neighbourhood teams. They will include mental health, social care providers and the Voluntary, Community and Faith sector, closely supported by secondary care teams, reducing complexity and improving people's experience of care.

Improving coordination between all members of the health and care system at a local level will mean better care for those with complex, ongoing needs. It will also enable proactive identification of people at risk of ill health, helping them stay well and maintain independence and quality of life. This will reduce system pressures caused by reactive, episodic management whilst providing more efficient and person-centred 'joined-up' care.

Over the coming year, by starting to align our services with GP practices and Neighbourhoods, we aim to create better links between people and services at a local level to:

- help people improve their quality of life with less reliance on statutory services
- reduce health inequalities
- use risk-based analysis of individual and wider population health to inform provision of proactive, well-coordinated support and care
- enable health and care professionals to work better together
- better understand communities and their assets

We will support the development of Neighbourhood leadership teams that will take responsibility for coordinating services and improving health in their area, balancing more local decision making and developing local services to meet specific community needs with use of best practice and reduction of unwarranted variation so that people across Wirral receive the same high standard of care.

As well as developing integrated teams, we will start to proactively work with partners to identify priority pathways, using data-driven analysis and evidence to inform revision and creation of new services, including:

- Implementation of better integrated, multidisciplinary care at practice level for people with current complex needs
- Identifying and implementing a model of case finding and support to prevent people at risk of greater ill health

We will also focus on promoting health and wellbeing so that staff are consistent in using every contact to support people to live healthier lives, and are encouraged to be more healthy themselves.

### 3.2 Performance against relevant indicators and thresholds in the Risk Assessment and Single Oversight Frameworks

In accordance with the quality report for foundation trusts 2017/18 guidance, the following indicators appear in both the Risk Assessment Framework and the Single Oversight Framework, and have been identified as being applicable to the trust.

Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway:

	17/18	16/17	15/16	14/15
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	100%	100%	100%	N/A

A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge:

	17/18	16/17	15/16	14/15
A&E Maximum waiting time of four hours from arrival to admission/transfer/discharge	99.19%	99.16%	99.57%	99.72%

# Annex 1:

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## Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees



### **Wirral Clinical Commissioning Group**

#### Statement from NHS Wirral Clinical Commissioning Group

NHS Wirral CCG is committed to commissioning high quality services from Wirral Community NHS Foundation Trust. We take very seriously our responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened and acted upon.

Patient safety: The reduction of unavoidable grade 3 and 4 pressure sores is now in the second year of its improvement journey. The CCG acknowledges the amount of focus the organisation has placed on this priority; however it is unclear from the report if expected progress has been made. NHS Wirral continues to support this priority for 2018/19 and will be monitoring progress closely through the contract meetings.

It is pleasing to note the achievement of the missed medications target as this was not achieved in 2016/17; the CCG supports the trusts intention for this to remain a priority for 2018/19.

Teletriage has been a priority for the health and social care system in 2017/18 and therefore the introduction of this system in 2017/18 has been welcomed. A full evaluation of the project is required to assess the success and any learning from this project.

It is acknowledged that there have been some areas of improvement in mandatory training; however this remains a challenge for the trust. There needs to be consistency across all divisions within the organisation and across all subjects to ensure that staff remain safe while delivering care. NHS Wirral have noted that Information Governance training remains at 96% as per the previous year and has not been replicated across other subjects as was the ambition.

Patient experience/engagement: NHS Wirral CCG welcomes the approach the Trust has adopted in relation to engagement events, and has used some of the patient stories at its own Governing Body meetings in 2017/18. It is important that these experiences are shared and used to improve care and quality in service design and delivery as the staff survey indicates deterioration in scoring.

NHS Wirral CCG is disappointed to note the deterioration in both the response rate and the scoring of the 2017 NHS staff survey in comparison to last year and the benchmarking group, in particular the staff satisfaction with resourcing and support. The NHS is facing another challenging year, good staff engagement and well-being is critical to delivering high quality care and service transformation.

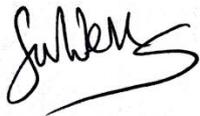
Clinical Effectiveness: the Trust is to be commended on the work that has been undertaken in relation to local clinical audits in 2017/18. Thirty one audits have been undertaken which was an increase from 2016/17 and as a result of these audits actions have been implemented to improve quality. It is pleasing to see that the trust has undertaken a national clinical audit relating to Parkinson's disease.

Looking forward in 2018/19, NHS Wirral CCG can confirm that the priorities for improving quality that have been agreed by the Trust have been identified as national or local priorities.

We believe that this account gives a high priority to continuous quality improvements in Wirral Community NHS Foundation Trust and the monitoring thereof for 2017/18.

NHS Wirral Clinical Commissioning Group looks forward to continuing to work in partnership with the Trust to assure the quality of services commissioned over the forthcoming year.

**Dr. Sue Wells**

A handwritten signature in black ink, appearing to read 'Sue Wells', with a stylized flourish at the end.

**Chair  
NHS Wirral CCG**

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## Quality Account Commentary

### for Wirral Community NHS Foundation Trust

### provided by Healthwatch Wirral CIC

May 2018

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Healthwatch Wirral (HW) would like to thank Wirral Community NHS Trust for the opportunity to comment on the Quality Account for 2017/18.

#### **Priorities for 2018/19**

The account detailed these in a comprehensive Quality Improvement Plan with clear rationale for choosing each priority.

HW were pleased that the Trust developed the priorities in partnership with the Trust's Clinical Quality Improvement Group and frontline clinical staff and that quality improvement action plans have been developed in relation to each clinical area.

We look forward to receiving quarterly reviews on progress against these priorities.

#### **Review of Performance in 2017/18**

##### **It was positive to note that:**

- The Trust had implemented the Pressure Ulcer Improvement Programme and that the total number of avoidable grade 3, 4 and unstageable pressure ulcers reported had reduced from 23 in quarter 1 and 2 to 10 in quarter 3 and 4.
- The Trust is committed to ensuring that a sustained reduction in the development of avoidable pressure ulcers is achieved.
- The priority for a 10% reduction in the rate of missed medication incidents per 1000 patients was achieved.
- 95% completion of the National Early Warning Score for patients at risk of sepsis was achieved.
- Telehealth has been introduced within clinical services with the Teletriage project being successful in avoiding admissions of older people to A&E.
- The Trust engaged with service users and the public in order to learn from patient's experience.
- The Trust used the Institute for Healthcare Improvement Always Events toolkit to identify develop and achieve reliability in person and family centred care delivery processes.

- The Trust agreed and delivered a clinical audit, quality improvement and innovation programme based upon identified areas of clinical risk.
- The GP Out of Hours service achieved an overall rating of 'Good' after the Care Quality Commission inspection.
- Friends and Family test- the Trust achieved high scores throughout the year in patients recommending their services for care and treatment to family and friends.
- Feedback from people accessing the 0-19 Service drop in clinics has been good.
- Zero 'Never Events' were reported during the year.

**It was disappointing to read that:**

- The Trust did not achieve 90% uptake in mandatory training for staff therefore this will be maintained as a quality goal for 2018/19 period.
- A number of key findings in the staff survey had deteriorated compared to 2016. Healthwatch look forward to hearing how the Trust wide action plan will address these issues.

Healthwatch noted the clinical audits undertaken during the year and look forward to hearing about the progress of any action required for improvement.

Healthwatch look forward to receiving reviews on the progression of Adult Social Care integration and Neighbourhood Care developments.

HW appreciates the opportunity to comment on the report as a "critical friend" and we look forward to working with the Trust to support the implementation of the Quality Account and strategic plans.

*Karen Prior*

Healthwatch Wirral Chief Officer

On behalf of Healthwatch Wirral

## **Statement from Wirral Metropolitan Borough Council**

**15<sup>th</sup> May 2018**

### **Commentary on the draft Quality Account, 2017/18**

#### **Wirral Community Trust**

The Adult Care and Health Overview & Scrutiny Committee undertake the health scrutiny function at Wirral Council. The Committee has established a task & finish group of Members to consider the draft Quality Accounts presented by relevant health partners. Members of the Panel met on 9<sup>th</sup> May 2018 to consider the draft Quality Account and received a verbal presentation on the contents of the document. Members would like to thank Wirral Community Trust for the opportunity to comment on the Quality Account 2017/18. Panel Members look forward to working in partnership with the Trust during the forthcoming year. Members provide the following comments:

#### **Overview**

Although concerned that two priorities, relating to the reduction of pressure ulcers and increasing the uptake of mandatory training, were not met in 2017/18, Members are reassured that the Trust has included these priorities among the 2018/19 priorities for improvement.

#### **Progress on 2017/18 Priorities for Improvement**

##### **Patient Safety - Priority 1: Pressure ulcers**

Members note that the total number of avoidable grade 3, 4 and unstageable pressure ulcers is greater (33) in 2018/19 than the 28 which were recorded in 2017/18. However, the progress recorded by the Trust in reducing from 23 in the first half-year to 10 in the second half-year is noted and members look forward to this improved trajectory continuing in the future.

##### **Patient Experience - Priority 1: Tele-health**

Members welcome the progress that has been made under the tele-health priority. In particular, Members appreciate the enhanced support and guidance given to care home staff which has resulted in avoiding 87 admissions of older adults to Accident & Emergency during the month of November 2017 alone.

##### **Clinical Effectiveness - Priority 1: Mandatory training**

Although the Trust aimed to achieve 90% uptake in mandatory training for all staff, a return of 84% was actually achieved across eligible staff groups. Members, therefore, welcome the decision to continue to promote this priority during 2018/19 and look forward to this area being given greater emphasis.

## **Priorities for Improvement 2018/19**

### Patient Safety – Priority 3: Adult Social Care

The progress which has taken place during the last year regarding the integration of health and social care for older people is appreciated. Members look forward to further benefits being realised for service users in the future. Although no specific targets are detailed, the introduction of a priority to improve the response times for social care assessments across all neighbourhood teams is welcomed.

### Patient Experience – Priority 1: Frailty pathway

Members warmly welcome the interesting initiative of developing a frailty pathway in Wirral which will support proactive care. However, questions remain over the detail of how the pathway will be developed as an effective tool and how success will be monitored. Members, therefore, would welcome further feedback in due course.

## **Other Comments**

### **‘Forget Me Not’ initiative**

The development of the ‘Forget Me Not’ campaign to more easily identify individuals that are experiencing memory problems due to dementia is applauded as is the enhanced partnership working which has developed alongside this initiative.

### **GP Out of Hours Care Quality Commission (CQC) inspection**

During Quarter 4 of 2017/18 the CQC inspected the GP Out of Hours service, which is provided by Wirral Community Trust. Members welcome the outcome of the inspection which provided an overall rating of ‘Good’.

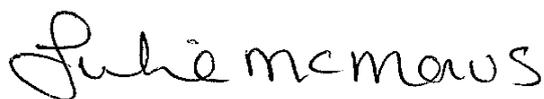
### **Never Events**

The occurrence of no Never Events during 2017/18 is welcomed.

### **Walk-in Centres**

Members note that the draft Quality Account does not mention the temporary closure / reduced opening hours of Eastham Walk-in Centre which continued for several months in 2017/18. It is considered that this partial withdrawal in provision led to a lessening in the quality of services available to local residents during that period.

I hope that these comments are useful



Councillor Julie McManus  
Chair, Adult Care and Health Overview & Scrutiny Committee  
Wirral Borough Council

## Annex 2:

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### Statement of directors' responsibilities for 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 2017/18 and supporting guidance

The source of the Quality Report is not inconsistent with internal and external sources of information including:

- board minutes and papers for the period 1 April 2017 to 30 May 2018
- papers relating to quality reported to the board over the period 1 April 2017 to 30 May 2018
- feedback from commissioners dated 25/05/2018
- feedback from governors dated 12/03/2018 and 16/05/2018
- feedback from local Healthwatch organisations dated 23/05/2018
- feedback from Overview and Scrutiny Committee dated 15/05/2018
- the trust's Quarter 4 complaints report dated 18/04/2018
- the national staff survey 28/03/2018
- the Head of Internal Audit's annual opinion of the trust's control environment dated 18/04/2018
- CQC inspection report dated 19/04/2018 (GP Out of Hours)
- the Quality Report represents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice

- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting 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



May 2018

Chairman



May 2018

Chief Executive

# Annex 3:

## Independent Auditor's Limited Assurance Report

### Independent Practitioner's Limited Assurance Report to the Board of Governors of Wirral Community NHS Foundation Trust on the Quality Report



#### Independent auditor's report to the council of governors of Wirral Community NHS Foundation Trust on the quality report

We have been engaged by the council of governors of Wirral Community NHS Foundation Trust ("the Trust") to perform an independent assurance engagement in respect of Wirral Community NHS Foundation Trust's quality report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

This report is made solely to the Trust's Council of Governors, as a body, in accordance with our engagement letter dated 26/04/2018. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018 to enable the Council of Governors to demonstrate that 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 Trust and the Trust's Council of Governors as a body, for our examination, for this report, or for the conclusions we have formed.

Our work has been undertaken so that we might report to the Council of Governors those matters that we have agreed to state to them in this report and for no other purpose. Our report must not be recited or referred to in whole or in part in any other document nor made available, copied or recited to any other party, in any circumstances, without our express prior written permission. This engagement is separate to, and distinct from, our appointment as the auditors to the Trust.

#### Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- ▶ **Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway.**
- ▶ **Number of avoidable community acquired grade 3, 4 (EPUAP) and unstageable pressure ulcers in 2017/18.**

We refer to these national priority indicators collectively as the 'indicators'.

#### Respective responsibilities of the directors and Ernst & Young LLP

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 2017/18' 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 2017/18', which is supported by NHS Improvement's Detailed Requirements for quality reports 2017/18;

- the quality report is not consistent in all material respects with the sources specified in detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2017/18' 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 2017/18' and supporting guidance and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports 2017/18'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2017/18' 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 the other information sources detailed in Section 2.1 of the 'Detailed guidance for external assurance on quality reports 2017/18'. These are:

- **Board minutes for the period April 2017 to May 2018**
- **Papers relating to quality reported to the Board over the period April 2017 to May 2018**
- **feedback from commissioners, dated 25/05/2018**
- **feedback from governors, dated 14/02/2018**
- **feedback from local Healthwatch organisations, dated 23/05/2018**
- **feedback from Overview and Scrutiny Committee dated 15/05/2018**
- **the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated quarterly throughout 2017/18**
- **the latest national staff survey, dated 28/03/2018**
- **Care Quality Commission inspection, dated 19/04/2018**
- **the Head of Internal Audit's annual opinion over the trust's control environment, dated 18/04/2018 and**

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

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 Wirral Community NHS Foundation Trust NHS Foundation Trust as a body, to assist the Council of Governors in reporting Wirral Community 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 2018, 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 Wirral Community 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, but were not limited to:

- 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 indicator back to supporting documentation
- comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2017/18' to the categories reported in the Quality Report.
- reading the documents.

The objective of a limited assurance engagement is to perform such procedures as to obtain information and explanations in order to provide us with sufficient appropriate evidence to express a negative conclusion on the Quality Report. The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

### **Inherent limitations**

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can 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 2017/18' and supporting guidance. The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Wirral Community NHS Foundation Trust.

### **Conclusion**

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- 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 and the Detailed requirements for quality reports 2017/18 published in January 2018 (updated in February 2018) issued by NHS Improvement
- the Quality Report is not consistent in all material respects with the sources specified, and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with NHS Foundation Trust Annual Reporting Manual

2018 and the Detailed requirements for quality reports 2017/18 published in January 2018 (updated in February 2018) issued by NHS Improvement.



Ernst & Young  
Manchester  
25 May 2018

Notes:

1. The maintenance and integrity of the Wirral Community NHS Foundation Trust's web site is the responsibility of the directors; the work carried out by Ernst & Young LLP does not involve consideration of these matters and, accordingly, Ernst & Young LLP accept no responsibility for any changes that may have occurred to the Quality Report since it was initially presented on the web site.
2. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

## **INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF WIRRAL COMMUNITY NHS FOUNDATION TRUST**

### **Opinion**

We have audited the financial statements of Wirral Community NHS Foundation Trust for the year ended 31/03/2018 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, Statement of Cash Flows, the Statement of changes in equity and the related notes 1 to 36, 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 HM Treasury's Financial Reporting Manual (FRM) to the extent that they are meaningful and appropriate to NHS foundation trusts.

In our opinion, the financial statements:

- give a true and fair view of the state of Wirral Community NHS Foundation Trust's affairs as at 31 March 2018 and of its income and expenditure and cash flows for the year then ended; and
- have been prepared in accordance with the Department of Health Group Accounting Manual 2017/18 and the directions under paragraphs 24 and 25 of Schedule 7 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 below. We are independent of the Foundation 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 the Comptroller and Auditor General's (C&AG) AGN01, 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.

### **Use of our report**

This report is made solely to the Council of Governors of Wirral Community in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 and for no NHS Foundation Trust in other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

### **Conclusions relating to going concern**

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Foundation Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

## Overview of our audit approach

Key audit matters	<ul style="list-style-type: none"> <li>• Management override</li> <li>• Fraud in revenue and expenditure recognition</li> <li>• Accounting for the transfer of Social Care staff from Wirral Metropolitan Borough Council</li> <li>• Valuation of land and buildings</li> </ul>
Materiality	<ul style="list-style-type: none"> <li>• Overall materiality of £0.757 million which represents 1% of operating expenditure.</li> </ul>

## Key audit matters

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 period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in our opinion thereon, and we do not provide a separate opinion on these matters.

Risk	Our response to the risk	Key observations communicated to the Audit Committee
<p><b>Management override</b></p> <p>There is a risk that the financial statements as a whole are not free of material misstatements whether caused by fraud or error.</p> <p>As identified in ISA (UK and Ireland) 240, management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records directly or indirectly and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We identify and respond to this fraud risk on every audit engagement.</p>	<p>We carried out procedures for identifying fraud risks during the planning stages, and inquired with management about risks of fraud and the controls put in place to address those risks.</p> <p>We gained an understanding the oversight given by those charged with governance of management's processes over fraud.</p> <p>We considered the effectiveness of management's controls designed to address the risk of fraud.</p> <p>We carried out specific audit procedures to test journal entries in the accounts, particularly testing journal entries and other adjustments in the preparation of the financial statements.</p>	<p>We did not identify any material weaknesses in controls or evidence of management override.</p> <p>We did not identify any instances of inappropriate judgements being applied which would indicate manipulation in accounting records or fraudulent financial reporting.</p> <p>We did not identify any other transactions during our audit which appeared unusual or outside the Trusts normal course of business.</p>

<p><b>Risk of fraud in revenue and expenditure recognition</b></p> <p>Under ISA 240 there is a presumed risk that revenue may be misstated due to improper revenue recognition. In the public sector, this requirement is modified by Practice Note 10 issued by the Financial Reporting Council, which states that auditors should also consider the risk that material misstatements may occur by the manipulation of expenditure recognition.</p>	<p>We reviewed and tested revenue and expenditure recognition policies;</p> <p>We reviewed accounting estimates for evidence of management bias, including testing of expenditure accruals and provisions;</p> <p>We reviewed the financial statements for evidence of significant or unusual transactions. We also tested a sample of income and expenditure transactions from material revenue streams including year-end debtor and creditor balances;</p> <p>We tested cut-off of income and expenditure at the year-end and conducted testing to identify any unrecorded liabilities at the year-end.</p>	<p>Our testing did not identify any material misstatements from revenue and expenditure recognition.</p> <p>Our audit work did not identify any material issues or further unusual transactions to indicate any improper misreporting of the Trust's financial position.</p>
<p><b>Accounting for the transfer of Social Care staff from Wirral Metropolitan Borough Council</b></p> <p>On 1 June 2017, Social Care staff were TUPE'd from Wirral Metropolitan Borough Council to the Trust under a section 75 agreement to enable integrated health and social care in the community across the Wirral.</p> <p>In 2017/18 this has brought additional income of £6.9 million which has been accounted for in 2017/18. Additionally, the Trust has had to account for the pension liabilities that have transferred with the Social Workers as members of Merseyside Pension Fund. This is accounted for as a defined benefits scheme which differs from NHS reporting for pensions and has required liaison between Merseyside Pension Fund and the appointed Actuary.</p>	<p>We carried out procedures on the data submitted to the actuary and have also obtained assurances from the Pension Fund auditor who reported that that there are no material concerns for us to take into account in our audit.</p> <p>We reviewed the IAS19 report as issued by the Actuary to ensure it takes into account the correct transfer information to enable to actuary to prepare the IAS19 data for inclusion by the Trust in the financial statements. We have agreed the accounting entries and disclosures to the report provided by the Actuary. We have also carried out additional procedures to assess the competence and objectivity of the assumptions and approach adopted by the Actuary in producing the IAS19 figures.</p> <p>We reviewed the Trusts accounting treatment of the liability, taking into account the warranties given by Wirral Metropolitan Borough Council</p>	<p>There were no matters to report in regards to the accounting for the transfer of Social care staff in the 2017/18 financial statements. We recommended that the Trust continues to engage with the Council to develop and formalise the legal agreement.</p>

<p>Additionally, the estimation of the defined benefit obligations is sensitive to a range of assumptions, such as mortality, the rate of inflation, salary increases, pension changes and discount rates. The extent of judgement required, and resulting significant impact this has on the value on the balance sheet, means it is has been an area for additional audit focus.</p>	<p>on the transfer of staff as set out in the s.75 agreement. We are satisfied that the Trust has followed the NHS GAM by disclosing the liability pertaining to the transferred staff in year. They have recognised the asset from the Council as contingent. We note that whilst the s.75 agreement sets out the warranties given by the Council upon the transfer of staff, more recent papers detail circumstances where the Trust would accept liability. Whilst these are not currently set out in the s.75 agreement, we are satisfied that the Trust has appropriately reported their position based on the current arrangements.</p>	
<p><b>Valuation of Land and Buildings</b></p> <p>Land and buildings accounts for a significant proportion of the Trusts net assets (£22 million out of £30 million as at 31 March 2018). The Trust carries out a rolling valuation programme with the value and remaining useful lives of land and buildings have been estimated by their appointed external valuers.</p> <p>A full valuation was held in 2017/18.</p> <p>The valuation of land and buildings is complex and is subject to a number of assumptions and judgements. A small movement in these assumptions can have a material impact on the financial statements.</p>	<p>We evaluated the competence, capabilities and objectivity of management's specialist (the valuer).</p> <p>We performed tests over the completeness and appropriateness of information provided to the valuer, and considered the assumptions used by the valuer to assess if they are with acceptable ranges.</p> <p>We reviewed the classification of assets and ensure the correct valuation methodology has been applied, in addition to ensuring the valuer's conclusions have been appropriately recorded in the accounts.</p>	<p>We found the appointed valuer to be appropriately qualified with the relevant skills to perform the valuation analysis.</p> <p>We concluded the valuation was undertaken in accordance with relevant financial reporting guidance, and the key assumptions used in the valuation were appropriate and within expected ranges.</p> <p>We concluded the valuation was undertaken in line with the Trusts's accounting policies</p> <p>We were satisfied that the classification of assets reported in the financial statement is materially correct, and the valuers conclusions appropriately recorded in the accounts.</p>

## **An overview of the scope of our audit**

### **Tailoring the scope**

Our assessment of audit risk, our evaluation of materiality and our allocation of performance materiality determine our audit scope for the Foundation Trust. This enables us to form an opinion on the financial statements. We take into account size, risk profile, the organisation of the Foundation Trust and effectiveness of controls, including controls and changes in the business environment when assessing the level of work to be performed. All audit work was performed directly by the audit engagement team.

#### **Materiality**

*The magnitude of an omission or misstatement that, individually or in the aggregate, could reasonably be expected to influence the economic decisions of the users of the financial statements. Materiality provides a basis for determining the nature and extent of our audit procedures.*

We determined materiality for the Trust to be £0.757 million, which is 1% of operating expenditure. We believe that operating expenditure provides us with a reasonable basis for determining materiality as it is the key driver of the Trust's financial position.

During the course of our audit, we reassessed initial materiality and updated to take into account the reported actual financial position at year end.

#### **Performance materiality**

*The application of materiality at the individual account or balance level. It is set at an amount to reduce to an appropriately low level the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality.*

On the basis of our risk assessments, together with our assessment of the Trust's overall control environment, our judgement was that performance materiality was 50% of our planning materiality, namely £0.378 million. We have set performance materiality at this percentage due to this being our first year as Trust auditor.

#### **Reporting threshold**

*An amount below which identified misstatements are considered as being clearly trivial.*

We agreed with the Audit Committee that we would report to them all uncorrected audit differences in excess of £0.038 million, which is set at 5% of materiality, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds.

We evaluate any uncorrected misstatements against both the quantitative measures of materiality discussed above and in light of other relevant qualitative considerations in forming our opinion.

#### **Other information**

The other information comprises the information included in the annual report on pages 1-75, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

We read all the financial and non-financial information in the Annual Report and Accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

We have nothing to report in this regard.

**Opinion on other matters prescribe by the Code of Audit Practice issued by the NAO**

In our opinion:

- the information given in the performance report and accountability report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the parts of the Remuneration and Staff report identified as subject to audit has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

**Matters on which we report by exception**

The Code of Audit Practice requires us to report to you if

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the 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 involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- We are not satisfied that the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources as required by schedule 10(1)(d) of the National Health Service Act 2006;
- we have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 and is not misleading or inconsistent with other information forthcoming from the audit; or
- we have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

The NHS Foundation Trust Annual Reporting Manual 2017/18 requires us to report to you if in our opinion, information in the Annual Report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the NHS Foundation Trust acquired in the course of performing our audit.
- otherwise misleading.

We have nothing to report in respect of these matters.

### **Responsibilities of Accounting Officer**

As explained more fully in the Accountable Officer's responsibilities statement set out on page 74, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accountable 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 Accountable Officer is responsible for assessing the company'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 Council of Governors intend to cease operations, or have no realistic alternative but to do so.

### **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.

### **Auditor's responsibilities with respect to value for money arrangements**

We are required to consider whether the Foundation Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness on its use of resources. This is based on the overall criterion that "in all significant respects, the audited body had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people".

Proper arrangements are defined by statutory guidance issued by the National Audit Office and comprise the arrangements to:

- Take informed decisions;
- Deploy resources in a sustainable manner; and
- Work with partners and other third parties.

In considering your proper arrangements, we draw on the requirements of the guidance issued by NHS Improvement to ensure that our assessment is made against a framework that you are already required to have in place and to report on through documents such as your annual governance statement.

We are only required to determine whether there are any risk that we consider significant within the Code of Audit Practice which defines as:

*"A matter is significant if, in the auditor's professional view, it is reasonable to conclude that the matter would be of interest to the audited body or the wider public. Significance has both qualitative and quantitative aspects".*

Our risk assessment supports the planning of sufficient work to enable us to deliver a safe conclusion on arrangements to secure value for money and enables us to determine the nature and extent of further work that may be required. If we do not identify any significant risk there is no requirement to carry out further work. Our risk assessment considers both the potential financial impact of the issues we have identified, and also the likelihood that the issue will be of interest to local taxpayers, the Government and other stakeholders.

### **Certificate**

We certify that we have completed the audit of the financial statements of Wirral Community 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 issued by the National Audit Office on behalf of the Comptroller and Auditor General (C&AG).



*Hassan Rohimun*  
for and on behalf of Ernst & Young LLP  
Manchester  
25/05/2018

The maintenance and integrity of the Wirral Community NHS Foundation Trust web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.



**Wirral Community**  
NHS Foundation Trust

**WIRRAL COMMUNITY NHS FOUNDATION  
TRUST**

**FINANCIAL STATEMENTS FOR THE YEAR  
ENDED 31 MARCH 2018**

## **FOREWORD TO THE ACCOUNTS**

Wirral Community NHS Foundation Trust  
Accounts for the year ended 31 March 2018

The following presents the accounts for Wirral Community NHS Foundation Trust for the year ended 31 March 2018.

These accounts have been prepared by Wirral Community NHS Foundation Trust in accordance with the requirements set out in paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 (the 2006 Act).

A handwritten signature in black ink, appearing to read 'Karen Howell', is positioned in the center-right of the page.

Karen Howell  
Chief Executive  
May 2018

## Statement of Comprehensive Income (SOCl)

	Note	2017-18 £'000	Eleven months to 31 March 2017 £000
Operating Income from patient care activities	4	73,133	62,765
Other operating income		5,231	2,814
<b>Total operating income</b>		<b>78,364</b>	<b>65,579</b>
Operating Expenses of continuing operations	5	(75,694)	(62,855)
Impairment adjustments	8	(374)	599
<b>OPERATING SURPLUS / (DEFICIT)</b>		<b>2,297</b>	<b>3,323</b>
<b>FINANCE COSTS</b>			
Finance income		28	15
PDC Dividends payable		(412)	(574)
<b>NET FINANCE COSTS</b>		<b>(384)</b>	<b>(559)</b>
Gains/(losses) on disposal of assets		2	(26)
Gains/(losses) on transfer by absorption	7.4	(7,211)	0
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>		<b>(5,296)</b>	<b>2,738</b>
<b>Other comprehensive income</b>			
Impairments	8	(726)	60
Revaluations		215	122
Asset losses on disposals		0	0
Remeasurement of net defined benefit pension scheme assets/(liabilities)		941	0
<b>TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE PERIOD</b>		<b>(4,865)</b>	<b>2,920</b>

Reconciliation from the Statement of Comprehensive Income to the Trust trading position

	2017-18 £000	Eleven months to 31 March 2017 £000
Surplus/(deficit) from continuing operations	(5,296)	2,738
<b>Normalising adjustments:</b>		
Losses on disposal of assets	0	26
Impairment/(reversal of impairment) of land and buildings	374	(599)
Transfer by absorption of defined pension scheme liabilities	7,211	0
Remeasurement of net defined benefit pension scheme (assets)/liabilities	760	0
<b>Trading (deficit)/surplus for the period</b>	<b>3,049</b>	<b>2,165</b>
<b>Comprising:</b>		
Sustainability and Transformation Fund income	2,032	1,294
Underlying surplus	1,017	871
	<b>3,049</b>	<b>2,165</b>

The notes on pages 194 to 218 form part of these accounts

## Statement of Financial Position (SOFP)

	note	31 March 2018 £000	31 March 2017 £000
<b>Non-current assets</b>			
Intangible assets	9	1,437	1,177
Property, plant and equipment	10	22,072	22,540
Trade and other receivables	13	121	140
<b>Total non-current assets</b>		<b>23,630</b>	<b>23,858</b>
<b>Current assets</b>			
Inventories	12	471	459
Trade and other receivables	13	6,445	4,965
Cash and cash equivalents	14	13,105	6,974
<b>Total current assets</b>		<b>20,021</b>	<b>12,398</b>
<b>Total Assets</b>		<b>43,651</b>	<b>36,256</b>
<b>Current liabilities</b>			
Trade and other payables	15	(13,442)	(8,363)
Provisions	16	(17)	(26)
Other liabilities	15	(127)	(83)
<b>Total current liabilities</b>		<b>(13,585)</b>	<b>(8,472)</b>
<b>Total assets less current liabilities</b>		<b>30,065</b>	<b>27,784</b>
<b>Non-current liabilities</b>			
Other liabilities	7.4	(7,030)	0
<b>Total non-current liabilities</b>		<b>(7,030)</b>	<b>0</b>
<b>Total assets employed</b>		<b>23,035</b>	<b>27,784</b>
<b>Financed by Taxpayers equity</b>			
Public Dividend Capital		315	199
Revaluation reserve		2,841	3,351
Income and expenditure reserve		19,879	24,234
<b>Total taxpayers' and others' equity</b>		<b>23,035</b>	<b>27,784</b>

The financial statements and notes on pages 190 to 218 were approved by the Audit Committee, on behalf of the Board, on 23 May 2018. They are signed on its behalf by:



**Chief Executive**                      **23 May 2018**

## Statement of Changes in Taxpayers' Equity (SOCITE)

		Total Taxpayers equity	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve
	Note	£000	£000	£000	£000
<b>Taxpayers' and Others' Equity at 1 April 2017</b>		<b>27,784</b>	<b>199</b>	<b>3,351</b>	<b>24,234</b>
Surplus/(deficit) for the year		(5,296)	0	0	(5,296)
Transfers by absorption: transfers between reserves		0	0	0	0
Impairments	8	(726)	0	(726)	0
Revaluations		215	0	215	0
Remeasurements of defined net benefit pension scheme liability / asset	7.4	941	0	0	941
Public Dividend Capital received		116	116	0	0
		<b>23,035</b>	<b>315</b>	<b>2,841</b>	<b>19,879</b>
<b>Taxpayers' and Others' Equity at 31 March 2018</b>					
<b>Taxpayers' and Others' Equity at 1 May 2016</b>		<b>24,864</b>	<b>199</b>	<b>3,169</b>	<b>21,496</b>
Surplus/(deficit) for the year		2,738	0	0	2,738
Impairments		60	0	60	0
Revaluations		122	0	122	0
<b>Taxpayers' and Others' Equity at 31 March 2017</b>		<b>27,784</b>	<b>199</b>	<b>3,351</b>	<b>24,234</b>

## Statement of Cash Flows (SCF)

		Eleven months to
	2017-18 £000	31 March 2017 £000
<b>Cash flows from operating activities</b>		
<b>Operating surplus/(deficit)</b>	<b>2,297</b>	<b>3,323</b>
<b>Non cash or non-operating income and expense</b>		
Depreciation and amortisation	5      1,486	1,231
Impairments/(Reversal of Impairments)	5      374	(599)
On SOFP pension liability less net charge to the SOCI	7.4      760	0
(Increase)/Decrease in Trade and Other Receivables	(1,344)	849
(Increase)/Decrease in Inventories	(12)	(41)
Increase/(Decrease) in Trade and Other Payables	4,870	865
Increase/(Decrease) in Other Liabilities	44	0
Increase/(Decrease) in Provisions	(9)	(659)
<b>Net cash generated from / (used in) operations</b>	<b>8,466</b>	<b>4,969</b>
Cash flows from investing activities:		
Interest received	28	15
Purchase of intangible assets	(667)	(579)
Purchase of Property, Plant and Equipment	(1,293)	(1,071)
Sales of Property, Plant and Equipment	10	0
<b>Net cash generated from/(used in) investing activities</b>	<b>(1,922)</b>	<b>(1,636)</b>
Cash flows from financing activities:		
PDC Dividend received	116	0
PDC Dividend paid	(529)	(640)
Cash flows from other financing activities	0	0
<b>Net cash generated from/(used in) financing activities</b>	<b>(413)</b>	<b>(640)</b>
Increase/(decrease) in cash and cash equivalents	6,131	2,694
Opening Cash and Cash equivalents	6,974	4,280
<b>Closing Cash and Cash equivalents</b>	<b>13,105</b>	<b>6,974</b>

## Notes to the Accounts

### 1. Accounting policies and other information

#### 1.1. Basis of preparation

NHS Improvement has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual, which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2017/18 Department of Health Group Manual for Accounts issued by the Department of Health and Social Care. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to NHS Foundation Trusts. The accounting policies adopted by the Trust are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

#### 1.2 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

#### 1.3 Going Concern

These accounts have been prepared on a going concern basis.

#### 1.4.1 Critical accounting judgments and key 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 that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

#### 1.4.2 Critical judgments in applying accounting policies

In the process of applying the Trust's accounting policies, management has not been required to make any judgements, apart from those involving estimations, which have had a significant effect on the amounts recognised in the financial statements.

#### 1.4.3 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the Statement of Financial Position date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- Valuation and impairment of non-financial assets – the Trust assesses whether there are any indicators of impairment for all non-financial assets at each reporting date. The key area of uncertainty relates to the Trust's valuation of its land and buildings. Further details are provided in Note 10. The land and buildings were revalued by Cushman and Wakefield (DTZ Debenham Tie Leung Ltd) as at 31 March 2018.
- Asset lives – the Trust estimates the asset lives of intangible and tangible assets. For buildings, the Trust uses the estimate of remaining useful economic life provided by the

Trust's valuer. For medical equipment and IT intangible and tangible assets these are reviewed within the Trust by the Deputy Director of IM&T and relevant departments.

## **1.5 Income**

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of revenue for the Trust is from commissioners for healthcare services.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

## **1.6 Employee Benefits**

### **1.6.1 Short-term employee benefits**

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employee. The cost of annual leave entitlement earned but not taken by employees at the end of the period is not recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period as it is not deemed to be material.

### **1.6.2 Pension costs**

#### **NHS Pensions**

Past and present employees are covered by the provisions of the NHS Pensions Scheme (the scheme). The scheme is an unfunded, defined benefit scheme that 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 to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period. Employer's pension cost contributions are charge to operating expenses as and when they become due.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

#### **Local Government Pension Scheme**

On 1 June 2017 social care staff transferred from Wirral Metropolitan Borough Council to the Trust under Transfer of Undertakings (Protection of Employment Regulations (TUPE). Most of these employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the

defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

## **1.7 Expenditure on other goods and services**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable. Expenditure is recognised in the Statement of Comprehensive Income except where it results in the creation of a non-current asset such as property, plant and equipment.

## **1.8 Property, plant and equipment**

### **1.8.1 Recognition**

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the Trust;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and
  - The item has cost of at least £5,000; or
  - Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
  - Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

### **1.8.2 Valuation**

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or construction of 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 fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any impairment.

### **1.8.3 Revaluation**

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost calculations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as expenditure in the Statement of Comprehensive Income.

#### **1.8.4 Impairments**

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

#### **1.8.5 Subsequent expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

#### **1.8.6 Depreciation**

Freehold land, properties under construction, and assets held for sale are not depreciated.

For other classes of assets, depreciation is charged to write off the costs or valuation of property, plant and equipment, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

### **1.9 Intangible assets**

#### **1.9.1 Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust; where the cost of the asset can be measured reliably and is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant & equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised; it is recognised as an operating expense in the period in which it is incurred. Internally generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The intention to complete the intangible asset and use it;
- The ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- The ability to measure reliably the expenditure attributable to the intangible asset during its development

### **1.9.2 Measurement**

The amount initially recognised for internally generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market or, where no active market exists, at amortised replacement cost (modern equivalent asset basis) and indexed for relevant price increases as a proxy for fair value. Internally developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

### **1.9.3 Amortisation**

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

## **1.10 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.

### **1.10.1 The Trust as lessee**

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit.

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.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

### **1.10.2 The Trust as lessor**

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

### **1.12 Inventories**

Inventories are valued at the lower of cost and net realisable value using the first-in first-out cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

### **1.13 Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in three months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

### **1.14 Provisions**

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where the effect of the time value of money is significant, the estimated risks-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

#### **1.14.1 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. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases

the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 16.

### **1.14.2 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 as and when they become due.

### **1.15 Contingencies**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

### **1.16 Financial instruments**

#### **1.16.1 Financial assets**

Financial assets are recognised when the Trust becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- at fair value through income and expenditure;
- held to maturity investments;
- available for sale financial assets; and
- loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition. 'Loans and receivables' is the only category relevant to the Trust.

#### **Loans and receivables**

Loans and receivables are the only category of financial assets relevant to the Trust. These are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included within current assets.

The Trust's loans and receivables comprise:

- cash and cash equivalents;
- NHS receivables;
- other receivables; and
- Accrued income.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

### **1.16.2 Financial liabilities**

Financial liabilities are recognised on the statement of financial position when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

All of the Trust's financial liabilities are classified as "other financial liabilities". Financial liabilities are initially recognised at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

### **1.17 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.

### **1.18 Public Dividend Capital (PDC) and PDC dividend**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of the establishment of the predecessor NHS Trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

An annual charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as public dividend capital dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average carrying amount of all assets less liabilities, except for donated assets and cash balances with the office of the Paymaster General. The average carrying amount of assets is calculated as a simple average of opening and closing relevant net assets.

### **1.19 Losses and Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover (with insurance premiums then being included as normal revenue expenditure).

### **1.20 Accounting Standards that have been issued but have not yet been adopted**

No new accounting standards were adopted in 2017/18.

The Treasury FReM does not require the following Standards and Interpretations to be applied in 2017/18:

- IFRS 9 Financial Instruments - Application required for accounting periods beginning on or after 1 January 2018;
- IFRS 15 Revenue from contracts with customers - Application required for accounting periods beginning on or after 1 January 2018; and
- IFRS16 Leases - Application required for accounting periods beginning on or after 1 January 2019.

As these standards are not yet adopted by the FReM, early adoption is not permitted.

The application of the IFRS 9 and IFRS 15, as revised, would not have a material impact on the accounts for 2017/18 were they applied in that year:

IFRS16 will have a material impact on the Trust's accounts as it will require all assets currently leased under operating leases to appear on the Trust's balance sheet. It will also affect costs charged to the Statement of Comprehensive Income as under IAS 17, the current standard on leasing, operating lease rentals are charged on a straight line basis across the life of the lease, but under IFRS 16 the cost of the lease will be higher at the start of the lease period than at the end. The Trust leases significant properties from NHS Property Services and other NHS and non-NHS entities. HM Treasury have yet to determine whether the standard needs to be adapted and explained before it is included in the Financial Reporting Manual (FReM) which is the basis of the Department of Health and Social Care's Group Accounting Manual (GAM). This will be finalised in December 2018. Therefore in the 2018/19 accounts the Trust will be able to disclose the expected impact when the standard is adopted in 2019/20. This standard does not impact on leases where the Trust is a lessor.

## **2. Foundation Trust Status**

On 1 May 2016 Wirral Community NHS Foundation Trust was licensed by NHS Improvement. The assets, liabilities and activities of the Wirral Community NHS Trust were transferred to the Foundation Trust. Therefore these financial statements include comparative prior period figures which reflect the eleven month accounting period from 1 May 2016 to 31 March 2017.

## **3. Operating Segments**

The services provided by the Trust are interdependent and therefore the Board considers that the Trust has only one operating segment, that of the provision of healthcare.

## 4.1 Operating Income by Type

	2017-18	Eleven months to 31 March 2017
	£000	£000
<b>Income from activities</b>		
NHS England	2,855	2,739
Clinical Commissioning Groups	45,949	42,874
NHS Foundation Trusts	755	1,657
NHS Trusts	30	24
Local Authorities	23,313	15,243
Injury cost recovery scheme	209	217
Non NHS: Other	22	11
<b>Total income from activities</b>	<b>73,133</b>	<b>62,765</b>
Education and training	1,441	483
Sustainability and Transformation Fund	2,032	1,294
Other	245	175
Rental revenue from operating leases	1,513	862
<b>Total other operating income</b>	<b>5,231</b>	<b>2,814</b>
<b>TOTAL OPERATING INCOME</b>	<b>78,364</b>	<b>65,579</b>

## 4.2 Income from Activities by Nature

	2017-18	Eleven months to 31 March 2017
	£000	£000
<b>Community Services Income</b>		
Income from CCGs and NHS England	48,804	45,613
Income from other sources	24,307	17,143
Other clinical income	22	9
<b>Total income from activities</b>	<b>73,133</b>	<b>62,765</b>
Total other operating income	5,231	2,814
<b>Total operating income</b>	<b>78,364</b>	<b>65,579</b>

Under the terms of its provider license, the Trust is required to analyse the level of income from activities that arise from Commissioner requested and non-Commissioner requested services. However, unlike Acute Trusts, as a Community Trust, no Commissioner requested services are defined in the provider license. The table below reflects the core contracts to Local Authorities, CCGs and NHS England.

	2017-18	Eleven months to 31 March 2017
	£000	£000
<b>Core contracts</b>		
CCGs	37,683	34,869
Local Authorities	22,593	14,617
NHS England	2,232	2,518
<b>Total core contracts</b>	<b>62,508</b>	<b>52,004</b>
Other services	15,856	13,575
<b>Total operating income</b>	<b>78,364</b>	<b>65,579</b>

## 5 Operating expenses

	2017-18	Eleven months to 31 March 2017 Restated
	£000	£000
Purchase of Healthcare from other NHS bodies	1,452	2,152
Purchase of Healthcare from non-NHS bodies	766	767
Staff and Executive Directors costs	54,996	43,521
Non-executive directors	91	86
Supplies and services - clinical (excluding drug costs)	4,650	4,608
Supplies and services - general	945	882
Drug costs	892	648
Consultancy costs	162	259
Establishment	2,287	1,943
Premises - business rates payable to Local Authorities	480	379
Premises - other	1,633	2,201
Transport	203	147
Depreciation on property, plant and equipment	1,079	960
Amortisation on intangible assets	407	271
Increase/(decrease) in provision for impairment of receivables	(4)	25
Provisions arising/released in year	(9)	0
Audit fees:		
- audit services - statutory audit	48	37
- other services - audit related assurance services	9	7
Internal audit	53	44
Clinical negligence	94	72
Legal fees	85	116
Insurance	90	98
Education and training	1,205	181
Operating lease rentals	3,399	2,885
Early retirements	0	0
Car parking & Security	237	253
Hospitality	6	7
Losses, ex gratia & special payments	0	41
Other services, e.g. external payroll	392	228
Other	48	38
<b>OPERATING EXPENSES</b>	<b>75,693</b>	<b>62,855</b>
Impairment/(reversal) to property, plant and equipment	374	(599)
<b>TOTAL OPERATING EXPENSES</b>	<b>76,068</b>	<b>62,256</b>

The external auditors' liability is limited to £2,000,000.

*Prior period disclosures have been corrected to reflect a more accurate split between clinical services and purchase of healthcare (NHS and non-NHS) and to reflect service charges previously included on the premises line in the operating lease rental disclosure (see also note 6)*

## 6 Operating Leases

### 6.1 Trust as Lessee

The majority of the Trust's operating leases are in respect of properties which are owned by NHS Property Services.

	2017-18			
	Total £000	Buildings £000	Other £000	
Minimum lease payments	2,682	2,636		46
Contingent rents	78	78		0
Service charges	639	639		0
<b>TOTAL</b>	<b>3,399</b>	<b>3,353</b>		<b>46</b>
Future minimum lease payments due:				
- not later than one year;	2,676	2,630		46
- later than one year and not later than five years;	9,874	9,818		56
- later than five years.	30,409	30,409		0
<b>TOTAL</b>	<b>42,959</b>	<b>42,857</b>		<b>102</b>

	Eleven months to 31 March 2017 Restated			
	Total £000	Buildings £000	Other £000	
Minimum lease payments	2,260	2,203		57
Contingent rents	0	0		0
Service charges	625	625		0
<b>TOTAL</b>	<b>2,885</b>	<b>2,828</b>		<b>57</b>
Future minimum lease payments due:				
- not later than one year;	2,220	2,175		45
- later than one year and not later than five years;	8,709	8,699		10
- later than five years.	25,964	25,962		2
<b>TOTAL</b>	<b>36,893</b>	<b>36,836</b>		<b>57</b>

*The prior year operating lease note has been restated to include an additional lease previously included within premises costs in note 5.*

### 6.2 Trust as Lessor

The majority of rental agreements are in respect of Trust-owned properties occupied by other NHS organisations.

	2017-18	Eleven months to
	£000	31 March 2017 £000
<b>Operating Lease Income</b>		
Minimum lease receipts	1,513	862
<b>TOTAL</b>	<b>1,513</b>	<b>862</b>
<b>Future minimum lease payments due</b>		
- not later than one year;	1,326	922
- later than one year and not later than five years;	5,306	3,850
- later than five years.	0	0
<b>TOTAL</b>	<b>6,632</b>	<b>4,772</b>

## 7.1 Employee benefits

	2017-18			Eleven months to 31 March 2017		
	Total £000	Permanent £000	Other £000	Total £000	Permanent £000	Other £000
Salaries and wages	42,289	42,241	48	33,538	31,966	1,572
Social security costs	3,943	3,943	0	3,417	3,417	0
Apprenticeship levy	196	196	0			
Employers contributions to NHS Pensions	4,798	4,798	0	4,723	4,723	0
Other pension contributions	1,567	1,567	0	12	12	0
Termination benefits	99	99	0	0	0	0
Agency/contract staff	2,105	0	2,105	1,831	0	1,831
<b>TOTAL</b>	<b>54,996</b>	<b>52,843</b>	<b>2,153</b>	<b>43,521</b>	<b>40,118</b>	<b>3,403</b>

## 7.2 Exit packages

During 2017/18 no voluntary redundancies were agreed (prior period: none, £nil). One compulsory redundancy was agreed. The cost to the Trust was £98,805.(Prior period: one, £46,569).

## 7.3 Pension Costs – NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

## **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

### **7.4 Pension Costs – Local Government Pension Scheme**

On 1 June 2017 Wirral Metropolitan Borough Council transferred its Adult and Social Care services to the Trust. As part of this agreement 206 staff were transferred under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE). Of these employees 181 are active members of the Merseyside Pension Fund. Therefore, with effect from 1 June 2017 the Trust became an admitted member of the pension scheme.

The Merseyside Pension Fund is a multi-employer scheme operated under the regulatory framework for the Local Government Pension Scheme (LGPS). The governance of the scheme is the responsibility of the Fund Pensions Committee, which comprises representatives from participating employers. Policy is determined in accordance with the Public Service Pensions Act 2013. Unlike the NHS Pension Scheme this is a funded defined benefit final salary scheme where the scheme assets and liabilities of each scheme member can be separately identified. The Trust and employees pay contributions into a fund, calculated at a level intended to balance the pension's liabilities with investment assets. This is subject to actuarial review by the fund's actuaries.

On 1 June 2017 the relevant assets and liabilities of the pension scheme relating to the scheme members now employed by the Trust were transferred to the Trust and are reflected in the table below.

Wirral Metropolitan Borough Council has provided guarantees to the Trust, indemnifying them against pension liabilities over the period of the contract (except for early retirements where the Trust will bear any additional costs arising from these specific arrangements). Therefore, the Trust has recognised a contingent asset, disclosed in note 17, for the total liabilities arising from the actuarial review.

**Changes in the defined benefit obligation and fair value of plan assets during the year**

	<b>2017/18</b>
	<b>£000</b>
<b>Transfers by absorption on 1 June 2017</b>	<b>(22,446)</b>
Current service cost	(1,385)
Interest cost	(471)
Contribution by plan participants	(266)
Remeasurement of the net defined benefit (liability) / asset:	
- Actuarial gains / (losses)	1,185
Benefits paid	8
Past service costs	0
Business combinations	0
Curtailments and settlements	0
<b>Present value of the defined benefit obligation at 31 March</b>	<b>(23,375)</b>
<b>Transfers by absorption on 1 June 2017</b>	<b>15,235</b>
Interest income	328
Remeasurement of the net defined benefit (liability) / asset	
- Return on plan assets	0
- Actuarial gain / (losses)	(244)
- Changes in the effect of limiting a net defined benefit asset to the asset ceiling	0
Administration expenses	(21)
Contributions by the employer	789
Contributions by the plan participants	266
Benefits paid	(8)
Business combinations	0
Settlements	0
<b>Plan assets at fair value at 31 March 2018</b>	<b>16,345</b>
<b>Plan surplus/(deficit) at 31 March 2018</b>	<b>(7,030)</b>

**Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the balance sheet**

	<b>31 March 2018</b>
	<b>£000</b>
<b>Present value of the defined benefit obligation</b>	<b>(23,375)</b>
<b>Plan assets at fair value at</b>	<b>16,345</b>
Fair value of any reimbursement right	0
The effect of the asset ceiling	0
<b>Net (liability) / asset recognised in the SoFP</b>	<b>(7,030)</b>

**Amounts recognised in the SoCI**

	<b>31 March 2018</b>
	<b>£000</b>
Current service cost	(1,385)
Interest expense / income	(164)
Past service cost	0
Losses on curtailment and settlement	0
<b>Total net (charge) / gain</b>	<b>(1,549)</b>
Comprising:	
Contributions made by the Trust recognised in the SOCI	(789)
Liability arising from actuarial adjustments guaranteed by Wirral Metropolitan Borough Council	(760)
	<b>(1,549)</b>

**Actuarial assumptions**

	Start of period	End of period
<i>Financial assumptions</i>		
Inflation	2.2%	2.1%
Rate of salary increase	3.6%	3.6%
Rate of pensions increase	2.2%	2.2%
Discount rate	2.5%	2.7%

*Post retirement mortality assumptions (normal health)*

Non retired members		
Female	27.7 years	27.8 years
Male	24.9 years	25 years
Retired members		
Female	24.7 years	24.8 years
Male	21.9 years	22 years

**7.5 Retirements due to ill-health**

During the year to 31 March 2018 there was one early retirement from the Trust on the grounds of ill-health. (Eleven months to 31 March 2017: nil). The cost of early retirement is borne by the Trust, but where this is due to ill-health these costs are met by the NHS Pension Scheme. There were no early retirements from the Local Government Pension Scheme.

## 8 Impairment of assets

During period to 31 March 2018 the Trust reviewed its non-current assets and, following the advice of the Trust's valuers, made the following impairment adjustments to the Trust's land and buildings. No impairments were identified in any other class of tangible or intangible assets.

	2017-18		
	Net impairments	Impairments	Reversals
	£000	£000	£000
<b>Impairments charged to operating surplus</b>			
Changes in market price	374	395	(20)
<b>Total impairments charged to operating surplus</b>	<b>374</b>	<b>395</b>	<b>(20)</b>
Impairments charged to the revaluation reserve	726	726	
<b>Total impairments</b>	<b>1,100</b>	<b>1,120</b>	<b>(20)</b>
	<b>Eleven months to 31 March 2017</b>		
<b>Impairments charged to operating surplus</b>			
Changes in market price	(599)	138	(738)
<b>Total impairments charged to operating surplus</b>	<b>(599)</b>	<b>138</b>	<b>(738)</b>
Impairments charged to the revaluation reserve	(60)	8	(68)
<b>Total impairments</b>	<b>(659)</b>	<b>146</b>	<b>(805)</b>

## 9.1 Intangible assets

	2017-18
	Total
	£000
Valuation/Gross cost at 31 March 2017	1,747
Additions - purchased	667
Disposals	(41)
<b>Gross cost at 31 March 2018</b>	<b>2,373</b>
<b>Less:</b>	
Amortisation at 31 March 2017	570
Provided during the year	407
Disposals	(41)
<b>Amortisation at 31 March 2018</b>	<b>936</b>
<b>Net Book Value at 31 March 2018</b>	<b>1,437</b>
	<b>Eleven months to</b>
	<b>31 March 2017</b>
Valuation/Gross cost at 1 May 2016	1,168
Additions - purchased	579
<b>Gross cost at 31 March 2017</b>	<b>1,747</b>
<b>Less:</b>	
Amortisation at 1 May 2016	299
Provided during the year	271
<b>Amortisation at 31 March 2017</b>	<b>570</b>
<b>Net Book Value at 31 March 2017</b>	<b>1,177</b>

## 9.2 Economic life of intangible assets

The economic life of intangible assets is based on assessment of the individual asset within three to five years.

## 10.1 Property, plant and equipment - 2017/18

	Total £000	Land £000	Buildings £000	Plant & Equipment £000	Transport equipment £000	Information Technology £000	Furniture & fittings £000
<b>Valuation/Gross cost at 31 March 2017</b>	<b>25,132</b>	<b>1,127</b>	<b>18,920</b>	<b>1,105</b>	<b>13</b>	<b>3,526</b>	<b>441</b>
Additions - purchased	1,503	0	466	223	0	805	9
(Impairments)/reversal charged to operating expenses	20	0	20	0	0	0	0
(Impairments)/reversal charged to the revaluation reserve	(726)	0	(726)	0	0	0	0
Revaluations	(478)	0	(478)	0	0	0	0
Disposals	(607)	0	0	(55)	0	(552)	0
<b>Valuation/Gross cost at 31 March 2018</b>	<b>24,845</b>	<b>1,127</b>	<b>18,203</b>	<b>1,273</b>	<b>13</b>	<b>3,779</b>	<b>450</b>
<b>Less:</b>							
<b>Accumulated depreciation at 31 March 2017</b>	<b>2,592</b>	<b>0</b>	<b>6</b>	<b>668</b>	<b>13</b>	<b>1,644</b>	<b>261</b>
Provided during the year	1,079	0	303	158	0	573	45
(Impairments)/reversal charged to operating expenses	395	0	395	0	0	0	0
Revaluations	(693)	0	(693)	0	0	0	0
Disposals	(599)	0	0	(47)	0	(552)	0
<b>Accumulated depreciation at 31 March 2018</b>	<b>2,773</b>	<b>0</b>	<b>10</b>	<b>779</b>	<b>13</b>	<b>1,665</b>	<b>306</b>

## 10.2 Property, plant and equipment financing – 2017/18

	Total £000	Land £000	Buildings £000	Plant & Equipment £000	Transport Equipment £000	Information Technology £000	Furniture & Fittings £000
<b>Net book value 31 March 2018</b>							
Owned	22,072	1,127	18,193	494	0	2,114	144
Finance lease	0	0	0	0	0	0	0
<b>Total net book value at 31 March 2018</b>	<b>22,072</b>	<b>1,127</b>	<b>18,193</b>	<b>494</b>	<b>0</b>	<b>2,114</b>	<b>144</b>

## 10.1 Property, plant and equipment – eleven months to 31 March 2017

	Total £000	Land £000	Buildings £000	Plant & Equipment £000	Transport equipment £000	Information Technology £000	Furniture & fittings £000
<b>Transferred valuation/Gross cost at 1 May 2016</b>	<b>23,478</b>	<b>1,005</b>	<b>18,196</b>	<b>963</b>	<b>13</b>	<b>2,860</b>	<b>441</b>
Additions - purchased	1,191	0	383	142	0	666	0
(Impairments)/reversal charged to operating expenses	738	0	738	0	0	0	0
(Impairments)/reversal charged to the revaluation reserve	60	0	60	0	0	0	0
Revaluations	(296)	122	(418)	0	0	0	0
Disposals	(38)	0	(38)	0	0	0	0
<b>Valuation/Gross cost at 31 March 2017</b>	<b>25,132</b>	<b>1,127</b>	<b>18,920</b>	<b>1,105</b>	<b>13</b>	<b>3,526</b>	<b>441</b>
<b>Less:</b>							
<b>Transferred accumulated depreciation at 1 May 2016</b>	<b>1,924</b>	<b>0</b>	<b>24</b>	<b>507</b>	<b>11</b>	<b>1,162</b>	<b>220</b>
Provided during the year	960	0	274	161	2	482	41
Impairments	138	0	138	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Revaluation surpluses	(418)	0	(418)	0	0	0	0
Disposals	(13)	0	(13)	0	0	0	0
<b>Accumulated depreciation at 31 March 2017</b>	<b>2,592</b>	<b>0</b>	<b>6</b>	<b>668</b>	<b>13</b>	<b>1,644</b>	<b>261</b>

## 10.2 Property, plant and equipment financing

	Total £000	Land £000	Buildings £000	Plant & Equipment £000	Transport Equipment £000	Information Technology £000	Furniture & Fittings £000
<b>Net book value 31 March 2017</b>							
Owned	<b>22,540</b>	<b>1,127</b>	<b>18,914</b>	<b>437</b>	<b>0</b>	<b>1,882</b>	<b>180</b>
Finance lease	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total net book value at 31 March 2017</b>	<b>22,540</b>	<b>1,127</b>	<b>18,914</b>	<b>437</b>	<b>0</b>	<b>1,882</b>	<b>180</b>

### 10.3 Valuation of land and buildings

The Trust's land and buildings comprise several health centres and clinics across the Wirral. As disclosed in note 1, the estate was revalued by Cushman and Wakefield (DTZ Debenham Tie Leung Ltd) as at 31 March 2018. The valuation has been based on exiting use value using the depreciated replacement cost approach as certain properties are specialised in nature. The valuers have assumed that the replacement would be with a modern equivalent asset, which may in some cases be a smaller property.

### 10.4 Economic life of property, plant and equipment

The economic life of property, plant and equipment, is based on assessment of the individual asset or, in the case of buildings, the advice of the Trust's valuers.

	<b>Min Life Years</b>	<b>Max Life Years</b>
Buildings	4	78
Plant & Equipment	5	15
Transport equipment	3	7
Information Technology	3	5
Furniture & Fittings	5	24

### 11 Capital commitments

At 31 March 2018 the Trust had £47,131 capital commitments (31 March 2017: none).

### 12 Inventories

	<b>31 March 2018 £000</b>	<b>31 March 2017 £000</b>
Consumables	471	459
<b>TOTAL Inventories</b>	<b>471</b>	<b>459</b>
Additions	3,039	3,175
Inventories recognised in expenses	(3,027)	(3,134)

### 13.1 Trade and other receivables

	Current		Non-current	
	31 March	31 March	31 March	31 March
	2018	2017 Restated	2018	2017 Restated
	£000	£000	£000	£000
Trade Receivables	5,044	3,874	0	0
Accrued income	431	375	156	182
Provision for impaired receivables	(485)	(478)	(35)	(42)
Prepayments	1,048	770	0	0
PDC receivable	137	20	0	0
VAT receivable	66	190	0	0
Other receivables	204	214	0	0
<b>TOTAL TRADE AND OTHER RECEIVABLES</b>	<b>6,445</b>	<b>4,965</b>	<b>121</b>	<b>140</b>

*This note includes disclosure corrections between the prior period trade receivables and other debtors and current and non-current impairment in the prior period.*

### 13.2 Provision for impairment of receivables

	31-Mar-18	31-Mar-17
	£000	£000
Opening balance	520	495
Increase in provision	(155)	25
Amounts utilised	4	0
Unused amounts reversed	151	0
<b>Closing balance</b>	<b>520</b>	<b>520</b>

### 13.3 Analysis of impairment of receivables

	31-Mar-18		31-Mar-17	
	£000	£000	£000	£000
	Trade Receivables	Other Receivables	Trade Receivables	Other Receivables
<b>Ageing of impaired receivables</b>				
0 - 30 days	4	0	7	0
30-60 Days	4	0	4	0
60-90 days	4	0	17	0
90- 180 days	13	0	17	0
over 180 days	495	0	475	0
<b>Total</b>	<b>520</b>	<b>0</b>	<b>520</b>	<b>0</b>
<b>Ageing of non-impaired receivables past their due date</b>				
0 - 30 days	3,990	0	2,332	0
30-60 Days	745	0	573	0
60-90 days	110	0	73	0
90- 180 days	115	0	376	0
over 180 days	0	0	0	0
<b>Total</b>	<b>4,960</b>	<b>0</b>	<b>3,354</b>	<b>0</b>

## 14 Cash and cash equivalents

	31 March 2018	31 March 2017
	£000	£000
<b>Opening balance</b>	6,974	4,280
Net change in year	6,131	2,694
<b>Closing balance</b>	<b>13,105</b>	<b>6,974</b>
Comprising:		
Cash at commercial banks and in hand	1	1
Cash with the Government Banking Service	13,104	6,973
<b>Cash and cash equivalents as in SoCF</b>	<b>13,105</b>	<b>6,974</b>

## 15 Trade and other payables

	31 March 2018	31 March 2017 Restated
	£000	£000
<b>Current</b>		
Trade payables	4,442	2,973
Capital payables	390	180
Accruals	6,891	3,751
Social Security costs	553	488
Other taxes payable	362	348
Other payables	805	623
<b>Total current trade and other payables</b>	<b>13,442</b>	<b>8,363</b>
Deferred income	127	83
<b>Total other liabilities</b>	<b>127</b>	<b>83</b>
<b>Non-current</b>		
Net defined benefit pension scheme liability	7,030	0
<b>Total other non-current liabilities</b>	<b>7,030</b>	<b>0</b>

*This note includes disclosure corrections between prior year trade payables, accruals, other creditors and deferred income to improve accuracy.*

## 16 Provisions for liabilities and charges

	31 March 2018	31 March 2017
	£000	£000
Other legal claims	17	26
<b>Total</b>	<b>17</b>	<b>26</b>

£1,569,108 is included in the provisions of the NHS Resolution at 31 March 2018 in respect of clinical negligence liabilities (prior period: £7,915,910).

## **17 Contingencies**

### **17.1 Contingent liabilities**

The Trust has £11,080 contingent liabilities relating to NHS Resolution cases as at 31 March 2018 (31 March 2017: £8,550). There have been no other contingent liabilities recognised at 31 March 2018 (31 March 2017: nil).

### **17.2 Contingent assets**

The Trust has identified a contingent asset of £7,030,000. This represents a contractual guarantee by Wirral Metropolitan Borough Council to underwrite losses to the Trust arising from actuarial valuation of the Merseyside Pension Fund relating from members of the scheme who transferred to the Trust on 1 June 2017. This asset is equal to the liability on the pension scheme disclosed in note 7.4.

## **18 Financial instruments**

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the NHS 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 NHS 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 NHS 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.

### **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 2018 are in receivables from customers, as disclosed in the trade and other receivables note.

### **Liquidity risk**

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament and other public sector bodies. The Trust

funds its capital expenditure from funds available from generated surpluses for the provision of public sector services. The Trust is not, therefore, exposed to significant liquidity risks

	<b>Loans and receivables</b>	
	<b>31 March 2018</b>	<b>31 March 2017</b>
	<b>£000</b>	<b>£000</b>
<b>Assets per Statement of Financial Position at 31 March</b>		
Trade and other receivables	5,524	4,432
Cash and cash equivalents at bank and in hand	13,105	6,974
<b>Total as at 31 March</b>	<b>18,629</b>	<b>11,406</b>

	<b>Other financial liabilities</b>	
	<b>31 March 2018</b>	<b>31 March 2017</b>
	<b>£000</b>	<b>£000</b>
<b>Liabilities per Statement of Financial Position at 31 March</b>		
Trade and other payables	11,882	7,527
<b>Total at 31 March</b>	<b>11,882</b>	<b>7,527</b>

## 20 Related party transactions

Wirral Community NHS Foundation Trust is a public interest body authorised by NHS Improvement, the regulator of Foundation Trusts.

The Department of Health is a related party as the parent department of the Trust. The Trust has material transactions related NHS clinical commissioning groups, NHS Foundation Trusts and other NHS organisations in the normal course of business.

The table below includes material transactions with these bodies in the financial year.

<b>Organisation</b>	<b>Income</b>	<b>Expenditure</b>	<b>Receivables</b>	<b>Payables</b>
			<b>Outstanding</b>	<b>Outstanding</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>2017/18</b>				
Wirral University Teaching Hospital NHS Foundation Trust	1,098	1,288	345	860
NHS West Cheshire CCG	1,108	1	12	41
NHS Wirral CCG	44,305	91	588	144
NHS England	4,893	60	1,881	598
Bridgewater Community NHS Foundation Trust	0	885	0	29
Cheshire & Wirral Partnership NHS Foundation Trust	205	692	68	663
NHS Property Services	0	1,687	0	971
Health Education England	1498	0	1	6
<b>Eleven months to 31 March 2017</b>				
Wirral University Teaching Hospital NHS Foundation Trust	1,370	2,178	141	644
NHS West Cheshire CCG	1,081	0	12	0
NHS Wirral CCG	41,436	153	883	21
NHS England	4,022	16	1,006	101
Bridgewater Community NHS Foundation Trust	0	760	0	155
Cheshire & Wirral Partnership NHS Foundation Trust	160	732	58	380
NHS Property Services	0	1,839	0	847

Additionally, it has material transactions with local government bodies – principally Wirral Metropolitan Borough Council and Cheshire East Council, the NHS Pension Scheme and HMRC.

During the period none of the Board members or key management staff, or parties related to them, has undertaken any material transactions with the Trust except for:

- Val McGee was an employee of Cheshire and Wirral Partnership NHS Foundation Trust (CWP) to 31 March 2017. She transferred to direct employment by the Trust on 1 April 2017 and is a Board member of Wirral Community NHS Foundation Trust. Transactions with CWP are included in the table above; and
- Ewen Sim and Murray Freeman are both Board members of the Trust and also GPs in the Wirral.

Although GP practices are funded for their core service by NHS England, and not through the Trust, they do have other transactions with the Trust. Fender Way GP practice, where Ewen Sim is a GP rents property and incurs service charges from the Trust. Until his retirement as a GP in June 2017 Murray Freeman was a GP in St Catherine's Surgery (formerly Victoria Park practice), which rents property from the Trust.

The transactions with each practice are shown below.

	Income £000	Expenditure £000	Receivables Outstanding £000	Payables Outstanding £000
<b>Fender Way Medical Practice</b>				
2017/18	43	0	93	0
Eleven months to 31 March 2017	36	0	88	0
<b>St Catherine's Surgery</b>				
2017/18	523	0	6	0
Eleven months to 31 March 2017	549	0	3	0

Fender Way Medical Practice are currently in dispute with the Trust over service charges and this is currently subject to debt recovery procedures.

Declarations of interest are given at the start of each meeting by staff members. No other related parties have been identified from these.

The Trust's Council of Governors are drawn from a range of local stakeholders including patient groups, the local councils, CCGs and other Trusts. Therefore many, by nature of their appointment, have interest in organisations with whom the Trust contracts. A register of interests is maintained and declarations of interest are given at each Governor meeting.

## 21 Losses and special payments

During the period the Trust made 2 special payments with a total value of £110 (Eleven months to 31 March 2017: Four at a value of £40,530). Of these, no claims related to cases handled by the NHS Resolution (Eleven months to 31 March 2017: Two at a value of £26,830). The Trust wrote off three receivable balances in the period with a total value of £4,241 in the period (Eleven months to 31 March 2017: nil).

## 22 Event after the Statement of Financial Position date

There have been no events after the statement of financial position date which require disclosure.

## Appendix 1 - Register of Interest of the Board of Directors of Wirral Community NHS Foundation Trust 2017-18

First Name	Surname	Job Title	Interest registered	From	To	Comment/s
Chris	Allen	Non-Executive Director	Director - Forum Creative Enterprises Director - Foundation Enterprises Northwest Council Member/Foundation Governor - University of Chester Director/Trustee – Transforming Lives Together	2011  2012  2010	Ongoing  Ongoing  Ongoing	
Michael	Brown	Chairman	Procure Plus Holdings Ltd – Chairman Re-vision North Ltd – Trustee/Director OSCO Homes Ltd – Director Alder Hey Children’s Charity – Chairman Various Sub companies from Alder Hey - Director	May 2014 May 2015 2016 2011 2011	Ongoing Ongoing Ongoing 07/05/17 07/05/17	
Sandra	Christie	Director of Nursing & Quality Improvement (3 days per week)	Nil return			
Nick	Cross	Interim Medical Director	Deputy Medical Director/GP – Humber Foundation Trust Clinical Director – Humber Primary Care Ltd Member of Council – East Riding CCG GP – East Riding CCG	2015 Nov 2017 2014 2006	Ongoing Ongoing Ongoing Ongoing	No income received No income received

First Name	Surname	Job Title	Interest registered	From	To	Comment/s
Murray	Freeman	Non-Executive Director	General Practitioner – Kings Lane Medical Centre Practice & Member of GPW Federation Spouse - employed by Wirral Community NHS Trust	01/07/2017 1989 1989	Ongoing Ongoing Ongoing	
Mark	Greatrex	Chief Finance Officer	Spouse Director of Commissioning at Halton CCG	Jan-17	Ongoing	
David	Hammond	Interim Director of Business Development & Strategy	Nil return			
Jo	Harvey	Director of HR & Organisational Development	Partner - indirect interest works as Territory Manager for Oral B.	2011	Ongoing	
Karen	Howell	Chief Executive	Council and Board member – University of Chester Board member – Innovation Agency SRO for Workforce, Cheshire & Merseyside Health & Care Partnership Board Member LETB North	Nov 2016 July 2017 Nov 2017 Dec 2017	Nov 2019 Ongoing Ongoing July 2019	
Ali	Hughes	Director of Corporate Affairs	Foundation Governor - St Weburghs & St Columbas RC Primary School, Chester	Sep-17	Sep-20	
Beverley	Jordan	Non-Executive Director	Quantum Base Ltd Citizens Advice in Wigan Borough Director of BAJ Consulting Ltd	Sept 2015 October 2016 March 2017	Continuing Continuing Continuing	Quantum security business, no work with NHS. Operational outside Wirral/Cheshire no conflict. Personal Ltd Company, no trading, no conflict existing.
Val	McGee	Chief Operating Officer	Nil return			

First Name	Surname	Job Title	Interest registered	From	To	Comment/s
Ewen	Sim	Medical Director	Partner in GP Practice – Paxton Medical Group (Fenderway) Member - British Medical Association Associate Member - Royal College of GP's Member - Liverpool Medical Institution Chairman - Wirral Practitioners Study Group Member - Clinical Senate, Wirral CCG Education and Training Lead (appointed ) - Wirral CCG Member – BMA Committee of Medical Managers Member – Hoylake Allotment Associations Visiting Professor – University of Chester	2004  1984 2000 1999 2003 2015 2015 2015 2015	Ongoing  Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing	
Brian	Simmons	Non-Executive Director	Nil return			
Paula	Simpson	Director of Nursing (2 days per week)	Nil return			

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